

# Nelson Street Resthome Limited - Nelson Street Resthome Ltd

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Nelson Street Resthome Limited

**Premises audited:** Nelson Street Resthome Ltd

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 4 February 2025      End date: 5 February 2025

**Proposed changes to current services (if any):** Nelson Street is planning to reconfigure its services to provide secure dementia services during 2025. The reconfiguration, when complete, will decrease overall bed numbers from 49 to 46 beds, 26 will remain as rest home beds and 20 as secure dementia care beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 31**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Nelson Street Rest Home provides age-related rest home care services for up to 49 residents. The facility is currently owned and operated by Promisia HealthCare Ltd. The service is managed by a facility manager who is a registered nurse and has experience in the aged-care sector. Residents and their whānau reported that the care provided is of a high standard.

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

Improvements identified as part of this audit are related to the delivery and staff uptake of the documented education programme.

## 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.
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Nelson Street Rest Home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan in place that encapsulates care specifically directed at Māori.

There were residents and staff in the service at the time of audit who identified as Māori. Māori residents entering the service confirmed that they had been provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of self-determination (mana motuhake). Cultural assessment support was in place to inform the cultural care plan.

There were no residents with Pacific origins at Nelson Street Rest Home at the time of the audit. Staff with Pacific origins were employed in the service. Systems and processes were in place to enable Pacific people to be provided with services that recognise their worldviews in a culturally safe manner.

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

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

Complaints processes were implemented, and complaints and concerns were well-documented and actively managed in collaboration with all parties. There have been no complaints received by the service from external sources.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. The directors are experienced in governance and management, and they have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. Quality improvement data was collected. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A programme to identify learning support is in place.

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

## 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.

When people entered the service, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and whānau.

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

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

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

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

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

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

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

Subsections applicable to this service fully attained.

The facility was homely, clean and met the needs of residents. There was a current building warrant of fitness. Electrical and biomedical equipment were tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governing body ensures the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that are appropriate to the size and complexity of the service. An infection control coordinator, who is a registered nurse, leads the programme.


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

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

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

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

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. The service has never used restraint and there were no restraints observed to be in use during the audit.

A comprehensive assessment, approval, review and monitoring process is in place should restraint be required in the future. A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

## 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	26	0	1	0	0	0
Criteria	0	166	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Nelson Street Rest Home (Nelson Street) provides an environment that supports residents' rights and culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care (Te Whare Tapa Whā) to guide culturally safe services.</p> <p>Nelson Street works in partnership with Māori to support Māori in the service. The service has relationships with mana whenua kaumātua (Ngāti Kahungunu) for the support of Māori in the service and can access Māori medication and health practices through Raukawa Whānau Ora.</p> <p>There are policy and procedures in place to support and encourage a Māori world view of health in service delivery, including promoting equity. There were processes in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori residents and whānau interviewed reported that staff respected their rights, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were identified in policy documents. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data</p>

		is documented on recruitment and trended.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Nelson Street identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving health equity. Staff working in the service can act as Pasifika advisers if Pasifika residents are admitted and the service has links to the Papaioea Pasifika Community Trust and the Ministry of Pacific Peoples (Te Manatū mō ngā iwi o te Moana-nui-ā-Kiwa) should further support be required.</p> <p>There were no residents of Pacific origin in the service, but policies, procedures and processes are in place to ensure that, should Pasifika residents be admitted, they would have their worldview, and cultural and spiritual beliefs, embraced.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing capacity by employing more staff who identify with Pacific peoples across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff employed who identified as Pasifika during 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>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>The Code was available in English, te reo Māori and New Zealand Sign Language (NZSL). A comprehensive admission pack was provided to all residents and whānau on admission to the service. Staff received training on the Code and knew how to access the Code in other languages should this be required. Nationwide Health and Disability Advocacy Service brochures were available in English and te reo Māori at reception and the Code was displayed at reception</p>

