

# Jass Holding Limited - Janelle Rest Home

---

## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Jass Holding Limited

**Premises audited:** Janelle Rest Home

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

**Dates of audit:** Start date: 16 April 2025 End date: 16 April 2025

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 18

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Janelle Rest Home is a family-owned and managed business that provides rest home care for up to 21 residents. There were 18 residents on the day of the audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand- Te Whatu Ora. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, and owner/director. The general practitioner was not available for interview.

The service is managed by one of the owner/director, who is the care home manager and is a registered nurse. They are supported by a registered nurse, care staff and a board. Feedback from family/whānau and residents was positive about the care and the services provided at the service.

This certification audit identified shortfalls in relation to timeliness of interRAI, and medication documentation.

## 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.
---	--	--

Janelle Rest Home offers an environment that promotes resident rights and ensures safe care. The staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to residents in an inclusive way and respect their identity and experiences. The service listens to and respects the residents' voices and effectively communicates 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. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
---	--	--

Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The management team members have knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. The business plan includes a mission statement, purpose, values, direction, scope and goals.

There is a documented quality and risk management system, including a current risk plan and quality plan. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented with evidence of regular reviews.

The management and staff possess the necessary skills and experience to deliver suitable services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using both integrated hard-copy and electronic records.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

Janelle Rest Home has an admission package available prior to, or on entry to the service. The care home manager and registered nurse efficiently manage the entry process to the service. The registered nurse assesses, plans and reviews residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication-competent caregivers are responsible for the administration of medicines. They complete annual education and medication competencies.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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

The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All but one bedroom are single. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The care home manager oversees the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as needed. Any infection outbreaks are managed in accordance with the Ministry of Health guidelines.

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

## 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility currently has no restraints in use. Use of restraints would be considered as a last resort only after all other options are explored. Education is provided to staff around restraint minimisation and de-escalation.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	0	2	0	0
Criteria	0	166	0	0	2	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>There is a cultural policy and guidelines for the provision of culturally safe services for Māori residents; a documented Māori perspective of health, guidelines for terminal care and death of a Māori resident and practical application of the policy (tikanga best practice guidelines) are documented. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori.</p> <p>Links have been established with the local Māori organisations such as Papakura Marae and cultural advisors from Health New Zealand Te Whatu Ora. The kuia from Papakura Marae visits the service monthly to talk to residents. Māori assessments were completed for residents who identify as Māori. The service has a cultural advisor at board level who provides cultural, health, social services, education and support for well-being. The service has residents and staff who identify as Māori.</p> <p>The care home manager (CHM) reported that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. The management team and staff have</p>

		<p>completed training on Te Tiriti o Waitangi and health equity.</p> <p>Interviews with five staff (one registered nurse (RN), two caregivers, one activities coordinator, a chef) and the CHM who is the owner/director described ways they apply the principles of Te Tiriti into practice in relation to their roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service has a Pacific Peoples' Health, which notes the Pacific people's worldviews and the need to embrace their cultural and spiritual beliefs. The Pacific Health Policy relates to Pacific residents and aims to uphold their cultural principles. There are staff members and residents who identify as Pasifika. The service has established links with Pacific organisations through their Pacific staff, such as the Vaka Tautua. Staff have been introduced to the Fonofale model. There is a cultural advisor at the board level who provides Pacific cultural support and training.</p> <p>Residents and whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, the satisfaction of the service, and the recognition of cultural needs. The CHM interviewed stated that Pacific peoples' cultural beliefs, values, knowledge, arts, morals, and identity are respected.</p> <p>The Pacific Health Policy is based on Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 and reflects the values that Pacific People hold as important for health and wellbeing. The Code of Rights is displayed in a range of Pacific languages, in addition to English and te reo Māori. The CHM described how the service increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with staff, and documentation reviewed identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p>	FA	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (The Code) are included in the information that is provided to new residents and their family/whānau. On admission,</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>the management and staff discuss aspects of the Code with residents and their family/whānau. The Code is displayed in multiple locations in English, Pasifika languages and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Families/whānau are invited to attend. Residents and family/whānau interviewed reported that the service upholds the residents' rights. The interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in the strategic documents.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Five residents and four family/whānau confirmed that individual cultural beliefs and values were respected. Those interviewed reported that the service is upholding the 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. Te Tiriti: Service providers commit to Māori mana motuhake. 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>Janelle Rest Home provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>The residents interviewed were positive about the service, as it considered their values and beliefs, and they felt they were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe</p>

