

# Jonwell Healthcare Group Limited - Alexander House Rest Home

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## Introduction

This report records the results of a Provisional 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:

<b>Legal entity:</b>	Jonwell Healthcare Group Limited	
<b>Premises audited:</b>	Alexander House Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 28 February 2025	End date: 28 February 2025
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	18	

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Alexander House Rest Home provides rest home level of care for up to 20 residents. There were 18 residents on day of audit.

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

The nurse manager is appropriately qualified and experienced. They are supported by a registered nurse, experienced caregivers and support staff. There are quality systems and processes being implemented. Feedback from family/whānau and residents was positive about the care and the services provided at Alexander House Rest Home.

This provisional audit identified no shortfalls.

## **Ō tātou motika | Our rights**

Alexander House Rest Home provides an environment that supports resident rights and safe care. The facility embraces Māori culture, beliefs, traditions, and te reo Māori. Staff demonstrated an understanding of residents' rights and obligations. The service works to provide high-quality, effective services and care for all its residents. A Māori and Pasifika Health Plan is in place. Spirituality, beliefs, and values are respected.

Residents receive services in a manner that considers their dignity, privacy and independence. Services and support are provided in a way that is inclusive and respects the resident's identity and their experiences. Staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. 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. Policy and procedure guide staff to ensure any negative feedback or formal complaints are managed appropriately.

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan includes a mission statement, values and operational objectives. The service has effective quality and risk management systems in place that take a risk mitigation-based approach. These systems are in place to meet the needs of the residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and the collection/collation of data were documented as taking place as scheduled, with corrective processes implemented where applicable. Health and safety processes are in place, led by the nurse manager. Health and safety is a regular agenda item in all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy. Safe staffing levels are provided. There are human resources policies including recruitment, selection, and orientation. The service has an orientation programme documented that provides new staff with relevant information for safe work practice.

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**

There is an admission package available prior to or on entry to the service. The registered nurse and nurse manager are responsible for each stage of service provision. The registered nurse and nurse manager assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Discharge and transfers are coordinated and planned. Medication policies reflect legislative requirements and guidelines. The registered nurse and medication competent care support staff are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

The activities support provides and implement a varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food control plan.

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

There is a current building warrant of fitness displayed. There is a documented preventative maintenance schedule. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy, Rooms are personalised. Documented systems are in place for emergency and security services. Fire drills occur six-monthly. Staff

have planned and implemented strategies for emergency management. The building is secure at night to ensure the safety of residents and staff.

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

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 and meets the needs of the service. Information and resources are readily available to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the service. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

All policies, procedures, the pandemic plan, and the infection prevention control programme have been developed, approved and reviewed at organisational level. There have been no outbreaks since the previous audit. There are organisational laundry and cleaning processes which are adhered to. Staff have completed chemical training.

## **Here taratahi | Restraint and seclusion**

The restraint coordinator is a registered nurse. There was no restraint in use at the time of the audit and maintaining a restraint-free environment is included as part of the education and training plan. Elimination and a restraint-free environment is supported by the governing body and policies and procedures. The staff implements appropriate de-escalation techniques for behaviours and alternative interventions to maintain a restraint-free environment.

## 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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Alexander House Rest Home has an organisational Māori and Pasifika Health Plan 2022 – 2025 in place. This includes contact details for the formal connections established with local iwi. The Māori Health Plan outlines how the service responds to the cultural needs of Māori residents and how it fulfils its obligation and responsibilities under Te Tiriti o Waitangi. Cultural resources are available to staff, that includes residents’ rights in te reo Māori, cultural considerations for care, and guidelines to assist culturally appropriate communication. The code of conduct, which all new staff sign during their recruitment process, outlines the service’s values and provides additional guidance for staff of their responsibilities to provide culturally safe care.</p> <p>There were no residents that identified as Māori at the time of the audit. The service employs staff who identify as Māori. The nurse manager confirmed that the service supports increasing Māori capacity by employing Māori staff members through a fair and equitable employment process. Staff who identify as Māori were interviewed. They confirmed their culture is well supported and they were assisted to provide liaison between the connections in place with local Māori and 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>	<p>FA</p>	<p>There were no residents who identified as Pasifika; however, the nurse manager stated if there were Pacific residents, then their individual cultural beliefs would be documented in their care plan and there is support available through established local connections with Pasifika to guide management on how to provide an efficient health and disability service for Pacific peoples. Whānau are encouraged to be involved in all aspects of care particularly in care and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The Pasifika Plan 2022-2025 is in place and has been developed externally in a partnership approach with Pasifika. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There were no staff employed who identified as Pasifika at the time of the audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau at entry. Management discusses aspects of the Code with residents and family/whānau on admission. Four family/whānau interviewed confirmed residents rights are being upheld by the service. Further to this, they confirmed residents are treated with respect and their independence is supported and encouraged. Information about the Nationwide Health and Disability Advocacy Service, and the resident advocate is available to residents and families/whānau. There are links to spiritual support. Staff receive education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interactions observed between staff and residents during the audit were respectful.</p> <p>Care plans reflected residents were encouraged to make choices and be as independent as possible. Māori mana motuhake is reflected in the Māori health care plan. Interviews with staff (four caregivers, one</p>

