

South Wellington Lifecare Limited - Vincentian Home for the Elderly Berhampore

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:	South Wellington Lifecare Limited
Premises audited:	Vincentian Home for the Elderly Berhampore
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 27 January 2025 End date: 28 January 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	51



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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Vincentian Home for the Elderly Berhampore is located in South Wellington and is privately owned by a director. The service provides hospital (geriatric and medical), rest home level and residential disability support services for up to 52 residents. There were 51 residents on the day of audit.

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 and Ministry of Social Development. The audit process included the review of; policies and procedures, residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a general practitioner. A consumer auditor supported the interview process for residential disability support services.

The facility manager (non-clinical) has been in their role for six months, who has extensive experience in management roles in the disability sector. They are supported by an experienced clinical manager. The majority of the residents and family/whānau interviewed spoke positively about the care and support provided.

There are quality systems and processes in place. An orientation and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver clinical and culturally safe care.

This certification audit identified shortfalls related implementation of the quality system, staff training, care plan interventions, neurological observations and activities plans.

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 are fully attained.

Vincentian Home for the Elderly Berhampore provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is 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.

A Pacific health plan is documented for the service and the service supports culturally safe care delivery to Pacific peoples. 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 staff and management listen and respect the opinions of the residents and effectively communicate 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 and documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
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Vincentian Home for the Elderly Berhampore has a well-documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan for 2025 is developed by the facility manager with support from the director and operations manager. The document informs the site-specific operational objectives which are reviewed on a regular basis. There is an established quality and risk management system. Quality and risk performance is reported to the directors.

There are human resource policies including recruitment, selection, orientation, and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme documented and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns 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

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Some subsections applicable to this service are partially attained and of low risk.

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 are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated.

An activities programme is documented for service which is varied. 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. The menu has been reviewed by the dietitian and there is a current food control plan in place.

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 are fully attained.

The facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current building warrant of fitness is in place. Clinical equipment has been tested as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities.

Appropriate emergency equipment and supplies are available. There is an approved evacuation scheme, and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Residents reported a timely staff response to call bells. Security is 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 are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented. Infection control education is provided to all staff and documentation evidenced this was part of staff orientation and as part of the ongoing in-service education programme. Infection control practices support

tikanga guidelines. 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 the director.

Antimicrobial usage is monitored and reported on. There have been two outbreaks documented since the last audit. An outbreak management plan is in place and was successfully implemented to manage a recent outbreak of Covid-19. The internal audit system monitors for a safe environment. Documented processes are in place for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The governance and leadership is committed to eliminate restraint in the facility. 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 three residents using restraint. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Monitoring of restraint is documented. There is a documented quality review process related to restraint use.

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	4	0	0	0
Criteria	0	175	0	5	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>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were residents and staff who identified as Māori. Vincentian Home for the Elderly Berhampore (hereafter Vincentian Home) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and this is documented in the resident care plan where required. However, two residents who are of Māori descent had no cultural assessment of care plan (link 3.2.3). There are clear processes to include tikanga in everyday practice. Staff have received training in cultural safety/diversity and equity. The service has an established relationship with a local Māori advocate for guidance, support for tikanga and activities, and training. The facility manager (FM) states the representative visits the service regularly and are also able to talk with Māori residents if required.</p> <p>Vincentian Home shows commitment to a culturally diverse workforce as evidenced in the business plan and Māori health plan and there are equitable recruitment processes. The organisational plan includes partnering with Māori to align their work for the benefit of Māori. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and</p>

		<p>effective services for residents.</p> <p>Interpreters for Māori can be accessed if required. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Cultural needs and interventions are included in the long-term care plan. Staff and managers interviewed described how they would support Māori residents as described in their care plans. There is a tikanga Māori flip chart to support staff and others in the foyer to the facility.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Pacific Health Plan is documented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau and providing high quality healthcare. There were staff and residents that identified as Pasifika at the time of the audit. The Pacific health plan confirms Vincentian Home commitment to supporting Pacific residents and their family/whānau.</p> <p>Vincentian Home has links with Pacific staff to ensure connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people. They also link with community and support groups through their staff and Pasifika whānau. The FM stated that the external service can provide advice and support as well as input at an organisational level if required.</p> <p>Documentation reviewed 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>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager (CM) supported by the FM and registered nurses (RNs) 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. Discussions relating to the Code are held during the two monthly resident and family/whānau meetings. Interactions observed between staff and</p>