		<p>environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported in deciding whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and families/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training. Staff interviewed stated that care is delivered and reflects the Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Māori songs are occasionally sung, as reported by staff. Through the activities programme, Tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported that their property and finances were respected, and professional boundaries were maintained. The CHM reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and felt safe. Police checks were completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. The management and staff</p>

		further reiterated this, reporting that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>In interviews, residents and whānau reported that communication was open and effective and that they felt listened to. The EPOA/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported by the residents' records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>No residents required the services of an interpreter; however, the staff were aware of how to access interpreter services if needed. Staff can provide interpretation as needed and utilise family members as appropriate. The CHM reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/ whānau to translate and regular use of hearing aids by residents when required are encouraged.</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</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed, and written general consents were sighted for outings, photographs, release of medical</p>

<p>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>information, medication management, and medical care, which were included and signed as part of the admission process. Specific consent had been obtained from the resident and their family/whānau for procedures such as vaccinations.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision-making when the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' records and activated as applicable for residents who are assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>Advance directives for healthcare, including resuscitation status, had been completed by residents deemed competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the care staff and CHM confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff on the Code of Rights, informed consent, and the understanding of responsibilities of EPOAs.</p> <p>The service adheres to relevant best practice tikanga guidelines regarding consent. The Māori plan is available to guide cultural responsiveness from the Māori perspective on health.</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</p>	<p>FA</p>	<p>Janelle Rest Home has a current complaints policy in place which is understood by staff. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register.</p> <p>The complaints procedure policy aligns with and reflects the principles of the Code and is in accordance with the Code of Health and Disability Services Consumers' Rights. The policy commits to ensuring that any complaint (or any other issue) against a staff</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>member or volunteer is addressed in a fair and equitable manner, ensuring that an individual's dignity, including values and beliefs, is protected.</p> <p>The service's complaints register was reviewed, and there was one complaint in 2024, and one reported in 2025 (year to date) since the last audit. Documentation showed that the sampled complaints/concerns have been acknowledged, investigated, and followed up. Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to staff. There was an external complaint received since the last audit from an allied organisation. This has since been closed, and all relevant interventions and resolutions have been implemented. The CHM reported that any issues are discussed promptly with the residents before they escalate into complaints.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Residents and their family/whānau can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or supporting the resident or family in accessing independent advocacy services.</p> <p>The CHM reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>Jass Holding Limited trading as Janelle Rest Home was founded by two owners/directors in 2021. The owner/directors have professional backgrounds in nursing and law. The service is a family-owned and</p>

<p>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>managed business that provides rest home care for up to 21 residents. There were 18 residents on the day of the audit, all at rest home level of care, with one under a long term support chronic health conditions (LTS-CHC) contract. All other residents were under the Age Residential Related Care contract (ARRC).</p> <p>The service has a defined governance and leadership structure, including clinical governance, which is appropriate to its size and complexity. An external specialist reviews policies and procedures, and the registered nurse and the CHM offer clinical advice on all clinical matters. Board members have completed cultural training, te reo Māori, and Te Tiriti o Waitangi. The board meets twice a year and comprises the two owners/directors, a Māori advisor and a Pacific cultural advisor. The team oversees compliance with legislative, contractual and regulatory requirements; external advice is sought as required. Reports cover quality, risk, compliance with standards and legislation, and other operational matters.</p> <p>The business plan for 2022-2025 was current and included the scope, direction, goals, values, and mission statement of the organisation. The document outlines annual and long-term objectives and the associated operational plans. The plan reflects a leadership commitment to collaborating with Māori, aligns with the Ministry of Health's strategies, and addresses barriers to equitable service delivery. The working practice at the service is holistic, encompassing cultural identity, spirituality, and respect for connections to family, whānau, and the broader community as an intrinsic aspect of well-being and improved health outcomes for tāngata whaikaha.</p> <p>The CHM reported that the service offers cultural assessments specific to Māori to identify any unique requirements and encourage whanaungatanga through the exploration of pepeha, iwi, and hapū. The service ensures that families/whānau and residents are involved in planning, implementing, monitoring, and evaluating service delivery through satisfaction surveys, information packs and resident meetings.</p> <p>There are monthly staff and resident meetings, with minutes documented. The minutes show a discussion of the objectives and progress. There is a risk management plan updated as required and</p>
---	--	---