		<p>kitchen manager, one part time cook), and the nurse manager identified staff are encouraged to recognise Māori mana motuhake and provided examples of this in relation to their roles.</p> <p>The prospective purchaser explained at interview they have a healthcare business background and are familiar with the Code of Rights, and promotion of Māori motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The caregivers interviewed described how they provide choice to residents during their daily cares and routines. 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. Family/whānau members stated staff are patient and encouraging with residents, allowing them as much choice as possible. It was observed residents are treated with dignity and respect. All residents have their own room which is personalised with their photos and possessions. The 2024 residents/family whānau survey results are yet to be collected. However, Forms returned thus far evidence high satisfaction with service provision. The four residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs. There is a sexuality and intimacy policy in place.</p> <p>Staff interviewed stated they respect each resident's right to have space to manage intimate relationships. Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and maintaining independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified.</p> <p>Policies and procedures support tikanga Māori and encourage the use of te reo Māori. Staff interviews verified that cultural training has been provided, as per schedule. Staff were able to describe the principles of Te Tiriti and how they implement this knowledge when engaging in discussions with or providing care to residents. The nurse manager</p>

		confirmed how Alexander House Rest Home supports tāngata whaikaha to participate in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The service has policies and procedures to protect people from abuse, discrimination, and neglect. The education schedule outlines that staff are due to have abuse and neglect training in March 2025. The nurse manager has commenced toolbox talks on this subject during handover. Cultural days are held to celebrate diversity. The staff code of conduct document is discussed during the new employee's orientation to the service, with evidence of staff signing an acknowledgement. The code of conduct 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 have additional information provided on systemic racism and the understanding of injustices through policy and the code of conduct.</p> <p>The organisation provides a strengths-based and holistic model of care. The service ensures wellbeing outcomes for all residents are prioritised, as evidenced in the resident centred care plans. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The families/whānau interviewed confirmed that the care provided to their family member is of a high standard. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, institutional racism, and bias. There are policies in place regarding management of resident's property and finances, which are implemented.</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>	FA	<p>Information is provided to residents and family/whānau on admission. Interviews with family/whānau confirmed that the service provides a high level of communication and keeps them well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy guide staff in their responsibility to notify family/whānau of any accident/incident that occurs. Family/whānau and residents confirmed they feel informed about things that happen</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>within the facility and the nurse manager and registered nurse are visible and accessible. There were no residents who could not speak English at the time of the audit. An interpreter policy and contact details of interpreters is available if required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. There are no premium rooms at Alexander House Rest Home. The service communicates with other agencies that are involved with the resident, such as Health New Zealand and Support Links.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>An advance directive and informed consent policy is implemented. Informed consent processes are discussed with residents and families/whānau on admission. Five resident files sampled included written consents signed by the resident. Family/whānau or enduring power of attorney (EPOA), have signed consent forms for residents who are not able to give informed consent. The signed service agreements include consent for care and support, for photographs, sharing of information, and family involvement. Advanced directives were documented in files reviewed. Caregivers confirmed verbal consent is obtained when delivering care and this was observed as being requested on the days of audit. Tikanga best practise is reflected in informed consent policies.</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</p>	<p>FA</p>	<p>The provider has a complaints policy that is equitable for Māori and is being implemented. The nurse manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner. There have been no internal or external complaints made since the last audit; however, the nurse manager confirmed they are aware of the process to follow. The nurse manager takes a proactive approach to feedback ringing resident's family/whānau each month to check in and establish they are satisfied with all aspects of</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>their relative's care. The Code is displayed in English and te reo Māori.</p> <p>Information regarding complaints forms part of the staff meeting agenda. Discussions with family/whānau confirmed they are provided with information regarding the process to make a complaint and complaint forms are readily available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings, and through annual satisfaction surveys. The nurse manager maintains visibility and upholds an open-door policy, as confirmed by staff, residents and family/whānau interviews.</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>Alexander House Rest Home is privately owned. One owner is a registered nurse and the other oversees the maintenance aspects of the facility. Both manage the governance of the facility. They have owned Alexander House Rest Home since 2007. They both own two other care facilities in New Zealand. Alexander House Rest Home is managed by a full-time nurse manager, who is a registered nurse and has broad management experience within healthcare in New Zealand and overseas. They have been in the role for three years. The nurse manager has completed at least eight hours of professional development related to managing a rest home, which includes attending a recent business coach seminar. They are supported by a part-time registered nurse who has been in the role for 11 months. They have a background in aged care rehabilitation.</p> <p>The facility provides rest home level of care for up to 20 residents. On the day of audit there were 18 residents (including one under an accident corporation commission (ACC) contract and one resident on a long-term support chronic health care (LTS-CHC) contract, who was for discharge on day of audit. All other residents were under the age-related residential care (ARRC) agreement. There were no married couples at the time of audit. There are two double/shared rooms; however, at time of audit they were single occupation.</p> <p>The Governance Board consists of the two owner/directors. It was confirmed in interview with the owner/director that they have both</p>