		<p>and in the lounges. Nelson Street recognised mana motuhake.</p> <p>Residents and staff interviewed understood the requirements of the Code and the availability of the advocacy service and were seen supporting residents of Nelson Street in accordance with their wishes. Interviews with several whānau, who visited regularly, confirmed staff were respectful and considerate of residents' rights.</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>	FA	<p>Nelson Street supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted. Staff working at Nelson Street were given opportunities to be educated in Te Tiriti o Waitangi and cultural safety, and this is reflected in day-to-day service delivery. Karakia has been introduced and was used at the beginning and end of all meetings. There was signage in te reo Māori located around the facility. Tikanga Māori was actively promoted throughout Nelson Street and incorporated through their activities.</p> <p>Nelson Street responded to tāngata whaikaha needs and enabled their participation in te ao Māori.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Resuscitation directives had been discussed for all residents reviewed. Some residents had 'Shared Goals of Care' completed prior to admission by Te Whatu Ora. Cultural, social and diversional therapy needs were assessed on admission. Residents interviewed confirmed they were supported to do what was important to them, and this was observed during the audit.</p>
Subsection 1.5: I am protected from abuse	FA	Employment practices at Nelson Street included reference checking

<p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual or other exploitation, abuse, or neglect. Workers followed a code of conduct. Professional boundaries were maintained.</p> <p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such practice. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff and resident or whānau interviews, or in documentation reviewed. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it.</p> <p>The residents’ property was respected, and their finances were protected. Resident tracers and review of care planning and progress notes did not reveal any incidents of abuse; this was confirmed at resident and whānau interviews.</p> <p>A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model. Residents and whānau interviewed expressed satisfaction with the care provided at Nelson Street, and this was confirmed in interviews with allied health professionals and staff.</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.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau at Nelson Street reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents’ health status were communicated to whānau in a timely manner. Where other agencies were involved in care, communication had occurred. Documentation supported evidence of ongoing contact with whānau or Enduring Power of Attorney (EPOA), and this was confirmed through whānau interview.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints. Handover sheets and the staff diary ensured vital information was communicated between the nursing and care staff. Residents, whānau and staff reported the facility manager (FM) responded promptly to any</p>

		<p>suggestions or concerns.</p> <p>Staff knew how to access interpreter services, if required.</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>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the patient, whānau were included in decision-making, which was confirmed at resident and whānau interviews.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting EPOA requirements and processes for residents' wishes to be documented, such as 'shared goals of care' which enable consent, as relevant, to be contained in the resident's record. Nelson Street maintains Agreements of Care and EPOAs or welfare guardianship for most residents. Resuscitation choices were discussed and documented.</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>Complaints information is provided to residents and whānau on entry to the service. A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. There were a variety of avenues available to make a complaint or express a concern; these included a management 'open-door' policy, meetings, surveys, and through the formal complaints process. Complaints information was available in English and te reo Māori.</p> <p>There had been no complaints received from Māori in the service. There are, however, processes in place to ensure complaints from Māori are managed in a culturally appropriate way (eg, through face-</p>

		<p>to-face interaction, the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There have been four formal complaints received by the service in the last 12 months. Documentation sighted in respect of the complaints showed that the complaint had been addressed in a timely manner, with the complainant informed of the outcome of their complaint and any corrective action arising from it. Complaints (and any subsequent corrective actions) are a standing agenda item in staff meetings (meeting minutes sighted) which are integrated with quality meetings. There had been no complaints received from external sources since the previous audit.</p>
<p><b>Subsection 2.1: Governance</b></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>Nelson Street is governed by the Promisia HealthCare board of directors. The governing body assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. Promisia HealthCare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Advice for directors on matters pertaining to Māori is through the Promisia group operations manager (GOM) who chairs the Promisia Māori Advisory Group (He Roopa Arahi Māori). An experienced FM, who is a registered nurse (RN), manages the service and has clinical oversight of the facility. The FM confirmed knowledge of the sector, including regulatory and reporting requirements, and maintains currency within the field.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori, Pasifika and tāngata whaikaha was evident in plans and monitoring documentation reviewed. Ethnicity data is being collected to support equity. Equity is also supported through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code, complaints, infection prevention and control, and bilingual signage).</p>

