

Presbyterian Support Central - Huntleigh 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: Presbyterian Support Central

Premises audited: Huntleigh Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical

Dates of audit: Start date: 8 May 2025 End date: 9 May 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: 68

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

Presbyterian Support Central (PSC) Enliven Huntleigh Home is part of Presbyterian Support Central – Enliven. Huntleigh Home is certified to provide hospital (geriatric and medical), and rest home level of care and disability support services for under 65-year-olds for up to 71 residents. There were 68 residents at the time of audit.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand and the Ministry of Social Development. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with family/whānau, management, staff, the clinical director, regional manager, and an Enliven general practitioner. There was no consumer auditor available.

There have been no changes in management since the previous audit. The facility manager is supported by a clinical manager, clinical coordinators, an experienced team of care and support staff, the Presbyterian Support Central – Enliven clinical director, a regional manager and support staff from head office. There is a documented quality and risk management programme with quality that links to the Presbyterian Support Central - Enliven strategic plan and Huntleigh Home business plan.

The facility embraces the Eden Alternative Principles adopted by the organisation across all areas of resident care.

This audit identified improvements required in relation to residents' property management, incident/accident reporting, communication, staffing, care planning, the activities programme for under 65-year-olds, and post fall management.

Ō tātou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Huntleigh Home provides an environment that supports resident rights and safe care. The service embraces Māori culture, beliefs, traditions and te reo Māori. Staff demonstrated an understanding of resident rights and obligations. The service works collaboratively to provide high-quality effective services and care for all its residents. Residents and family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld.

Huntleigh Home has a Māori health plan documented and is strengthening connections in place supported by the Presbyterian Support Central Cultural Advisory Group. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of the Māori worldview. The informed consent process is well understood and implemented by staff. The rights of the resident and/or their family/whanau to make a complaint is understood, respected and upheld by the service. Complaint processes are equitable and resolved in collaboration with family/whānau.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The business plan includes a mission statement values, and operational objectives. The service has effective quality and risk management systems in place that take a risk mitigation-based approach. These systems are in place to meet the needs of the residents and staff. Quality improvement projects are implemented. Internal audits, meetings and the collection/collation of data were documented as taking place as scheduled with corrective processes implemented where applicable. Health and safety processes are in place led by a registered nurse. Health and safety is a regular agenda item in all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy documented. There are human resource policies including recruitment, selection, and orientation. An induction programme is implemented. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported.

The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

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>
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There is an admission package available prior to or on entry to the service. The clinical manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals, with the resident and family/whānau input. Resident files demonstrated general practitioner reviews.

The activity team implement an activity programme which includes outings and entertainment.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts are reviewed at least three-monthly by the general practitioner.

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 were being met. The service has a current food control plan.

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.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with access to the outdoors, seating, and shade. There are communal toilets/shower rooms with privacy signs. Rooms are personalised. Documented systems are in place for essential, emergency and security services.

Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells. Security checks are performed by staff.

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

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

Subsections applicable to this service fully attained.

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the audit and risk committee, and integrated into the quality improvement system. There is a documented outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. A registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that the general practitioner recommendations are implemented. Judicial use of antimicrobials is monitored. There have been outbreaks since the previous audit.

Policies and processes for managing waste, infectious, and hazardous substances are implemented. The laundry services are completed on site. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

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 the clinical services manager. The facility currently has residents using restraints. Use of restraints are considered as a last resort only, after all other options are explored.

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	23	0	5	1	0	0
Criteria	0	172	0	7	1	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>The Enliven Māori Health Model is documented for the service. The plan was developed in partnership with Whanganui Kaumatua. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and incorporates the Māori Health Strategy, Te Whare Tapa Wha, and the Eden Alternative principles. Cultural resources are available to staff that includes residents’ rights in te reo Māori, cultural considerations for care and guidelines to assist culturally appropriate communication. The code of conduct which all new staff sign during their onboarding process outlines the services values and provides additional guidance of their responsibilities to provide culturally safe care.</p> <p>At the time of the audit there were no residents who identified as Māori. No Māori staff were employed at the service; however, the village manager confirmed that the service is proactively working towards employing Māori staff through a fair and equitable employment process. Māori staff are employed across the organisation.</p> <p>The Enliven Cultural Advisory Group (CAG) provide organisational support related to improvement of Māori health, equity and wellbeing. The group is committed to involve family/whānau, Māori staff and</p>