	<p>completed cultural training and that they have direct access to established connections with iwi and how they can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The business/strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The Alexander House Rest Home business plan for 2023-24 includes site specific objectives and goals related to business and quality outcomes.</p> <p>Working practices at Alexander House Rest Home are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. Information is reported through to the owner/directors monthly from the nurse manager. This includes monitoring of goals and performance in key areas in the strategic plan, including care and service provision, and achievement of financial targets. A clinical governance structure appropriate to the size and complexity of the organisation is in place, which comprises of the director/owner who is a registered nurse with a current annual practising certificate, the nurse manager, and the registered nurse (who maintains the infection control and antimicrobial stewardship portfolios).</p> <p>The Māori and Pasifika Health Plans provides a framework to identify and address issues to ensure a safe living and working environment is developed and maintained for all. Cultural compliance includes tracking of ethnicity data for residents via established electronic systems.</p> <p>The prospective purchasers are experienced health business owners. A transition plan with timeframes to implement the handover has been documented. This is to include pre purchase face to face meetings with the staff at Alexander House Rest Home and the prospective purchasers; face to face meetings with all staff post the takeover date for two weeks; the current owners will provide support for three weeks post the sale of the facility; with the prospective purchasers ensuring close support ongoing. All policies, and procedures, quality systems and electronic client management systems will remain unchanged.</p>
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		The planned takeover date is 28 April 2025.
<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>	FA	<p>Alexander House Rest Home has an established quality and risk management framework and processes to ensure services are delivered to reflect the principle of quality improvement. The organisation's policies include a clinical risk management policy; document control; clinical governance terms of reference; quality improvement policy; health and safety strategy; and critical incident/accident/sentinel event policy. Alexander House Rest Home has established systems in place to record, track and analyse quality data. Monthly staff meeting minutes evidence a comprehensive review and discussion around all areas of the service, including clinical, staff, health and safety, and infection control.</p> <p>Monthly staff meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard in the staff room. The 2024 resident annual satisfaction survey results have been slow to come back to the nurse manager and a plan is in place to rectify this. However, results received so far indicate a high satisfaction from residents and family/whānau with all aspects of service delivery. Interviews with all staff confirmed health and safety training begins during induction to the service. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated and reported to the owner/directors. The nurse manager takes responsibility for managing the health and safety systems in place and has completed online Health and Safety training.</p> <p>Hazard identification forms and an up-to-date hazard register were reviewed (last updated February 2025). Health and safety policies are implemented and monitored by the nurse manager. Staff are kept informed on health and safety issues in handovers, meetings and memorandums. Electronic reports are completed for each incident/accident, and a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in eight</p>