		<p>residents during the audit were respectful. Nationwide Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected through the interview process with residents of Māori decent. Education related to the Code is provided at orientation. Advocacy services are linked to the complaints process as sighted in written communication to any complainants.</p> <p>Nine residents (three requiring hospital level care, three residents on a younger person with a disability [YPD] contract and three requiring rest home level of care) and three family/whānau with family members requiring hospital level of care (including two YPD) were interviewed. All (apart from one family/member and one resident) confirmed that resident rights were upheld as per policy.</p> <p>Interviews with 16 staff included eight caregivers, two registered nurses (RN), one activities coordinator, one /laundry assistant, two cleaners, one chef, one maintenance person. Two managers (the CM and FM) along with the operations manager were interviewed. Staff and management interviewed confirmed that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</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>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in; however, YPD residents and family whānau stated they were not always involved in the care planning process (3.3.1 and 3.2.4)</p> <p>Vincentian Home's annual training plan demonstrates training that is responsive to residents in aged care. The responses from the YPD residents and their family whānau (conducted by the consumer auditor) confirm staff need more training in understanding younger</p>

	<p>residents` needs within an aged care setting (link 2.3.4).</p> <p>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 or care. It was observed that residents are treated with dignity and respect.</p> <p>Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. A sexuality and intimacy policy is in place and staff completed training as part of their biannual training plan. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. 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 this was confirmed by residents interviewed. Independence is encouraged as evidenced in the goals of the care plans. Residents' files and care plans identified resident's preferred names. Younger residents with disabilities interviewed by the consumer auditor stated they are able to maintain their personal, gender, sexual, cultural, religious and spiritual identity.</p> <p>Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available regularly throughout the month. A spirituality and counselling policy is in place. There is a resident advocate that visits regularly and support pastoral care and support residents in providing feedback. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency. The activities coordinator confirmed that when Māori residents are admitted, the service actively support Māori by identifying needs and aspirations through a cultural assessment process; however, not all residents of Māori decent had no cultural</p>
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		assessment (link 3.2.3).
<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>An abuse, neglect and prevention policy is being implemented. Vincentian Home's policies provide guidelines on preventing any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. 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, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy, and professional boundaries. All staff have completed training around abuse and neglect in 2024.</p> <p>Staff interviewed understand the concept of institutional racism and receive cultural awareness training to identify and recognise bias. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre- employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. All have signed a House Rules document and a confidentiality agreement.</p> <p>Meeting minutes evidence a supportive working environment that promotes teamwork. Vincentian Home promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</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>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission about the services provided. 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. All communication with family/whānau is documented in the progress notes. Ten adverse event forms documented confirmed that family/whānau are informed in a timely manner. Resident files reviewed identified family/whānau are kept informed of any changes, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were some residents who did not speak English. Family/whānau are able to support the resident to communicate with staff and there are language cards to help staff if required. There are also staff who can speak different languages and act as interpreters.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as Hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to receive services when referred. The FM and CM have an implemented process around providing residents and family/whānau with time for discussion. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails and resident and family/whānau meetings. There are monthly newsletters to inform residents and family/whānau of what happens within the facility.</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</p>	<p>FA</p>	<p>There are organisational policies around informed consent that align with the Code. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney</p>

<p>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>(EPOA). Separate consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. The organisational advance directive policy has been implemented.</p> <p>In the files reviewed, there were signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated, and all associated documentation was evident in resident files when required. 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.</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 concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been eight complaints logged in the register since the previous audit (March 2023). All complaints reviewed included acknowledgement, investigation, follow up and final resolution letters to the complainant. All complaints but one was closed off to the satisfaction of the complainant. The FM interviewed, complaint documentation reviewed evidence regular correspondence, and the complainant were informed of their right to advocacy services. There had been no complaints received from external agencies. One unsatisfied complainant was interviewed by the consumer auditor and felt their family/whānau needs were not always met, there were issues identified in the audit in relation to the complainants' issues.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the clinical/quality and staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed</p>