		<p>Nelson Street promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika. There is a Māori health plan in place that guides care for Māori, and a plan to guide care for Pacific peoples. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was supported by interviews with residents and their whānau, managers, and with staff.</p> <p>Governance commits to quality and risk via policy and processes and through the reporting system. Governance receives reports on clinical key performance indicators generated from internal quality data collection (eg, adverse events, infections, complaints and restraint). A sample of monthly and annual reports showed adequate information to monitor performance is reported. A member of the governance group interviewed felt well informed on progress and risks. The information provided was confirmed in a sample of reports to the board.</p> <p>Processes are in place, outlined in policy documentation, for residents and staff to contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents' meetings sighted showed evidence of discussion and documented response to matters raised. Staff meeting minutes sighted confirmed staff can give feedback, and this is addressed and documented. Residents' and whānau satisfaction surveys showed a high level of satisfaction with the services provided. Residents and whānau also reported satisfaction with services when interviewed.</p> <p>The service holds contracts with Te Whatu Ora for age-related rest home services, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), and adult crisis. On the first day of the audit, 31 residents were receiving rest home services (including three on the LTS-CHC contract and one on the respite contract). No residents were receiving services under the adult crisis contract.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of adverse events (including the monitoring of hazards</p>

<p>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>and clinical incidents, for example, falls, pressure injuries, infections, wounds, and medication errors), audit activities, compliments and complaints, resident and whānau feedback from meetings and the satisfaction survey, and policies and procedures. Internal audits are completed, with corrective actions identified and addressed.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies inequities, and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant attention to tikanga, and access to cultural support roles internally and externally. All residents and their whānau have input into quality review of the service through care planning, meetings, satisfaction surveys, and through the compliments/complaints processes.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies, were documented and implemented.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The FM understood and has complied with essential notification reporting requirements. There have been three Section 31 notifications made to HealthCERT (Manatū Hauora) since the last audit, in relation to a resident who left the facility and did not voluntarily return (the resident was escorted back and subsequently reassessed for dementia level care), a telephone outage, and one for RN shortage. The service was aware of reporting requirement to Te Tāhū Hauora – Health Quality and Safety Commission (HQSC) for all severity assessment code (SAC) reporting at SAC1 and SAC2 as well as pressure injury at stage 3 and above. One notification has been made to Te Tāhū Hauora in relation to a resident self-harm incident.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate on the rosters sighted.</p> <p>Position descriptions reflected the role of the position, and expected behaviours and values, to ensure services are delivered to meet the needs of residents. Descriptions of roles cover responsibilities and additional functions, such as holding an infection control (IC) or restraint portfolio, or as health and safety representatives.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements; however, the programme has not been fully delivered and attendance where delivered has been around 50% or lower, and some staff have not completed any education over the year (refer criterion 2.3.4). A competency programme is in place, and this has been delivered; included in this is medication competency, fire and emergency management, infection prevention and control (IPC), restraint (which includes behaviours that can be challenging), and cultural competency.</p> <p>High-quality Māori health information is accessed and used to support the training and development programme in place, policy development, and care delivery. Residents, their whānau, and staff participate in the service through care planning, the compliments/complaints process, multidisciplinary meetings, resident, whānau, and staff meetings, and resident, whānau and staff satisfaction surveys.</p> <p>Staff interviewed reported feeling well supported and safe in the workplace. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. There are policies and</p>

		procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.
<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>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of six staff records reviewed confirmed the organisation's policies, procedures and processes are being consistently implemented. Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Police vetting and reference checking were in place. Job descriptions were documented for each role across the organisation. The job descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>Staff reported that the induction and orientation programme prepared them for the role, and evidence of completed orientation was seen in files reviewed. Opportunities to discuss and review performance occur annually. This was confirmed by documentation seen in the staff files reviewed and by staff interviewed, who described the process as useful for them, allowing them to set their own career and education goals.</p> <p>There were staff wellbeing policies in place and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity</p>	FA	<p>Nelson Street maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Resident and staff information was mostly held electronically, and this was username and password protected. Electronic and any paper-based records were held securely and only available to authorised</p>