		<p>accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Cultural competency is included within the provider's staff training schedule. Evidence of staff compliance of this was sighted. The service collects ethnicity data during the resident's entry to the service. Discussions with the nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been no requirement for any Section 31 notifications.</p> <p>The prospective purchaser confirmed they will maintain the current aged care facility management software, enabling a "business as usual" approach to the quality programme, analysis and trend monitoring. The prospective purchaser will maintain all current policies and procedures in place; all of which have been updated to align with 2021 Ngā Paerewa Services Standard.</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>Rostering and staffing ratios are followed, with flexibility to increase or decrease in the event of changes to resident acuity/occupancy or any outbreaks occurring. The nurse manager confirmed at interview that all information pertaining to the roster is included in the monthly report provided to the director/owners. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the contractual requirements with Health New Zealand. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with all staff. The nurse manager works full time from Monday to Friday and provides on-call support 24/7 for any non-clinical and clinical issues.</p> <p>The registered nurse supports the nurse manager in sharing the on-call roster, to provide support for any clinical issues. Vacant shifts are covered by available caregivers working additional hours. The registered nurse performs the nurse managers role in their absence, and the nurse manager would cover the registered nurse. Interviews with staff noted that as occupancy was increasing, the workloads and staffing had been adjusted to reflect the higher acuity. The nurse manager stated caregiver turnover had been stable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Interviews with</p>

		<p>residents and families/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule which is implemented. The education and training schedule lists compulsory training which includes cultural awareness training and abuse and neglect training. All staff interviewed confirmed a knowledge of Te Tiriti o Waitangi and cultural practices relating to Māori. The service shares health information (including Māori) collated within the quality data. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 10 caregivers employed; one caregiver has achieved level four, three have a level three, and three have completed level two NZQA qualification. All caregivers are on the pathway, bar one who was recently employed.</p> <p>A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include medication, moving and handling, back care, and hand hygiene. Eight caregivers have completed medication administration competencies, as evidenced by staff interviews and staff records. The nurse manager has current syringe driver competency and is interRAI trained. The registered nurse has completed interRAI training. Staff reported the management team are supportive.</p> <p>The prospective purchaser stated they are not anticipating any staff changes, and they plan to maintain the staffing levels. The training schedule will be maintained.</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>FA</p>	<p>Human resource policies including recruitment, selection, orientation and staff training and development are in place. Five staff files were reviewed, including one registered nurse, and four caregivers. Staff files included a signed employment contract, induction documentation relevant to the role the staff member is in, and reference checks had been completed. Job descriptions are in place for all positions and includes outcomes, accountability, responsibilities, authority, and</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>functions to be achieved in each position. Further to this, there are job descriptions for roles which have extra responsibilities and additional functions, such as infection prevention portfolio; these are signed and on the personal file. The registered nurses' practising certificates are retained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An appraisal policy is fully implemented. Competencies are completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the induction programme supports registered nurses and caregivers provide a culturally safe environment for Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. Agency staff are not used at the facility. Ethnicity and nationality data is identified and collected during the employment application stage. Following any staff incident/accident, a debrief process can be arranged if required. There is wellbeing support available to staff.</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>Policy and processes are in place to appropriately manage all resident information. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Alexander House Rest Home business continuity plan in case of information systems failure. Electronic resident management and medication systems are in place. Both systems are protected from unauthorised access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents or staff archived files are securely stored. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. The service is not responsible for National Health Index registration.</p>