		<p>at least annually. The health and safety plan is also documented and up to date. The CHM leads and reviews all aspects of the quality programme annually.</p> <p>This CHM has extensive experience in the health sector and has been managing the service for more than two years, supported by the registered nurse, caregivers and the board. The management team is suitably qualified and experienced for their roles and within the aged care sector. The CHM maintained at least eight hours of professional development activities related to managing an aged care facility, including completing cultural safety, Te Tiriti o Waitangi training, and attending aged care sector conferences.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Janelle Rest Home has a range of documents that contribute to quality and risk management, reflecting the principles of quality improvement processes. All internal audits were completed according to the schedule. Benchmarking is performed using the data from the previous month.</p> <p>Quality data includes incidents and accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all of which are analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation revealed that when monitoring activities, staff identify a need for improvement and implement corrective actions until the improvement is achieved. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the September 2024 resident satisfaction survey were favourable. Minimal corrective actions were identified in areas such as towels, bed making, and general practitioner appointments, which have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at monthly staff and board meetings. Residents and their whānau were informed of the survey results. Residents, their families and whānau, and staff contribute to quality improvement through staff</p>

		<p>meetings, resident meetings, newsletters, and compliments.</p> <p>Policies and procedures meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs with appropriate follow-up and reporting. The CHM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The CHM was aware of the Severity Assessment Codes (SAC) reporting requirements, specifically SAC1 and SAC 2.</p> <p>The CHM was aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of the importance of health and safety and infection prevention and control. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard register was in place, and evidence of completed environmental audits was sighted.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The CHM reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</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>FA</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. The facility adjusts staffing levels to meet the changing needs of residents. The care staff reported that there are adequate staff members to complete the work allocated to them. The residents and family/whānau interviewed supported this. Over the past four weeks, the rosters</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>consistently showed that all shifts were covered by experienced caregivers, with support from the CHM and registered nurse. Residents and family/whānau interviewed stated they are informed of any staff changes.</p> <p>The owner/director is at the facility on most days from Monday to Friday. The registered nurse works 40 hours a week from 8am - 5pm, Monday to Friday. The management is available on-call 24/7.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments completed by all staff include (but are not limited to) hand hygiene, donning and doffing of personal protective clothing, medication administration, fire safety, and first aid competencies. Mandatory training for care staff, CHM and registered nurse included: Te Tiriti o Waitangi; abuse and neglect; food safety; hand hygiene; care planning; chemical safety training; challenging behaviour; health and safety; medication optimisation; personal care; care of sharps; infection prevention and control.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There are a total of seven caregivers, three have achieved Level four, three are on level three, and one on level two.</p> <p>The CHM is accredited and maintain competencies to conduct interRAI assessments. Staff records were reviewed to confirm completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace. The CHM reported that the model of care ensured equitable treatment for all residents. Staff and management completed cultural training.</p> <p>The provider's environment encourages collecting and sharing quality Māori health information. The service collaborates with local Māori organisations, which provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>An employee assistance programme (EAP) is in place to promote staff well-being. Staff participated in an annual employee satisfaction</p>
---	--	--