<p>data in order to achieve Māori health equity. 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>users; access to resident and staff information was limited dependent on the role of the person in the service. Data collected included ethnicity data for residents and staff.</p> <p>Residents' files reviewed were integrated, and an electronic resident management and medication management system was in use. All the necessary demographic, personal, clinical and health information required was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consent was sighted for data collection.</p> <p>Files for residents and staff were being held safely and securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Nelson Street is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents were welcomed into Nelson Street when their required level of care had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, and they had chosen Nelson Street to provide those services. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Nelson Street collects ethnicity data on entry and decline rates. Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori. To date, no prospective resident that has met the entry criteria has been denied entry.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service. Nelson Street can access this support through Māori Support Services, and contact lists were readily accessible to staff.</p>

		Interviews with residents and review of resident files confirmed ongoing relationships with mana whenua kaumātua (Ngāti Kahungunu) and Raukawa Whānau Ora for the support of Māori in the service.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team at Nelson Street works in partnership with the resident and whānau to support wellbeing. An electronic resident management system, which includes a care plan based on Nelson Street's model of care, was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment was based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. These supports for wellbeing were verified by sampling of six residents' records, and from interviews of clinical staff, medical practitioner, people receiving services and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	FA	The diversional therapist (DT) at Nelson Street has recently returned to the position to cover for the unexpected extended leave of the current activities' coordinator. They currently work three hours per day, three mornings and two afternoons; however, they have planned

<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>activities with the caregivers to facilitate in their absence.</p> <p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities. Planned activities included concerts, shopping trips, outings, and canine pet therapy. Bowls, bingo and concerts are the residents' favourite activities. Residents were encouraged to continue to participate in church services held at Nelson Street with their familiar congregations. Residents were seen to be enjoying both a church service and a concert with an excellent participation rate.</p> <p>A monthly activities plan is prepared, and a weekly calendar is distributed to residents and displayed on the notice board. The DT completes daily activity logs and progress notes when there is an exception. The DT was included in the six-month multidisciplinary review of the resident. A new van has recently been purchased, and an outing plan was completed for each trip out into the community by the residents. The DT coordinates the resident meetings monthly and minutes of meetings were sighted. Families are welcomed at any time and were seen enjoying the activities with the residents.</p> <p>Opportunities for Māori and whānau to participate in te reo Māori are facilitated. Community initiatives meet the needs of Māori.</p> <p>Feedback on the programme was provided through resident meetings and satisfaction surveys. Those interviewed confirmed they found the programme meets their, or their whānau's, needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines have been assessed as competent to perform the function they manage.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required</p>

		<p>stock checks had been completed. Medicines stored were within the recommended temperature range. There was a medication refrigerator in the medication room, with temperature monitoring for both the room and the refrigerator within recommended ranges.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication is not currently facilitated. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Sachet packs were used for most regular medications and medico packs were used for regular 'weekly only' supply, short course, and prn medications. All medications were prescribed for individual residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu had been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The menu was last updated on 4 August 2023 with two-yearly reviews. Advice regarding allergens and special diets was provided. Snacks including morning and afternoon tea (both sweet and savoury) were available.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. The last audit report of the Food Control Plan was on 17 October 2024 by the Manawatū District Council with no corrective actions.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te</p>

		<p>ao Māori. Special functions are catered for, including Matariki, Anzac Day, Christmas and birthdays. The kitchen was preparing a 'boil up' and 'mussel fritters' to celebrate Waitangi Day and had invited whānau to join in the celebration.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews and resident meeting minutes. Residents interviewed were full of praise for the food service. Kitchen staff interviewed felt very supported in what they do by management, other staff and residents.</p> <p>The dining room was safe and well presented with tablecloths and napkins. A range of fluids were available to the residents to select their personal option. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>	<p>FA</p>	<p>Transfer or discharge from Nelson Street was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate.</p> <p>Whānau reported being kept well informed during the transfer of their relative, and communication was documented in all the resident files reviewed. Evidence of comprehensive transfer and discharge information was evident within the resident's electronic integrated file, with 'Pink Envelopes' used for transfer which would include a transfer information form, resuscitation, profile, medication information, and GP's referral, consult notes and any other appropriate documentation that would be required by the receiving service to facilitate the best outcomes for the resident.</p> <p>Referrals were sighted to the dietitian, physiotherapist, podiatrist, mental health services for older persons, acute mental health services, diabetes specialist nurse, wound specialist nurse and a range of medical specialists.</p>