<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' 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.</p> <p>Five admission agreements reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The nurse manager and registered nurse are available to answer questions regarding the admission process. The service currently has vacancies. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents, and this is documented on the enquiry form. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focused.</p> <p>Staff who identify as Māori are available to support Māori residents and family/whānau.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></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</p>	<p>FA</p>	<p>Five files were reviewed for this audit (including one resident on an ACC recovery contract, and one on a LTS- CHC contract). Registered nurses are responsible for conducting all assessments and for the development and evaluation of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in electronic progress notes. Barriers that prevent whānau or tāngata</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>whaikaha from independently accessing information are identified and strategies to manage these are documented in resident's care plans. The service has no Māori residents; however, the nurse manager described how the service would support Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected, and an interim plan completed at time of admission. A range of risk assessments are completed during admission. Initial assessments and care plans reviewed were dated and completed within required timeframes. There is specific cultural assessment as part of the social and cultural plan. Nutritional profiles are completed on admission and reviewed regularly as per policy to reflect changes. InterRAI assessments, reassessments and care plans are completed in the files reviewed and had been evaluated within expected timeframes. The long-term care plans are holistic and cover all medical and social needs. The care plans align with the service's model of person-centred care. Care plans had been updated when there were changes in health condition and identified needs. Challenging behaviour is assessed when this occurs. Evaluations stated progress against the set goals. Short-term care plans are utilised for issues such as infections, weight loss, and wounds.</p> <p>Handover was observed. Handover was attended by the nurse manager and caregivers. A comprehensive level of information was handed over to support continuity of service delivery. A noticeboard on the electronic system is used to alert staff to new admissions or changes in care needs. Progress notes are written by caregivers the nurse manager and registered nurse. The registered nurse or nurse manager further adds to the progress notes if there are any incidents, nurse practitioner visits, or changes in health status.</p> <p>All residents had been assessed by the nurse practitioner (NP) within five working days of admission and the NP reviews each resident at least three-monthly. The NP has dedicated time once a week at the practice rooms to see residents from Alexander House Rest Home. The service transports residents to the NP appointments. The NP visits residents who are unwell or whose mobility is compromised when required. After-hours support is available until 8pm on weekends. Between the hours of 8pm to 7.00 am, the service has</p>
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		<p>access to the after-hours service. The registered nurse and nurse manager rotate the weekend call. The nurse manager is available for after-hours calls and advice during the week. The NP was reportedly unwell at the time of the audit and could not be interviewed.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers residents to a physiotherapist as and when required. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available as required. When a resident's condition alters, a registered nurse initiates a review with a NP. Family/ whānau were notified of all changes to health, including infections, accident/incidents, NP visits, medication changes and any changes to health status.</p> <p>An electronic wound register is in place. On the day of audit there were three wounds being treated. A wound assessment, and wound management plan was reviewed for each of the wounds. Wound dressings were completed as scheduled; this is an improvement from the previous audit. Active wounds are discussed at handover and infections related to wounds are collated, benchmarked, and discussed at staff meetings, as well as with the NP and affected resident and family/whānau. The registered nurse and nurse manager have completed wound management training to keep abreast with current best practice. Progress notes documented an accurate record of the residents' care journey. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The caregivers and registered nurse complete monitoring charts, including bowel; blood pressure; weight; food and fluid; pain; behaviour; and blood sugar levels. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the facility policy.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities therapy position is being recruited into, with the role being vacant for one week. The nurse manager informed recruitment is underway and a preferred candidate has been interviewed. An activities programme was observed being implemented by the caregivers in the short term. Weekend activities are supported by the caregivers and resources are available to deliver the activities. The programme is planned monthly and includes themed cultural events, St Patricks Day, Easter, Matariki and Christmas. A monthly programme is displayed on the noticeboard and delivered to residents who wish to have a copy. A copy is sent to families/whānau by email on request.</p> <p>The service facilitates opportunities to participate in te reo Māori using Māori language on the noticeboard planner and monthly activities planner, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities, and culturally focused activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who choose not to attend activities.</p> <p>A variety of individual and small group activities were observed occurring at various times throughout the day of audit. Activities include morning chats; exercises; housie; newspaper reading; craft; bowls; hand pampering; pet therapy; and word games. The service has weekly van drives for outings to local events, such as daffodil farm, ice creams, local beaches and parks, and other sites of interest. Appropriately competent caregivers drive the van. External entertainment is scheduled to visit the service twice monthly.</p> <p>There are weekly interdenominational services and weekly communion provided by the local catholic church. Kapa haka groups from a local intermediate school have visited and a primary school comes and sings to the residents. Students from a local high school have visited and joined in with social activities. The service facilitates one resident's attendance at a local men's shed meetings.</p> <p>The resident's social and cultural profile is completed within 24 hours of admission and include the resident's hobbies and interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed within 21 days and reviewed six-monthly. A</p>
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<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>Medication management procedures and related documents are available for safe medicine management that meet legislative requirements. All clinical staff (registered nurses and medication competent caregivers) who administer medications, have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The nurse manager and caregivers interviewed could describe their role regarding medication administration. The service uses blister packs for regular medication and packaging for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. A change in pharmacy occurred in December 2024. All medications, including pro re nata (PRN), are blister packed.</p> <p>Medications were appropriately stored in the facility medication cupboard and locked trolley. The medication fridge temperatures and medication storage rooms are monitored daily and were within acceptable ranges. All medications are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, considered, and prescribed by the NP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the NP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There was one rest home</p>