		survey, and staff interviewed reported a positive workplace.
<p><b>Subsection 2.4: Health care and support workers</b></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 reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted prior to an offer of employment being made. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Five staff files were reviewed: one registered nurse, two caregivers, one chef, and an activities coordinator.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their respective regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, as well as other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the board at board meetings. Following incidents, the management team are available for any required debriefing and discussion.</p>
<p><b>Subsection 2.5: Information</b></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</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic medication management system and the interRAI assessment tool. The visiting general practitioner (GP) and allied health providers also document the necessary information in the residents' records. Policies and procedures guide staff in managing information effectively. The CHM reported that the staff have their logins. An external provider holds backup database systems.</p> <p>A consent process is in place for data collection. The records sampled were integrated. The CHM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>The service is not responsible for the 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>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The care home manager is available to answer any questions regarding the admission process, and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process of combining the collection of ethnicity</p>

		<p>data from all residents and the analysis of the same for the purposes of identifying entry and decline rates. Janelle Rest Home is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and liaison with Kaupapa Māori-Papakura Marae.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five files were reviewed for this audit (including one long-term support chronic health (LTS-CHC). The care home manager and the registered nurse (RN) are responsible for conducting all assessments and for developing of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pasifika health care plan which has been utilised for Pasifika residents.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files had risk assessments completed; however, not all interRAI assessments were completed as expected. The long-term care plan includes interventions to guide care delivery. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges, and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>An independent general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP provides on-call service for after-hours and visits the facility every two weeks. The clinical coordinator is available 24/7 for clinical advice and decision-making as required. The GP was unavailable to be interviewed as the facility is currently changing practices. Specialist referrals are initiated as needed. Allied health interventions were documented</p>

		<p>and integrated into care plans. The service contacts an independent physiotherapist if required. A dietitian is also contacted as required. A podiatrist visits six to eight weekly.</p> <p>Caregivers and the registered nurse interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by the registered nurse and the caregivers. The registered nurse further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported that their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the RN or care home manager initiates a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There is currently one minor wound and no pressure injuries. The wound reviewed and had a wound assessment, a wound management plan and a documented evaluation including a photograph. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence and wound care supplies.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and the registered nurse complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour and blood glucose levels. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and</p>	<p>FA</p>	<p>There is one activities coordinator who works 40 hours a week, Monday to Friday. The programme is supported by the caregivers, who also cover weekends. The programme is planned monthly and</p>

<p>activities that promote whanaungatanga. 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>weekly. There is a large print programme placed on the noticeboard in the hall outside the lounge. Some residents have a copy in their rooms. The activities coordinator facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, and participation in Waitangi weekend. Māori language week and Matariki. There are visits to the Papakura Marae, and a kuia from the marae visits monthly. The resident who identifies as Pasifika prefers to stay in their bedroom. Staff visit for chats and to see if anything is needed. Family and friends visit often and take the resident out.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their rooms or choose not to participate in group activities have one-on-one visits. There is a large lounge where activities take place and a smaller area where residents and families/whānau can access games, puzzles and books.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, crafts; games; quizzes; entertainers; board gaming; cards; bingo; walks to the local duck pond and happy hour. There are weekly van drives for outings, at times they will go to McDonalds for an ice-cream, to the airport viewing area or just for a drive. There is an interdenominational church service weekly. There is a facility cat which residents enjoy.</p> <p>There are resident meetings three monthly. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>PA Moderate</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are 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 RN and caregivers interviewed could describe their role regarding medication administration. The facility uses blister packs and a paper-based medication system. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops were dated upon opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements, or alternative therapies residents choose to use are prescribed by the GP and charted on the medication chart.</p> <p>Ten medication charts were reviewed. The medication charts reviewed confirmed that the GP reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were no residents self-administering their medications on the day of the audit. There is a policy and procedure documented to guide staff should a resident wish to administer their medications.</p> <p>Pro re nata (PRN) medications are administered as prescribed, and effectiveness is documented in the progress notes. Medication competent caregivers or the registered nurse signs when the medication has been administered. An improvement is required to ensure the reason for use of PRN is documented on the medication charts.</p> <p>The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is</p>
---	------------------------	--