<p><b>Subsection 4.1: The facility</b></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>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements. The building had a building warrant of fitness which expires on 18 July 2025.</p> <p>A planned maintenance schedule included electrical testing and tagging, resident equipment checks and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas, these were sighted, and all were within range, and tempering valves were in place that can be used if required.</p> <p>Nelson Street is planning to reconfigure its services to provide secure dementia services during 2025. The reconfiguration, when complete, will decrease overall bed numbers from 49 to 46 beds, 26 will remain as rest home beds and 20 as secure dementia care beds. Work on the project has commenced. Directors of Promisia were aware of the requirement to co-design and consult with Māori for the design of new buildings. While the reconfiguration does not include any new buildings, Māori have been involved in the commissioning work.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. There are external areas within the facility for leisure activities, with appropriate seating and shade.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids. Rooms were personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. Electric heating/cooling is provided in the facility which can be adjusted depending on seasonality and outside temperature.</p>
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		Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they had adequate equipment to safely deliver care for residents.
<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>	FA	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Fire and emergency competency assessment was in place and staff had been trained in civil defence, disaster and emergency planning through the education programme (refer criterion 2.3.4). Staff interviewed were knowledgeable about fire, emergency (including medical emergency) and civil defence response. The fire evacuation plan was approved by the New Zealand Fire Service on 17 January 2017. Fire evacuation training was last completed on 16 September 2024. The plan considers the special needs of tāngata whaikaha should there be a need to evacuate. The facility is sprinklered and has wired smoke alarms in place. Also in place are fire appliances, which were checked in July 2024. There was a first aid certified staff member on duty 24/7 on the rosters reviewed.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region, including water storage. Alternative energy and utility resources are available should the mains supplies fail, including a small diesel generator. A civil defence emergency management plan is clear about the responsibilities of staff in the event of a civil defence emergency and staff were clear in describing their responsibilities. Emergency supplies are checked regularly, the last check being on 30 January 2025.</p> <p>There is a call bell system in place to alert staff to residents requiring assistance. Residents were observed to have their call bells in close proximity. Residents and whānau reported staff respond promptly to call bells and this was noted during the audit.</p> <p>Appropriate building security arrangements are in place. The facility is kept locked from dusk to dawn, with staff conducting two-hourly checks during the night. Residents were familiar with emergency and</p>