		<p>resident partially self-medicating. The resident has the appropriate assessment and review on file. Interview of the resident confirmed safe use and management. Medication competent caregivers or registered nurses sign when the medications have been taken. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects, and this is documented in the progress notes. The nurse manager described a process to work in partnership with Māori residents and family/whānau, to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Alexander House Rest Home are all prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was in evidence, expiring in July 2025. There is a four-weekly seasonal menu that is developed and reviewed by a registered dietitian. The cook receives resident dietary information from the registered nurse and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. In the files reviewed, nutritional profiles had been updated to reflect changes in nutritional status. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences.</p> <p>The kitchen is adjacent to a spacious dining room and meals are plated and served directly to residents. On the day of audit, meals were observed to be well presented in a homely manner. A trolley is used for covered plated meals to be transported to those residents' enjoying meals in their rooms. Staff were observed supervising residents with meals and modified utensils are available for residents (when required) to maintain independence with eating.</p> <p>The cook identifies as Māori and understands tikanga guidelines in terms of everyday practice, and tikanga guidelines are available to</p>

		<p>staff and mirrors the intent of tapu and noa. The kitchen manager completes a daily check which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process by the cook. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. All kitchen staff have completed food safety and hand hygiene training. Cleaning schedules are maintained.</p> <p>The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis to the kitchen manager, at the resident meetings, and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Policies and procedures are documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all transfers or discharges to and from the service, including being given options to access other health and disability services, social support or Kaupapa Māori agencies, when indicated or requested. The nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The service uses the pink envelope (referral documentation) system.</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</p>	FA	<p>The facility is a converted villa consisting of 20 rooms in three wings (Alexander, Jenny, and Margaret). All building and plant have been checked on a regular basis and comply with legislation. The building warrant of fitness expires 1 July 2025. The environment is inclusive of peoples' cultures and supports cultural practices. The building is maintained and the surfaces in good repair.</p> <p>The nurse manager oversees maintenance of the site, and a part-time maintenance person is rostered for four hours per week, to complete reactive maintenance. External contractors have responsibility for the</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>grounds and waste management. Essential contractors such as plumbers and electricians are available 24 hours as required. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing for compliance, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Remedial action has been taken when hot water temperatures were recorded above acceptable ranges. Biannual testing and tagging of resident's electrical equipment was last completed in November 2024.</p> <p>There is a large lounge which the service can utilise for entertainment and social events. There is one main entrance leading to the reception and a main lounge and separate dining room area. There are quiet areas where residents can sit or meet with whānau/family. There are disability access toilets near the lounges and dining area.</p> <p>All rooms are single occupancy with a handbasin in most rooms and two rooms have shared full ensuites. There are communal toilets and showers in each wing for those in rooms without ensuites. The resident rooms are an adequate size to provide rest home level care. Each room allows for the safe use and manoeuvring of mobility aids. Staff interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins and point of care.</p> <p>All toilets and bathrooms have the appropriate privacy signage when in use or vacant. There are handrails in ensuites, and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained. Seating and shade are available.</p> <p>The kitchen, laundry, dining room, the nurses' station and the manager's office are centrally situated near to the main entrance. The kitchen is small but adequate, with a fridge and freezer room and</p>
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		<p>pantry situated in separate rooms in close proximity.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and to decorate their room as desired, as viewed during the audit.</p> <p>The building is appropriately heated and ventilated. There is gas wall heaters and thermostatically controlled oil radiator heating. There is plenty of natural light in the rooms and three rooms have direct access to the exterior. The facility is non-smoking.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the service will consult with local Māori to ensure aspirations and Māori identity is included.</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 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>FA</p>	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation 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.</p> <p>A fire evacuation plan is in place that was approved by the New Zealand Fire Service on 7 May 2007. Fire evacuation drills are completed every six months as scheduled. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p> <p>Water within the facility is heated by electricity. In the event of a power outage, there is a BBQ and gas cooking in the kitchen is available. The service now has a preferential access agreement for a generator with a local provider. Civil defence supplies are stored centrally and checked at regular intervals (sighted). There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff and external contractor orientation and is also ongoing as part of the education</p>