		<p>documented in the progress notes.</p> <p>The registered nurse and care home manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessible, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</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>All meals are prepared and cooked on site. There is a cook who works Monday to Friday and a cook who works weekends. Both cooks have completed food safety training.</p> <p>The kitchen was observed to be clean, well-organised, well-equipped and a current approved food control plan was verified on 19 September 2024.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian. There is a food services manual available in the kitchen. The cooks receive resident dietary information from the registered nurse and are notified of any changes to dietary requirements (vegetarian, diabetic) or residents with weight loss. The cook (interviewed) is aware of the resident's likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request, and family/whānau can bring special meals for their relatives. Residents have access to nutritious snacks. On the day of the audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are served directly from the kitchen to the adjoining dining room. Residents were observed enjoying their meals. Staff were</p>

		observed assisting residents with their meals. Modified utensils are available for residents if required. The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.
<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 are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The care home manager and registered nurse explained that the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness which expires on 8 November 2025. The care home manager is the maintenance person who addresses day-to-day repairs and completes planned maintenance. She contacts appropriate contractors as required. The other owner/director manages the garden. Maintenance requests are written in the maintenance book. This is checked daily, and jobs are signed off when completed. The annual preventative maintenance plan includes electrical testing and tagging (completed May 2024). Monthly testing of hot water temperatures occurs, and if temperature recordings are out of the expected range, a plumber is notified. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment was completed in April 2025</p> <p>Most of the facility is carpeted, and there are vinyl surfaces in bathrooms/toilets, and kitchen areas. There is adequate space for the storage of mobility equipment. Residents are encouraged to</p>

		<p>bring their own possessions, including those with cultural or spiritual significance, into the facility and are able to personalise their room. There are ten rooms in Kereru wing that have a toilet and handbasin but use communal showers. There are ten rooms in the Kakako wing that have shared en-suite. There is one double room that is currently only occupied by one resident. This room has privacy curtains. Residents were observed moving freely around the areas with mobility aids where required. The caregivers interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and private and communal toilets. There is a lounge where activities are held and a smaller lounge where residents can access games and puzzles. There is ample room in both for residents to mobilise and use equipment safely. The dining room adjoins the kitchen. There are outdoor areas with outdoor seating and tables. Shade can be provided by umbrellas. There are sufficient communal toilets situated in close proximity to communal areas. The building is appropriately heated and ventilated. There are electrical wall panel heaters in each room. There is ample natural light in the rooms.</p> <p>The care home manager and the RN described how they would utilise their links with the kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.</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/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly, and the last one was completed in May 2025. Civil defence supplies are stored in an identified cupboard and are checked six-monthly. There are gas barbeques to cook on. There is an adequate food supply available for each resident for a minimum of three days.</p>

		<p>There are 300 litres of drinking water per person available. There is a small tank available for washing/cleaning. There is an agreement with a local supplier to hire a generator in an emergency.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per the maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night, and there is security lighting.</p>
<p><b>Subsection 5.1: Governance</b></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>Infection prevention and control, as well as antimicrobial stewardship (AMS), are integral to the Janelle Rest Home business and quality plan, ensuring an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through, Public Health, and Health New Zealand – Te Whatu Ora. Infection control and AMS resources are accessible.</p> <p>Infection rates are presented and discussed at resident and staff meetings. The data is also benchmarked internally. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach, involving the infection control coordinator, the management team, the general practitioner (GP) and the public health team. There is a documented process for reporting infection control and AMS issues to the owner/directors and the board.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</p>
<p><b>Subsection 5.2: The infection prevention programme and</b></p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards, and guidelines, including the definition of roles,</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>responsibilities, and oversight; a pandemic and outbreak management plan; responsibilities during construction and refurbishment; training; and staff education. The infection prevention and control programme, policies and procedures are reviewed by management in consultation with external consultants. Policies are readily accessible and available to staff as needed.</p> <p>The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand – Te Whatu Ora. The CHM is the infection prevention and control coordinator (IPCC), and the job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IPCC has completed various online training courses in infection prevention and control.</p> <p>The IPCC was interviewed, described the pandemic plan, and confirmed that the implementation of the plan has proven successful during outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The internal audit of infection control monitors the effectiveness of education and infection control practices.</p> <p>The IPCC reported that they work in consultation with Health New Zealand - Te Whatu Ora control specialists in procurement processes for equipment, devices, and consumables. Sufficient infection prevention resources, including personal protective equipment (PPE), were available, and these were regularly checked against their expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff members interviewed demonstrated knowledge of the requirements for standard precautions and were able to locate relevant policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The care home manager and the registered nurse work in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p>
--	---

