

Fitzroy Village Management (2016) Limited - Fitzroy of Merivale

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Fitzroy Village Management (2016) Limited
Premises audited:	Fitzroy of Merivale
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 January 2025 End date: 31 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:	28

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Fitzroy of Merivale is privately owned and cares for up to 30 residents requiring rest home levels of care. On the day of the audit there were 28 residents.

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

The facility manager (registered nurse) is appropriately qualified and experienced in healthcare management. The facility manager is supported by an operational manager and a part-time registered nurse.

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

There were no shortfalls identified at the previous certification audit.

This surveillance audit identified the service meets the standard.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



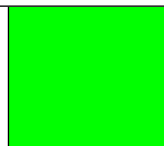
Subsections applicable to this service fully attained.

Fitzroy of Merivale provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business documents include a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated by the facility manager and shared with the operations manager and staff.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

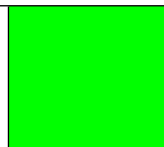
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The food services provider caters to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and family/whānau.

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

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

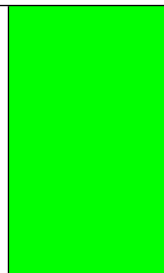


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The infection prevention and control programme has been developed with expert input, has been approved by the owners and is reviewed annually. All staff complete infection control competencies and training in relation to their role.

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 collected and analysed for trends and the information used to identify opportunities for improvements. There has been one outbreak since the previous audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The leadership team is committed to maintain a restraint free environment. The facility had no residents using restraints at the time of audit. Restraint free strategies are included as part of the education and training plan.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents or staff who identify as Māori. The service is committed to respect the self-determination, cultural values, and beliefs of Māori residents as documented in the Māori health plan and business plan. Fitzroy of Merivale has a relationship with the local marae as their Trusted Treaty Partner and links are established with kaumatua. Comprehensive cultural assessments are completed for all residents and this will include Māori residents when they are admitted.</p> <p>Interviews with five staff (three caregivers, one registered nurse [RN], and a kitchen assistant), two managers (facility manager, and operations manager) demonstrated a knowledge of implementing the principles of Te Tiriti O Waitangi to all aspects of the service.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan that is in place and being implemented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were no residents</p>

<p>achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>or staff identifying as Pasifika at the time of the audit; however, staff members interviewed confirmed that the residents' whānau would be encouraged to be involved in all aspects of care particularly in nursing and medical decisions should they enter the service.</p> <p>Fitzroy of Merivale partners with Pasifika groups to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to The Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager or registered nurse 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.</p> <p>Six residents and one family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were observed to be respectful.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Fitzroy of Merivale policies document guidelines to prevent institutional racism, discrimination, coercion, harassment, or any other exploitation. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing an Employee Handbook - Code of Conduct - House Rules policy. This policy provides guidelines to address the elimination of discrimination, harassment, and bullying.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and</p>

		responsibilities. Professional boundaries are covered as part of orientation.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Five resident files reviewed included signed general informed consent forms. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. EPOA activation letters were on file where appropriate.</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>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a 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 no internal complaints since the last audit. There have been two external complaints made about care received around August 2023 to Health New Zealand. Both complaints were investigated by Health New Zealand and closed off on 18 September 2023. The funder requested the auditors to follow up on the implementation of the advance directive policy. All residents' files reviewed had an advanced directive policy attached to their end of life section of the care plan.</p> <p>Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement meetings</p>

		<p>(minutes sighted).</p> <p>Discussions with residents and a family/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility, and on request. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the facility manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process, should they be admitted to the facility. The facility manager stated Māori residents will be supported to ensure an equitable complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>Fitzroy of Merivale is located in Merivale, Christchurch. Both owners (governance) are managers and provide leadership at the facility and understands legislative, contractual, and regulatory requirements within the aged care sector. Fitzroy of Merivale is the only aged care facility owned by the owners.</p> <p>One owner holds the role of facility manager (also a registered nurse) and, with the other owner holding the role of operations manager. They are supported by a part time registered nurse (RN) that has been at the facility for the past seven years and works part time, three days per week.</p> <p>Fitzroy of Merivale provides care for up to 30 residents at rest home level of care. On day one of the audit, there were 28 residents including one on respite care. The remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>A strategic plan April 2023-April 2027 and a business plan (2025-2026) is documented for the facility includes a mission statement, vision and philosophy of care. The business plan 2023-2024 was reviewed and signed off. The business documents evidence a commitment to the quality and risk management programme with business objectives. The</p>

		<p>management and leadership have a strong focus on ensuring high quality of services are provided by a skilled stable workforce and support training initiatives for all staff. The bimonthly quality improvement meetings are chaired by the facility manager with the operations manager and all staff in attendance.</p> <p>Clinical governance is overseen by the facility manager, registered nurse and an external consultant (who is a leading figure in the aged care sector) who provides advice related to quality and risk. The clinical governance meets as part of the bimonthly quality improvement meeting. There is a trusted treaty partner that includes kaumatua from the local marae and partnership with the advisors of the external consultant. The business plan documents actions that support outcomes to reduce barriers to services and achieve equity for Māori.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Fitzroy of Merivale has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge, medication errors) is collected, analysed, and benchmarked internally. Meeting minutes reviewed, evidence quality data is shared in the bimonthly quality improvement meeting that is the main forum for all discussions related to (but not limited to) adverse events, infections, internal audits, complaints, restraint free strategies, staffing, education, health, and safety. Internal audits are completed according to the annual schedule. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved.</p> <p>Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions been implemented and signed off. Resident and family/whānau satisfaction surveys are completed six monthly, with the most recent in September 2024 evidence overall satisfaction with the service, with no corrective actions required.</p> <p>Internal and external risks are identified and plans are developed to respond to all risks. A health and safety system is being implemented. The operations manager is the health and safety officer with support from</p>