		<p>plan. All staff are first aid trained, ensuring one person trained in first aid is rostered 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. The call bell system was updated in 2023. Indicator lights are displayed above resident doors and in a centrally located mimic panel, to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. Doors leading to the outdoors are alarmed.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The Infection Prevention and Antimicrobial Stewardship Programme is supported by the director/owners. The programme has been reviewed on an annual basis. The 2023-2025 business- plan includes references to infection prevention control. The infection control coordinator (ICC) is the registered nurse; however, in their absence, the nurse manager described accessing Health New Zealand infection control specialist teams who provide local /regional support and advice as and when needed.</p> <p>The ICC collects infection and antimicrobial stewardship data monthly on infection rates and presents these at the staff meetings (sighted). Data was being analysed monthly and feedback/graphs provided to staff as part of their quality programme. The ICC compiles a monthly report, which is shared with the nurse manager and the director/owners.</p> <p>The prospective purchaser intends to maintain a “business as usual” plan for the transition. There are no planned changes to infection control practices.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>The ICC oversees the implementation of the infection control programme. There is a signed job description (sighted). As part of this role, the ICC has completed online training around infection control</p>

<p>policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>and antimicrobial stewardship and has linked in with Health New Zealand to complete additional training. A suite of infection control policies and procedures are available to staff, including outbreak management; staff vaccination policy; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and the infection control plan have been accessed by an external consultant, with oversight by the director/owner. The infection control policies are current and reflect the spirit of Te Tiriti o Waitangi. The director/owner reviews the infection control programme in tandem with the nurse manager and ICC. An appropriate pandemic plan is in place.</p> <p>Support and physical and learning resources are made available through Health New Zealand. Personal protective equipment is available, and adequate stock balance is maintained to support any outbreak. Training is part of orientation and ongoing training is led by the ICC. Input into clinical procedures/policy documents is provided by an external consultant. Staff are encouraged to provide feedback on new and updated policies/procedures. Policies include single use items which is implemented. Cleaning procedures are in place around sharing medical devices, such as sphygmomanometers. Internal audits are completed, and corrective actions are implemented and signed off when completed. The ICC makes recommendations to the nurse manager regarding equipment and consumables required for the service.</p> <p>Educational resources in te reo Māori can be accessed online if needed. The ICC can access educational resources that acknowledge the spirit of Te Tiriti o Waitangi. All staff are required to complete infection control education. Staff interviewed provided examples of adhering to culturally safe practices around infection control in relation to their roles. The nurse manager interviewed described infection control input would be required in any environmental upgrades to the facility.</p> <p>The prospective purchaser plans to maintain the established comprehensive infection control and antimicrobial programmes which are linked to the electronic quality system.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme is documented in the antimicrobial policy. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly, collated, and the information reported to the staff meetings. The ICC works in collaboration with the nurse practitioner to monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, resident infection summary forms, and medical notes. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>The prospective purchaser plans to maintain the established antimicrobial programmes, which are linked to the electronic quality system.</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>Infection surveillance is an integral part of the infection prevention control programme and is described in the infection control policy. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection and entered into the monthly report. This data is monitored and analysed for trends, monthly, quarterly, and annually. Ethnicity data is included in infection data. Infection control surveillance is discussed at staff meetings. A review of resident records includes communication and reporting of infections and treatment. There have been no outbreaks since April 2022.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. The nurse manager outlined the process required to report any outbreaks.</p> <p>The prospective purchaser plans to maintain the established surveillance programme, which is linked to the electronic quality system.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>The facility implements the waste and hazardous management policies that conform to legislative and local council requirements.</p>

<p>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>Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (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, such as the sluice room and laundry. There is one sluice room with appropriate personal protective equipment (PPE), a sanitiser and adequate bench space. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks, and visors. Staff receive training and education in waste management, chemical safety, and infection control as a component of the mandatory training, with all five staff records reviewed confirming compliance. Caregivers perform the laundry tasks each duty as part of their responsibilities. All personal clothing, sheets and towels are laundered on site. Staff fold all linen and residents clothing and return to the linen cupboards and resident rooms.</p> <p>The laundry operates seven days a week. There is a dirty to clean workflow in the laundry. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels. Residents and family/whānau interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes, which is managed and reviewed by the ICC and the nurse manager.</p> <p>The prospective purchaser plans to maintain the established cleaning and laundry systems.</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</p>	<p>FA</p>	<p>The directors, nurse manager and all staff are committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and their family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the nurse manager (registered</p>

restraint in the context of aiming for elimination.		nurse). At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the staff meetings. The restraint coordinator interviewed described the focus on restraint elimination. Strategies to maintain a restraint-free environment is included as part of the mandatory training plan and orientation programme.
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## Specific results for criterion where corrective actions are required

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

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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
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End of the report.