		<p>elders in the co-creation of policies and resources.</p> <p>The village manager described initiatives in place to address the fact that the facility and has connections with local iwi with guidance from the CAG. The Oranga Kaumatua Wellness Map is in place to support cultural, spiritual, and emotional needs and reflect the Māori model of Te Whare Tapa Wha. Self-determination, cultural values, and beliefs of Māori residents and family/whānau are to be included within any Māori resident's care plan. Te reo Māori is encouraged to be used in general conversations. Staff (seven healthcare assistants, three registered nurses including a clinical coordinator, a laundry coordinator, food services team leader, maintenance manager, kitchen hand, and the diversional therapist) confirmed they have attended cultural training face to face which was supplemented by online courses and quizzes to confirm learning. They described their understanding of how the Enliven Māori health model is implemented within service delivery.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a comprehensive Pacific health plan. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights is available in Tongan and Samoan.</p> <p>There were Pasifika residents on the day of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented. The service captures ethnicity data electronically. The residents' family/whānau are encouraged to be present during the admission process including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>There are Pasifika staff employed at Huntleigh Home. The village manager stated there is a commitment in the business plan to foster links with the Pasifika community through the work of the CAG and their own Pasifika staff. Pasifika staff have supported and strengthened relationships with the local Pasifika community. The work of the CAG includes identifying support needs for Pasifika staff</p>

		and residents to ensure Pasifika worldview is embraced and equity is promoted.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents' and family/whānau. The village manager, clinical manager and clinical coordinators discuss aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and Te reo Māori.</p> <p>Discussions relating to the Code are held during the quarterly resident advocate and family/whānau meetings. Six family/whānau (two rest home and four hospital) and residents (two rest home, two hospital and two residents on a younger person with a disability) reported that the service is upholding the residents' rights. 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' family/whānau. There are long standing links to spiritual support. Interdenominational church services are held weekly on a rostered basis. Staff interviewed explained how the service meets the residents cultural and spiritual needs.</p> <p>Staff received education in relation the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Staff interviewed were knowledgeable about the Code and how the facility embeds the Eden Alternative principles into residents' rights to support residents to make the decisions that are right for them. Advocacy services link to the complaints process.</p> <p>The Māori Health Strategy adopted by Presbyterian Support Central (PSC) sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledge within the strategic plan to ensure and promote independent Māori decision-making. Presbyterian Support Central</p>

		has also adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that reflects Māori mana motuhake.
<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>Healthcare assistants interviewed described how they support residents to choose what they want to do. Family/whānau interviewed stated residents have choice. Family/whānau members are encouraged to be involved in the care of their family/whānau.</p> <p>Huntleigh Home annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Family/whānau confirmed the residents are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to the values and beliefs of their family/whānau being met. The younger residents interviewed reported they feel their privacy is ensured, and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>The Te Whare Tapa Wha policy includes spiritual needs. Te reo Māori is celebrated during Māori language week and evidenced in all aspects of service delivery. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo Māori more visible within the organisation. Comprehensive cultural awareness training is provided and covers Te Tiriti o Waitangi, te ao Māori, equity and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	PA Low	A resident's rights policy is being implemented. The policy is a set of standards which outlines the behaviours and conduct that is expected

<p>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>for all staff employed to uphold. PSC organisational policies guide staff to prevent any form of discrimination, coercion, harassment, or any other exploitation. Abuse and neglect training forms part of the staff training schedule (last held in 2024). Staff interviewed confirmed they have attended the training which includes institutional racism how to recognise this and steps to take should this become apparent in the workplace. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>The family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>There are policies documented and implemented on how to deal with residents' finances; however, the policy was yet to be implemented about the safe management of resident's property. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions and discussed as part of the abuse and neglect training programme. Interviews with the registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.</p> <p>There are short and long-term objectives in the PSC Engagement with tāngata whenua policy and safety and wellbeing framework provide a guide to improving Māori health and leadership commitment to address inequities. PSC has adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that promote wellbeing for Māori. The Eden principles are incorporated in the service delivery to ensure a strengths-based and holistic model is implemented.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my</p>	<p>PA Low</p>	<p>Information related to the service and what to expect when entering the service is provided to family/whānau on admission. Quarterly residents and family/whānau meeting minutes identify feedback from</p>