		<p>health and safety representatives. Hazard identification forms and an up-to-date hazard and risk register were sighted. Health and safety training starts at orientation and continues annually. Seven accident/incident forms reviewed indicated that the incident forms are completed in full and are signed off by the RN and the facility manager. Incident and accident data is collated monthly and analysed. Results are discussed in the quality improvement meetings.</p> <p>Discussions with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. One section 31 was completed in December 2024 related to a resident at risk. There were no notifications required related to severity assessment rating (SAC) 1 and 2 events to the Health Quality and Safety Commission (HQSC). There was one Covid-19 outbreak reported (August 2024) since last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The facility adjusts staffing levels to meet the changing needs of residents. There is a first aid trained staff member on duty 24/7. A review of the rosters evidence there is a registered nurse on site seven days a week. The facility manager works full time and covers the weekend. The other three days (weekdays) are covered by a registered nurse. In the absence of facility manager the registered nurse, takes responsibility for the day to day operation. The facility manager is on call for advice after hours support.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Residents interviewed confirmed their care requirements are attended to in a timely manner. There are sufficient number of caregivers employed to provide sufficient cover on all the shifts. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers.</p> <p>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 registered nurse include training through Health New Zealand and Nurse Maude.</p> <p>The service supports and encourages health care assistants to obtain a</p>

		<p>New Zealand Qualification Authority (NZQA) qualification. Ten caregivers are employed, eight have achieved a level 4 NZQA Health and Wellbeing qualification. Fitzroy of Merivale orientation programme ensure core competencies and compulsory knowledge/topics are provided. All topics reviewed have a 100 percent staff attendance.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for hand hygiene, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained in the individual's file. Additionally, the registered nurse has syringe driver competency. The facility manager is interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files reviewed (the facility manager, the registered nurse, the diversional therapist and two caregivers) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Orientation documents reviewed evidence key components of the role are covered to ensure safe work practice.</p> <p>A register of practising certificates is maintained for all health professionals. All staff who have been employed for over one year have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best 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</p>	FA	<p>Five resident files were reviewed including one resident on respite care. A registered nurse (RN) or facility manager is responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, and information from pre-entry assessments. All long term residents had an interRAI assessment, in addition to a full suite of assessments contained in the electronic resident management system, which incorporate physical, medical, emotional, social and cultural needs.</p>

<p>whānau to support wellbeing.</p>	<p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The resident on respite had an initial assessment completed within 24 hours of admission including completed assessments related to baseline observations and weight, physical, medical, emotional, social and cultural needs.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. The family/whānau interviewed and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits to complete three monthly interviews and as required. The GP is also on-call for the facility out of hours. Medical documentation and records reviewed were current. The GP interviewed were complimentary of the management, clinical leadership and skills of the caregivers. A physiotherapist visits the facility</p>
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		<p>on request to review residents referred by the registered nurse. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, Nurse Maude hospice nurse, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there was one chronic wound and one surgical wound (biopsy) treated. There were no pressure injuries.</p> <p>The progress notes are recorded and maintained in the integrated clinical records. Progress notes evidence daily to weekly RN reviews. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. Monitoring is completed as required. These include, (but are not limited to) monthly blood pressure, weight monitoring, blood sugar levels and bowel records. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. The registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses an electronic medication management system and blister medication packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p>

		<p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly and have a six-monthly pharmacy check. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There was one resident self-administering medications and had a three monthly competency assessment on file, medications are stored securely in their room. All aspects of the self-administration of medication policy were implemented. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on. Medication audits reviewed evidence full compliance.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food services are provided by the Nurse Maude facility next door to the facility. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen assistant interviewed reported they accommodate residents' requests, choices and preferences.</p> <p>There is a verified food control plan expiring 1 December 2025. The residents and a family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned</p>

<p>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>discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Fitzroy of Merivale and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. Residents are encouraged to bring their own possessions including those with cultural or spiritual significance into the home and can personalise their room. The operations manager is responsible for overseeing and implementation of the annual maintenance programme. The current building warrant of fitness expires 1 August 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size,</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 AMS programmes are reviewed annually and is linked to the quality and business plan. Policies are available to staff. Staff demonstrated knowledge on the requirements of standard precautions.</p> <p>The infection control officer (facility manager) oversees infection control and the anti-microbial stewardship programme across Fitzroy of Merivale and is responsible for coordinating and 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</p>

<p>and scope of our services.</p>		<p>completed infection control related education in the last 12 months.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>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 officer 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, signs symptoms and reporting criteria. Infection control data is entered into the infection register. The data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. There is benchmarking of infection rates internally. Trends, benchmarking, along with actions and outcomes are discussed at the quality improvement meetings. Meeting minutes and graphs are displayed for staff. The service incorporates resident ethnicity data into surveillance. The facility manager and operations manager attend all quality improvement meetings where significant events are discussed.</p> <p>Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Health New Zealand and public health for any community concerns. There has been one outbreak (Covid-19) in August 2024 which was reported on and managed appropriately.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The leadership team is committed to providing services to residents without the use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with the resident and families/ whānau. The facility manager is the restraint coordinator. The quality improvement meetings reviewed evidence discussions of restraint free strategies to keep the facility restraint free.</p> <p>At the time of the audit, there were no residents utilising restraint. Restraint elimination is included as part of the mandatory training plan and orientation programme. Staff are knowledgeable about the</p>

		management of challenging behaviour and de-escalation strategies.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.