		<p>they were provided with information on complaints, and complaints forms are available at the entrance to the facility. Resident and family/whānau meetings are held two monthly where concerns can be raised. Residents and family/whānau (but one) confirmed during interview that the management are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The FM and CM acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</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>Vincentian Home for the Elderly Berhampore (hereafter called Vincentian Home) is certified to provide rest home, hospital (medical and geriatric) levels of care and residential disability support services (physical) in their care facility for up to 52 residents. All residents' rooms are single occupancy: five dedicated rest home rooms, 18 dedicated hospital rooms and 29 rooms are certified as dual-purpose.</p> <p>On the day of the audit there were 51 residents; 16 at rest home level (including two on respite under Accident Compensation Corporation [ACC] funding); 28 at hospital level (including one on respite under ACC funding); and seven residents younger residents with a disability (physical) five at hospital level of care and two at rest home level of care who were supported by a consumer auditor to partake in the audit process. All other residents are funded through the Age-Related Care Contract.</p> <p>Vincentian Home has a documented organisational structure. The owner/director (executive governance) is the governing body for Vincentian Home trading as South Wellington Lifecare Limited. There are two directors with one referred to as the operations manager. The operations manager was interviewed and confirmed that there are five aged care facilities owned by the company with</p>

	<p>two in Auckland and three in Wellington. The operations manager is very involved in each facility with zoom calls and /or face to face meetings at least weekly. The FM keeps the operations manager up to date with any changes or issues as these arise through a monthly FM report that evidence a commitment to the quality and risk management system through regular reporting on operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>The CM provides a weekly report to the FM. The operations manager confirmed that they had been informed of the recent Covid-19 outbreak.</p> <p>The director has owned aged care facilities for six years and has a background in property acquisition. The operations manager has a law degree (overseas) and has previous experience in management of an overseas hotel prior to the aged care facilities currently owned. The director, operations manager and the FM are working together to ensure the necessary resources, systems and processes are in place that support effective governance.</p> <p>The director and operations manager completed training around Te Tiriti o Waitangi, health equity, and cultural safety and they were able to describe learnings. The operations manager also stated that they have access to external services if there were specific issues related to their Wellington services. There are links with cultural services, a local cultural advisor and the facility's external consultant (policy writer). The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to services and achieve equitable service delivery for Māori and tāngata whaikaha.</p> <p>Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Vincentian Home management team to identify barriers to care to improve outcomes for all residents.</p> <p>There is a business plan for 2025 for Vincentian Home that has been developed by the director, operations manager and FM. The plan for 2024 was reviewed. The service's vision and mission are</p>
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		<p>documented and reflect a resident and family/whānau centred approach to all services. The FM described how the business plan was being reviewed through meetings with the operations manager.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision and is provided by the CM. The FM (non-clinical) with over 10 years' experience in management in the disability sector and been in the role for six months. The FM is supported by the CM who has been in their role since 2021 and attended external workshops related to clinical management of an aged care facility and completed training on several clinical topics. The CM is working towards a nurse practitioner qualification. The FM is working towards their required training hours related to the management of a care facility and attended an aged care conference in 2024. The FM stated they received a comprehensive orientation and handover when first started.</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>PA Low</p>	<p>Vincentian Home has an organisational quality and risk management programme documented. The quality and risk management system uses a risk-based approach and includes performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff meetings and clinical/ RN, quality, and health and safety meetings provide an avenue for discussions in relation to quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing and education. The regular staff meetings evidence health and safety and complaints are discussed; however, there was no record of evidence that the data related to restraint, adverse events, corrective actions related to internal audits and infection control are discussed with general staff. There was no evidence of general staff, except RNs being part of the quality meetings. There were no graphs or data on display for staff to view the performance of the facility.</p> <p>Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. There are also regular RN review meetings to ensure that there is a clinical focus on current needs of residents. There was evidence of progress and sign off when</p>