<p>wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>residents and responsibility of staff to respond to issues raised.</p> <p>Policies and procedures relating to accident/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify family/whānau of any adverse event that occurs. All correspondence is documented in the progress notes. Nine accident/incident forms reviewed identified family/whānau were informed of the event involving their relative; however, family/whānau interviewed outlined that all aspects of communication between themselves and Huntleigh Home requires improvement.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all but one resident could speak English. Family/whānau and staff provided interpretation for that resident. Additionally, a range of phrases adorn the resident's room for basic sentences including pain, hunger, and bathroom requests.</p> <p>Non-subsidised residents' family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services (including clinical nurse specialist for wound care, diabetic nurse, geriatrician, older adult mental health service, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team; however, communication to ensure family/whānau remain updated regarding the plan of care requires improvement. The clinical manager described an implemented process around providing enduring power of attorneys (EPOAs) with time for discussion around care, and time to consider decisions, if required. All residents interviewed outlined that communication was appropriate and that they were aware of what was happening in the facility and with their own care. Family/whānau interviewed confirm they have access to newsletters and have attended some resident meetings.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies to guide informed consent. Nine resident files reviewed included informed consent forms signed by the resident or their enduring power of attorney (EPOA). There are general consent forms and forms for Covid-19 and flu vaccinations on file where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. There is an advance care planning policy implemented.</p> <p>Care staff interviewed could explain how residents are provided with choice and how their own decisions are respected.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance care directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making. Discussions with family/whānau confirmed that they are not always involved in the decision-making process, and in the planning of care (Link 1.6.3).</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of EPOAs were in resident files and activation letters sighted for all residents' files reviewed. The village manager described their knowledge of tikanga best practice guidelines and how these are implemented in relation to informed consent process.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service and to staff during admission. The complaints policy/procedure provided information related to complaints information, processes and timeframes required to identify, manage and respectfully respond to complaints. The village manager maintains a record of all complaints (both verbal and written) by using an electronic complaint register. Documentation reviewed including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were six complaints received since the previous audit. A review of the complaints register, and discussion with the village manager confirmed that policy and procedure were followed and the complaints</p>

		<p>managed in accordance with the HDC guidelines. All had been closed to the satisfaction of the complainant.</p> <p>Two complaints had been lodged with HDC in March 2022 and April 2023. Both are now closed with no requirements for the facility to meet. There were no findings in this audit in relation to these complaints, and there were no internal or external complaints open at time of report. The village manager outlined that the provider takes a proactive response to any negative feedback/concerns received and manages them all as complaints as noted by review of the complaints register. The complaints process links to the advocacy service. If any complaints or concerns raised, staff are informed of complaints (and any subsequent corrective actions) through meetings.</p> <p>Discussions with family/whānau confirmed they are provided with information on complaints and complaints forms are available at entry to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Family/whānau making a complaint can involve an independent support person in the process if they choose. Family/whānau and advocates are invited to the quarterly resident meetings. The village manager explained how the complaints process works equally for Māori. The complaints form, within the electronic system captures ethnicity data.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Presbyterian Support Central Enliven Huntleigh Home is in Wellington and part of Presbyterian Support Central Region. The service provides care for up to 71 residents requiring rest home and hospital level of care and disability support services for under 65-year-olds.</p> <p>On day one of the audit, there were 68 residents: 29 rest home level residents including two residents under Accident Compensation Corporation contract (ACC), one on respite care, and 39 hospital level residents, including seven on a younger person with physical disability contract (YPD), and one ACC contract. All other residents were under the age-related residential care agreement (ARRC). There are 32 license to occupy apartments adjacent to the care centre; however, none of those residents have a completed needs assessment for rest</p>