		<p>There are policies and procedures in place regarding the use of reusable and single-use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. There are no plans to extend or alter the building; however, the infection control coordinator would have input into the process if this occurred.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The care home manager collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.</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</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity information, is collated in the electronic record management system, and action plans are implemented accordingly. The HAIs being monitored included infections of the skin, eyes, and respiratory. Surveillance tools are used to collect infection data, and standardised</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>surveillance definitions are used.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at team meetings, which are documented in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, with a comparison to the previous month, the reason for the increase or decrease, and the advised action. Any new infections are discussed during shift handovers for the implementation of early interventions. The care home manager completes benchmarking by comparing with the previous month's infection data. All infection data is reported monthly to the management and the board as required.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There were no infection outbreaks reported since the previous audit. The care home manager reported that any infection outbreaks are managed in accordance with the pandemic plan.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by staff seven days a week. Caregivers complete cleaning and laundry seven days</p>

		<p>a week. There are designated areas for clean and dirty laundry, and a clear flow from dirty to clean was evident. Kitchen linen and mop heads are also done on-site. There are sufficient washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was transported on covered trolleys.</p> <p>Cleaners' trolleys were attended to at all times and locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are regularly checked and serviced.</p> <p>The staff members interviewed demonstrated a good understanding of cleaning processes, infection prevention, and control requirements. Kitchen and laundry audits were completed, which evidenced compliance.</p> <p>The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana-enhancing.</p> <p>The designated restraint coordinator is an RN. There are currently no restraints. The restraint coordinator described restraint processes and reporting to the owners/ directors should restraint be required, and restraint data would be collated and analysis along with quality data.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the staff meetings. The restraint coordinator</p>

		interviewed described the focus on minimising restraint. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.
--	--	--

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>All residents had initial assessments and care plans completed within 24 hours of admission. InterRAI assessments are expected to be completed within the first three weeks of admission and a reassessment is expected to be completed six monthly or as required as per the ARRC contract D16.2(b); however, this was not always completed as expected. The long- term care plans were completed within three weeks of admission based on information from the interRAI assessment. When the six monthly interRAI reassessments were completed, changes were made to the care plan and implemented as required. Short term care plans were utilised for short term needs and were reviewed and either closed or added to the long term care plan interventions.</p>	<p>i). Eleven interRAI reassessments were overdue with timeframes ranging from 41-709 days.</p> <p>ii). Two residents did not have an initial interRAI assessment completed.</p>	<p>i). Ensure interRAI reassessments are completed at least six monthly.</p> <p>2. Ensure interRAI assessments are completed for all residents as per policy and standard requirements</p> <p>60 days</p>

<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>All regular medications are prescribed by the GP and include the reason for administration. PRN medications are prescribed on the paper-based medication chart and are administered as prescribed. Effectiveness is documented in the progress notes; however, the reasons for use were not documented on medication charts.</p>	<p>Reasons for use have not been documented for all PRN medications .</p>	<p>Ensure reasons for use are documented for all PRN medications.</p> <p>60 days</p>
--	------------------------	---	---	--

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

---

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

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

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

No data to display
--------------------

End of the report.