	<p>corrective actions were addressed. Corrective actions related to meetings are discussed; however, staff are not always informed of the corrective actions and/or internal audit outcomes.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. Policies have been developed by an external provider. The suite of policies is available and accessible to staff. A document control system is in place.</p> <p>A resident satisfaction survey was completed end of 2023 with a high level of satisfaction noted. The service is currently receiving returns for the family/whānau survey that has been sent out in December 2024. A sample of survey responses already sent back to the service were reviewed and confirmed a high level of satisfaction with the service. Corrective actions have been put in place in response to resident feedback to food services with residents interviewed stating that, on the whole, food services improved since the new menu development.</p> <p>A health and safety system is in place. Health and safety is managed by the FM and CM with a health and safety committee which reports to other committees and to the directors of the company who receive the minutes of meetings. Two health and safety representatives were interviewed (two caregivers) and both were able to describe their role as per the policy and job description. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed. Health and safety policies are implemented and reported hazards are monitored by the health and safety committee. In the event of a staff accident or incident, a debrief process is implemented with documentation of the outcomes.</p> <p>Electronic reports are completed for each incident/accident with a severity risk rating given. Actions are documented with any follow-up action(s) required as evidenced in the 10 accident/incident forms reviewed. Results are discussed in the quality and RN meetings and at handover as observed during the audit. Incident and accident data is collated monthly and analysed. Ethnicity data is collected, compared and discussed in relation to adverse events to improve</p>
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		<p>health equity. Benchmarking occurs.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded and achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>Discussions with the FM and CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three Section 31 notifications and a one severity assessment score (sac) report has been sent to the Health Quality and Safety Commission. A HealthCERT notification was completed for a change in the FM. There have been two outbreaks documented since the last audit (October 2023 and January 2025).</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. 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>PA Low</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, the FM and CM assist to fill the roster where applicable. The FM and CM are working full time. They are supported by two RNs on morning and afternoon shift and one RN at night. The GP is available after hours to the RNs in case of emergencies of complex /deteriorating residents. In the absence of the CM, a senior nurse will provide clinical oversight and in the absence of the FM, the administrator (receptionist) with support from the operations manager will provide day to day oversight.</p> <p>The roster reviewed evidenced there are sufficient number of caregivers on all shifts. When the roster is developed, consideration is given to the layout of the facility and acuity of residents. There are medication competent staff on each shift to support the RN and at least one first aider on each floor at all times.</p> <p>Residents noted that answering call bells occur timely and care staff</p>

		<p>reported there were adequate staff to complete the work allocated to them. The rosters reviewed were fully covered and backfilled when staff were absent on short notice. There are separate staff allocated to non- clinical duties including maintenance, activities, laundry, housekeeping and the kitchen. Residents, family/whānau and staff interviewed stated there are communication when staffing levels might change, this was also evidenced in meeting minutes.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. External training opportunities for the RNs include training topics through Health New Zealand and hospice. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification and have access to a Careerforce assessor. There are 26 caregivers employed, 15 have their level 4 or equivalent qualification, 5 have their level 3 or equivalent qualification, and 6 did not yet have a formal qualification; however, most of them are currently enrolled to complete a qualification. A training policy is being implemented. A biannual in-service programme is documented, and topics provided are well attended by care staff. All staff are required to complete competency assessments as part of their orientation and annually; however, topics required to be completed (required to be completed biannually) were not completed as scheduled and include the ageing process, weight management (nutrition and hydration), pain management, aspects of Code of Rights (complaints, advocacy, open disclosure). The staff have not completed any topics related enabling good lives principles (choice and independence) to promote their knowledge related to care of YPD residents. There are eight RNs and six are interRAI trained.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Seven staff files reviewed (including CM, two RNs, three HCAs, activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. There is evidence in files that practising certificates are maintained for all health professionals.</p> <p>All performance appraisals are completed as per the appraisal schedule. 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 and annually. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Staff interviewed reported their wellbeing is supported through debrief discussions following any incidents.</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>There is a documented policy and document control providing guidelines to safeguard clinical documentation. Resident files and the information associated with residents and staff are retained and archived off site. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are mostly used.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The FM is the privacy officer and there is a pathway of communication and approval to release health information. 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>	<p>FA</p>	<p>There is an entry and decline to entry policy documented. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information FM and CM are available to answer any questions regarding the admission process.</p> <p>All potential residents who are declined entry are recorded, including ethnicity. When 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</p>