		<p>security arrangements. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service.</p> <p>All staff were noted to be wearing name badges and uniforms during the audit.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Nelson Street has infection prevention (IP), and antimicrobial stewardship (AMS) programmes appropriate to the size and complexity of the service. These had been approved for use by the directors of the Promisia. Infection prevention and control (IPC) and AMS are part of the business and quality plans. The IP and AMS programmes were also linked to the quality improvement system, with results reviewed and reported. The IPC programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. Documentation reviewed evidenced significant events (eg, outbreaks) were escalated to the Promisia Group Clinical and Quality Manager (GCQM) and the GOM within 24 hours.</p> <p>The infection control team involves all staff, with input from the GP. Infection rates are presented and discussed on management reports, and at quality/staff meetings, with results reported to governance. Nelson Street collects data on infections and antibiotic use across ethnicity to support equity in the IP and AMS programmes.</p> <p>A RN undertakes the role of infection prevention and control nurse (IPCN) to oversee infection control and prevention across the service. A job description outlines the responsibility of the role and the IPCN has undertaken education to support the role.</p> <p>Access to IP and AMS support expertise is through the facility's GP, the IP clinical nurse specialist from Te Whatu Ora – Health New Zealand and Regional Public Health.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The IPCC is responsible for overseeing and implementing the IP programme with reporting lines to the FM. The IPCC is a RN who is</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, and scope of our services.</p>		<p>relatively new to the role but has the full support of the FM and has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Ongoing training will continue to be facilitated by Nelson Street. The advice of the IPCC, FM and GQM has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. The FM and GQM have been involved in the proposed change to services, including dementia care services in the future.</p> <p>The IPC policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. The infection control and annual plan was signed off on 3 July 2024 by the IPCC and FM.</p> <p>Staff were familiar with policies and were observed to follow these correctly. Orientation includes IPC for all staff with the addition of AMS for RNs. While IPC is included in the education programme, not all staff have accessed this (refer criterion 2.3.4); staff have, however, completed an annual competency in IPC in 2024. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been tested. There are sufficient resources and personal protective equipment (PPE) available. Staff have been trained in hand hygiene, the use of PPE, and outbreak management through competency assessment.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices were not reused.</p> <p>An annual resident influenza and COVID-19 vaccination programme has been facilitated, with last vaccinations administered in April 2024.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. During interview, the GP expressed that</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>		<p>improvements to AMS have been made with the adoption of a single GP regularly attending Nelson Street, rather than the previous system of a roster of practitioners from the medical centre due to continuity of medical management. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Most recently, this related to a reduction in the use of antimicrobials during the care of chronic wounds.</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 of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff and reported to the governance group. Evidence of surveillance data was sighted at review.</p> <p>A recent COVID-19 infection outbreak that commenced on 5 May 2024 was resolved promptly by 22 May 2024. A summary report was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event were shared with all staff and have now been incorporated into practice.</p> <p>Communication between service providers, and those residents experiencing a health care-associated infection (HAI), is culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. The IPCC has oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training (refer criterion 2.3.4) and were observed to carry out duties safely. Chemicals were stored</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>safely.</p> <p>The key laundry staff was included in the senior management team, health and safety and provides staff guidance in tikanga.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through environmental observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Nelson Street is a restraint-free environment, the facility has never used restraint, and there were no residents observed to be using restraint during the audit. The FM (who is a RN) acts as the restraint coordinator (RC), they have completed education relevant to the role and described the focus on maintaining a restraint-free environment. Restraint processes were understood by staff interviewed, who also described their commitment to maintaining a restraint-free environment.</p> <p>Policies and procedures meet the requirements of the Standard and have been approved by the governing body. The restraint coordinator (RC) is a defined role to provide support and oversight of restraint. There is a job description in place that outlines the role.</p> <p>While restraint education is part of the education programme, this session had not been delivered in the past 12 months (refer criterion 2.3.4); however, staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques (including behaviours that challenge), and restraint monitoring as part of the orientation programme and then through annual competency assessment. Restraint is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau, and the GP as part of the decision-making process.</p>

		<p>A restraint register is maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The RC undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required through the care planning process. Any changes to policies, guidelines, education and processes were implemented if indicated.</p> <p>Given no restraint was being used in the facility, subsections 6.2 and 6.3 are not applicable and have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>Continuing education is planned on an annual basis and includes mandatory training requirements. Over the past year, part—but not all—of the programme was delivered. Where sessions were delivered, attendance ranged from medium to low. There are currently 32 staff in the service, and in only rare cases did 50% of staff engage in education. Four staff members had not engaged in education at all.</p> <p>Education delivered with low levels of attendance related to observing, reporting and documentation, infection prevention and control, Code of Rights, informed consent, Enduring Power of Attorney (EPOA), abuse and neglect, complaints, and open disclosure (delivered by the Health and Disability Advocacy Service), privacy and confidentiality, civil defence and disaster planning, moving</p>	<p>The education programme has not been delivered according to the documented education programme; where delivered, attendance has been around 50% or lower in most instances.</p>	<p>Provide evidence that the education programme is being delivered as per the education programme and that most staff have engaged in the education programme.</p> <p>180 days</p>

		<p>and handling, continence and catheter management, dementia delirium, and depression, cultural awareness including Te Tiriti o Waitangi and Māori and Pasifika health plans, falls prevention and neurological observations, and code of conduct.</p> <p>High levels of attendance were noted for an education session related to workplace practices such as working as a team, cultural diversity, discrimination and bullying (all staff), and chemical training (from an external provider) had been completed for staff handling chemicals.</p> <p>Not delivered from the programme were sessions on care planning, the ageing process, wound care and skin management, hydration, nutrition and weight management, hazard, waste management and security, winter wellness, medication management (though all competencies were completed for all staff administering or checking medication), behaviours that challenge and restraint (though competencies were completed), and pain assessment and management.</p> <p>Of note, at interview the staff were knowledgeable around the processes covered in the education programme regardless of their attendance.</p>		
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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.