		<p>agency to ensure the person will be admitted to the appropriate service provider.</p> <p>The service collects ethnicity data for all residents including entry and decline rates for Māori. The service employs Māori staff and has documented links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p> <p>The CM confirmed that 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>Eight resident files were reviewed, and these included two rest home level of care residents, four hospital level of care residents including one respite funded through ACC, and two residents funded through the younger person with a disability (YPD) contract. The registered nurses are responsible for conducting all assessments and for the development of care plans. Initial assessments and interRAI assessments were all completed within the required timeframes for residents funded through the aged related residential care contract (ARRC). Initial care plans were developed, and long-term care plans were all linked to interRAI assessments, with all triggered outcomes scores identified. The files for younger people (not required to have interRAI completed) all had a comprehensive assessment documented on admission and with a re- assessment using this template six monthly. Cultural assessments and cultural interventions were not well documented.</p> <p>There is evidence of resident and family/whānau involvement in the interRAI assessments; however, this is not always documented for involvement in the care planning process. The younger resident on a YPD contract's care plan documented normal routine, clinical care; however, not their individual needs to support independence. All other care plans reviewed document the support required and identified early warning signs related to the residents' health issues.</p> <p>Staff interviewed were able to describe in detail the interventions, care and support required to ensure safe resident care, and in addition, were able to describe interventions provided that</p>

	<p>contributed to the overall health and wellbeing of the residents. A general practitioner visits the service weekly and undertakes three-monthly reviews.</p> <p>InterRAI assessments, (or the service based comprehensive assessment tools for younger people), input from the GP and allied services, as well as staff, resident and family/ whānau consultation provide the basis for care planning. Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans. The goals sampled in the care plans reflected identified residents' strengths and goals. The evaluations included the degree of progress towards achieving their agreed goals. The CM reported that all referrals for residents who need behavioural support are sought from other agencies as required.</p> <p>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 expressed satisfaction with the clinical care provided.</p> <p>Staff reported that an in-depth handover is shared between the staff between each shift. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed, 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 CM and registered nurses, as evidenced in the records sampled.</p> <p>The service completes a range of monitoring charts as needed, examples include weight monitoring; blood glucose monitoring; behaviour monitoring charts; bowel charts; and food intake and output charts. Neurological observations are not always completed for unwitnessed falls or head injuries according to policy. All incident</p>
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		<p>reports reviewed evidenced timely nursing follow up.</p> <p>At the time of the audit, there were a total of 13 active wounds and five pressure injuries. Pressure injuries included: one non facility acquired stage three, a stage four facility acquired pressure injury and three stage two (all facility acquired). On investigation all residents with a pressure injury were very frail, with some on the palliative journey. District nurse input was documented well for the stage three and four pressure injury. Care for all residents with a pressure injury had a pressure relieving mattress, and high protein supplements or fortified drinks included as part of prevention strategies. Repositioning and skin checks were documented in the resident records. The CM maintains oversight of all wounds. The CM and RNs interviewed stated that staff have access to a wide range of wound care products on site and can access specialist products as needed.</p> <p>The service has Māori health care plan in place to support 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. A Māori assessment tool and care plan were not in place for all residents who identify as Māori.</p> <p>The FM and CM 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.</p> <p>Progress notes are maintained with daily entries. Acute issues (unintentional weight loss, skin tears, infections) are addressed and resolved by completing short term care plans.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>PA Low</p>	<p>The service employs an activity coordinator who is a non-practicing occupational therapist. An activity programme is planned monthly and published weekly. Activities are provided seven days a week with care staff and volunteers assisting with providing activities. Residents can choose to join in any of the activities provided. The</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>activity programme is formulated by the activity coordinator in consultation with the care staff. This ensures that the activities are varied and appropriate for residents' assessed needs for those requiring hospital and rest home level of care. There is no specific activity plan for the younger people; three of three younger people and two of their family/ whānau stated they have no involvement into the activity plan. They stated that the activity plan for younger people does not reflect their likes and needs. The younger residents interviewed felt they had lost their identity; however, felt their cultural and religious preferences were considered.</p> <p>Each resident has a documented activity assessment including a personal history and interests; however, this assessment does not link to individual resident's activity plan. Activity progress notes and activity participating register are completed.</p> <p>Activities on the planners included quizzes; bingo; memory games; Anzac; table games; sing-along; card games; movies; bingo; exercises; and community activities. There are regular outings and drives for all residents. The activity plan includes bringing the community in for resident who are unable to leave the facility; examples include: church services, pet therapy and entertainment.</p> <p>Regular residents' meetings and annual satisfaction surveys provide a forum for feedback relating to activities.</p> <p>The activities staff 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.</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</p>	<p>FA</p>	<p>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, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP complete three-monthly medication reviews.</p> <p>A total of 16 medicine charts were reviewed from across the service.</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>Indications for use are documented for pro re nata (PRN) 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 by the nursing team when a resident is transferred back to the service from the hospital or any external appointments and when new stock arrives from the pharmacy. The nursing team check medicines against the prescription. Medication competencies are current and have been 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 taken. A sample of these were reviewed during the audit. 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.</p> <p>A registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment room, and cupboards. Appropriate processes were in place to ensure residents who were self-administering medicines did so safely. There were no residents who self-administer medications. A self-medication policy is in place. There were 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. The YPD residents are supported to access medications.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The CM stated that when requested by Māori, appropriate support and advice would be provided.</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>FA</p>	<p>Meals are prepared and cooked on site by a team of two chefs and kitchen hands. 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 in January 2026. A registered dietitian who the organisation employs reviewed the menu, and it was current. 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 at least monthly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed as per schedule. 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. Also, 'boil-ups,' hāngi, Māori bread, and pork were included on the menu, and these are offered to any residents who identify as Māori when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>There is a documented process for managing the early</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>		<p>discharge/unexpected discharge plan and transfer from services. The nursing team oversees discharges and manages the process until discharge. All this is conducted in consultation with the resident, family/whānau, 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. Upon discharge, current and old notes are collated and scanned into the resident's electronic management system. If a subsequent GP requires a resident's information, a written request is required to transfer the file.</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 and comply with legislation relevant to services being provided. The current building warrant of fitness expires March 2025. The environment is inclusive of peoples' cultures and supports cultural practices. The service employs a full-time maintenance person over two close sites who works from Monday to Friday. 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. All electrical checks, tag, test and calibration of equipment has been completed as scheduled. Hot water temperatures are monitored monthly and any recordings</p>

		<p>outside of expected ranges had corrective actions undertaken.</p> <p>The service is on single level with a spacious main dining and lounge area. There are doors that open out to an outdoor deck from the dining and lounge area 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 washing areas have free-flowing soap and paper towels in the toilet areas. 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, motorised scooters. The communal areas are easily accessible.</p> <p>At the time of the audit all rooms had single occupancy. Resident rooms are large enough for easy movement with mobility aids. Residents can have personal items in their bedrooms. Each room is identified by the resident's name, which enables the resident to identify 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>There are no plans for major refurbishments or building projects; however, the director and management team reported they would consult their Māori contacts for advice throughout the process if either were planned in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>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</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>requirements, as well as the duties/responsibilities of staff in the 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 February 2012. Fire evacuation drills have been completed every six months since the last audit. 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. In the event of a power outage, a BBQ is maintained should gas cooking be needed. The service has access to a generator in case of an emergency. There is sufficient water stored for 20 litres per day for seven days per resident with water storage tanks and also five litres of drinking water stored in each resident's room.</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. 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 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>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the business plan and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</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 relevant issues of national and regional concern.</p>		<p>The infection control coordinator has access to personnel with expertise in infection control and AMS. Expertise is accessed from Public Health and Health New Zealand.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the director. The FM and CM reported pandemic analysis to the director when it occurred. Outbreak of other infectious diseases is reported if and when they occur. Monthly collation of data is completed, trends are analysed and a corrective action plan developed to monitor progress.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, FM, the GP, and the Public Health team.</p> <p>The infection control coordinator and is supported by the CM. A documented and signed role description for the position is in place.</p> <p>There are adequate resources to implement the infection control programme. The infection control coordinator is responsible for implementing the infection control programme, liaises with management and RNs and meet monthly as part of the management/quality meeting. There was no evidence data is shared with general staff (link 2.2.2).</p> <p>The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan. There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), were accessible and observed to be used appropriately. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Vincentian Home has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. Staff reported the pandemic plan to be successfully implemented during their Covid-19 outbreak. The infection control coordinator has input when infection control policies and procedures are reviewed by the external consultant.</p> <p>The infection control coordinator completed infection control training and is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control coordinator has access to an online training system with resources, guidelines, and best practice. Infection control audits are completed and evidence compliance.</p> <p>At site level, the CM has responsibility for purchasing consumables. Infection control coordinator stated they will have input into significant changes to the building, which will occur with collaboration and support from the cultural advisor, Māori residents and director. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The internal audit schedule includes cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, sterile single use wound packs for wound management. Single use items are discarded appropriately after use. Educational resources in te reo Māori are accessible and available. All residents are included and</p>
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		participate in infection control and staff are trained in cultural safety.
<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>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the management/ quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at management/quality meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, and medical notes.</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 is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at management/quality meetings. Meeting minutes and graphs were not accessible/ available to staff (link 2.2.2). Ethnicity data is included in internal benchmarking of infection control data at facility level. The infection control coordinator interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep residents, family/whānau and staff up to date on any</p>

		<p>infections,</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. There have been two outbreaks documented since the last audit (October 2023 and January 2025). Staff reported that the outbreaks were managed well. Hand sanitisers and gels are available for staff, residents, and visitors to the facility.</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>The facility implements a waste management policy that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews with the housekeeper and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are appropriately labelled. There are designated locked room for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. There is a laundry on site with a clear clean and dirty flow area. The laundry is operational seven days week. Kitchen linen and cleaning mops are washed separately. Staff interviewed confirm there is enough linen available</p>

		<p>over weekends. Visual inspection of the on-site laundry area demonstrated the implementation of a clean/dirty process. Residents' clothing is labelled and personally delivered to their rooms by staff. Residents and family/whānau confirmed satisfaction with laundry services in interviews. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. The policy details consultation required with the infection control team. Infection control internal audits are completed by the infection control coordinator.</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>Discussion with the FM and CM confirmed their commitment to reducing restraint. The restraint policy is aimed towards restraint elimination and confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility has three residents using restraint (one lap belt and two bedrails).</p> <p>The restraint coordinator (registered nurse) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint is reported and discussed in the clinical meetings. The service has a resident advocate who is available to residents and their family/ whānau as well as Māori staff who are available to assist and support as needed.</p> <p>Reducing restraint and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Seclusion is not used. Restraint assessment process has been completed by the restraint coordinator for a hospital level resident reviewed, frequency of monitoring is detailed in the assessment; and restraint use is detailed in the resident's care plan, monitoring has occurred in line with the restraint assessment. Monitoring of restraint use is mainly</p>

		completed by the caregivers.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>A restraint register is maintained by the restraint coordinator. The restraint policy documents the requirements of safe restraint use and the type of restraints approved. Two hospital resident's files were reviewed. The restraint assessments reviewed address alternatives to restraint use before restraint was initiated. Cultural considerations are included in the restraint assessments. Written consent was obtained by the residents' EPOAs following a comprehensive discussion. The use of the restraint and risk associated with restraint use and frequency for monitoring were stated in the resident's care plan.</p> <p>The care plan addresses the resident's cultural, physical, psychological, and psychosocial needs. Monitoring forms are completed as per the monitoring frequencies stated in the restraint policy. Any comments related to restraint use is recorded on the electronic form and in progress notes. The service does approve the use or implementation of emergency restraint practices, as documented in the restraint policy. A debrief procedure is documented should emergency restraint or any accident or incident occurred as a result of restraint use are. There were no incidents related to restraint or emergency use of restraint. Residents using restraints are reviewed three-monthly. Restraint use is discussed in the monthly clinical (RN) meetings and at handover. The service does not practice emergency restraint. The restraint coordinator could describe emergency restraint, instances where this may need to be considered, and the contents of the debrief meeting that would be held.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by</p>	FA	<p>The restraint programme is reviewed annually. Monthly reporting on restraint usage and benchmarking is included, as well as evaluation of the staff restraint education programme. Clinical meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried; these strategies are not</p>

<p>Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>discussed and shared at the general staff meeting (link 2.2.2).</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>There is a documented quality programme that is implemented. Various meetings occur as scheduled. Adverse events and infections are analysed and discussed at the monthly clinical/RN and infection control meeting and at the managers/quality improvement meeting. Staff meeting minutes do not have a set agenda to evidence that staff are informed of data related to adverse events, restraint, infections and corrective actions related to internal audits. The meeting attendance of the quality meetings evidence the meetings are attended by RNs and managers; however, no caregivers or other department staff are involved in quality discussions. Caregivers interviewed confirm they are not aware of graphs or</p>	<p>(i). The regular staff meetings evidence health and safety and complaints are discussed; however, there were no record of evidence that the data related to restraint, adverse events, corrective actions related to internal audits and infection control are discussed with general staff.</p> <p>(ii). There were no caregivers and other department staff included in the quality meetings.</p> <p>(iii). There were no graphs or data on display for staff to view the performance of the facility.</p> <p>(iv). There were no meeting</p>	<p>(i)-(iv). Ensure all staff collaborate and are informed of the performance of the facility.</p> <p>90 days</p>

		have access to other meeting minutes.	minutes on display or in a folder available to staff	
<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>	PA Low	<p>There is a documented training policy in place. Caregivers interviewed stated they complete training in a monthly group setting and complete questionnaires. A biannual in-service training programme is documented, and topics provided are well attended by care staff. All staff are required to complete competency assessments as part of their orientation and annually. Topics attended included falls prevention strategies, sexuality and intimacy, cultural awareness equity and Te Tiriti, abuse and neglect, privacy, restraint and challenging behaviour, promote mobility, continence management, skin and pressure injury management, infection prevention and control, outbreak management, health and safety and emergency preparedness. Records reviewed for 2023 and 2024 evidence that not all biannual topics required to be completed has been presented within the two-year period.</p> <p>The staff have not completed any topics related enabling good lives principles (choice and independence) to promote their knowledge related to care of younger residents with disabilities to meet the contractual requirement for residential disability support services. The responses from the younger residents and their family//whānau</p>	<p>(i). Topics required to be completed (required to be completed biannually) were not completed as scheduled and include the ageing process, weight management (nutrition and hydration), pain management, aspects of Code of Rights (complaints, advocacy, open disclosure).</p> <p>(ii). The staff have not completed any topics related enabling good lives principles (choice and independence) to promote their knowledge related to care of younger residents with disabilities.</p>	<p>(i). Ensure topics are provided according to the training schedule.</p> <p>(ii). Ensure training is provided to staff to understand the needs of the younger residents with disability within an aged care facility.</p> <p>90 days</p>

		(conducted by the consumer auditor) confirmed a lack of understanding for younger residents' needs within an aged care facility.		
<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 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>	PA Low	Registered nurses are responsible for conducting all assessments and for the development of care plans. Initial assessments and interRAI assessments were all completed within the required timeframes for residents funded through the aged related residential care contract (ARRC). The files for younger people all had a comprehensive assessment documented on admission and with a re- assessment using this template six monthly. Cultural assessments and cultural interventions were not well documented. The younger residents care plan documented clinical needs, normal routine; however, no support needs for independence were documented.	<p>(i). Two residents who are of Māori decent had no cultural assessment and cultural care plan.</p> <p>(ii). Care plans for a younger resident did not document the support needs for independence (enabling good lives).</p>	<p>(i). Ensure that residents of Māori decent have a cultural assessment and cultural care plan.</p> <p>(ii). Ensure that care plans for younger people reflect support needs for independence.</p> <p>90 days</p>

(h) People's care or support plan identifies wider service integration as required.				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>Registered nurses are responsible for conducting all assessments and for the development of care plans). Clinical needs are documented well; however, family and resident involvement in assessment and care plan is not always documented. A suite of monitoring charts are available for staff to utilise and these are maintained according to the care plan instructions. There are a comprehensive procedure for post fall management and neurological observations; however, neurological observations are not always well documented according to the policy.</p>	<p>(i). Neurological observations were not completed as per policy for three of five falls.</p> <p>(ii). Resident and family/ whānau involvement in the assessment and care planning process is not always documented for three younger residents and one at rest home level of care.</p>	<p>(i). Ensure that neurological observations are completed as per policy.</p> <p>(ii). Ensure that resident and family/ whānau are involved in the assessment and care planning process and this is documented</p> <p>90 days</p>
<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</p>	PA Low	<p>The activity programme is formulated by the activity coordinator in consultation with the care staff. There is no specific activity plan for the younger people; three of three younger people and two of their family whānau stated they have no</p>	<p>(i). There is no overarching activity plan specific to the needs of younger people.</p> <p>(ii). Resident activity plans for all three younger residents do not</p>	<p>(i). Ensure there is an activity plan specific to the needs of younger people.</p> <p>(ii). Ensure resident</p>

<p>shall be responsive to their identity.</p>		<p>involvement into the activity plan. They stated that the activity plan for younger people does not reflect their likes and needs. Each resident has a documented activity assessment including a personal history and interests; however, this assessment does not link to individual resident's activity plan. Activity progress notes and activity participating register are completed.</p>	<p>reflect the activity assessment for individual residents.</p>	<p>activity plans activity plans reflect the activity assessment for individual residents.</p> <p>90 days</p>
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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.