	<p>home or hospital level of care. All rooms are dual purpose. One married couple reside within a double room large enough to comfortably accommodate two adults.</p> <p>There is an Enliven Board and senior leadership team. There is Māori representation on the board. The roles and responsibility framework for the Board are documented in the Trust Charter. The board receives monthly reports related to all aspects of service delivery from the senior leadership team that include the chief executive [CE], chief financial officer [CFO], chief operating officer (COO), general manager (GM), property and GM business services and sustainability. The auditor was advised that the board members have completed Mauri Ora orientation. The board attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>There are advisory groups that include Quality Advisory Group (QAG), Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG) and Product Advisory Group (PAG). Advisory groups are comprised of staff, residents, family/whānau and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet three to four times per year and develop policies and procedures. The senior leadership team are expected to sit on at least one of these groups.</p> <p>The work plan for the Cultural Advisory Group includes identifying support needs for Māori and Pasifika staff. The CAG has input into policy development. There is an Enliven Central strategic plan (2022-2025) in place with clear business goals to support their Enliven philosophy. The Enliven principles of care is based on the Eden alternative that aims to promote positive ageing. The model of care sits within the Enliven framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha. There are short and long-term objectives in the PSC Engagement with tāngata whenua policy and safety and wellbeing framework that provides a framework and guide to improving Māori health and leadership commitment to identify barriers to care, address inequities and to promote the wellbeing of Māori and of tāngata whaikaha. Tāngata whaikaha have meaningful</p>
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		<p>representation through representation in the advisory groups and through quarterly family/whānau meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>Huntleigh Home has a business plan (2024-2025) that aligns with Enliven overarching strategic plan (2022-2025) and has clear business goals to support their Enliven philosophy. The model of care sits within this framework and incorporates the Māori concept of wellbeing – Te Whare Tapa Whā. Site specific goals are regularly reviewed at clinical focussed meetings.</p> <p>Clinical governance is provided by the audit and risk committee. The PSC clinical director (interviewed) is responsible for clinical oversight with support from three PSC clinical advisors, two regional managers and the audit and risk committee. The quality programme links to the strategic plan and improvements are made where deficits are identified in the service delivery. There are regular PSC managers and clinical nurse meetings where learnings are shared.</p> <p>There have been no changes in management since the last audit. The village manager is a registered nurse with a broad background in aged care and has been in the role for five years. Prior to this they have held roles as healthcare assistant, registered nurse and clinical manager for the organisation. The clinical manager has been in the role for just over two years. They transferred from another PSC Enliven site to take the senior role. The village manager has completed more than eight hours of training related to leadership topics.</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</p>	<p>PA Low</p>	<p>Huntleigh Home is implementing a combined quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Ethnicities are documented as part of the resident’s entry profile and any extracted quality indicator data are critically analysed for comparisons and trends to improve health equity. The village manager provided guidance of where this information is available electronically for senior management perusal.</p>

<p>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>There is a monthly and annual meeting schedule available; quality(clinical) meetings and staff meetings provide an avenue for discussions in relation to quality data, health and safety, infection control, complaints received (if any), cultural compliance, staffing, and education. All meetings occurred as scheduled. Progress with the quality programme/goals has been monitored and reviewed through the monthly clinical meetings.</p> <p>The internal audit schedule for 2024 was completed and the schedule for 2025 is being implemented. Corrective actions are documented where indicated to address service improvements with evidence of progress and sign off when achieved. Corrective actions are discussed at the clinical meetings. Quality data and trends are documented in the clinical meetings, and these are shared with other staff. Enliven benchmarks quality indicator data against other Presbyterian Support regions. Quality initiatives including the reduction of fungal infections have been completed with evidence of a positive outcome achieved.</p> <p>Staff complete cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural competency package that staff completes as part of their orientation and ongoing training on the electronic education platform. The annual family/whānau satisfaction survey results from 2023, 2024/2025 were sighted. Results had been collated, summarised and shared with staff and residents/family/whanau. Resident/family/whanau comments were noted to be generally positive regarding service delivery; however, a common theme was noted regarding staff appearing too pressured and overworked and communication pathways being unclear, and inconsistent (link 1.6.3 and 2.3.1).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated. New policies or changes to policy are communicated to staff. Policies are accessible on the PSC intranet.</p> <p>A health and safety system is in place. Health and safety is part of the</p>
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		<p>monthly clinical and staff monthly meetings. There is a health and safety representative, (interviewed) and they have completed training related to their role. Hazard identification forms and an up-to-date hazard and risk register had been regularly reviewed (sighted). Health and safety policies are implemented and monitored by audit and risk committee. Audits include a hazard identification audit, incident reporting audit and environmental audit; all have been completed. Incident and accident data is collated monthly and analysed. Benchmarking occurs. Results are discussed in the clinical meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse; however, not all incident reports have been completed as required. Opportunities to minimise future risks are identified by the clinical coordinators, and registered nurses. The quarterly audit and risk committee meetings report evidence governance commitment to health and safety and staff wellbeing.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications; however, the documentation relating to the reporting of pressure injuries requires improvement. There have been section 31 notifications completed for Huntleigh Home since the previous audit 23 May 2023. Notifications have been made to the Health Quality and Safety Commission (HQSC). There were two outbreaks which were appropriately notified to the regional public health unit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing and skills mix policy that describes rostering. The service is currently recruiting for two healthcare assistant vacancies. The village manager and clinical manager work full time Monday to Friday to oversee the day-to-day operations of the facility. In the absence of the village manager the facility is overseen by the clinical manager.</p> <p>A rostered regional afterhours on call system is implemented that ensures clinical support is available from registered nurses. The village manager provides 24/7 support for all facility issues. The Enliven general practitioners provide afterhours medical support</p>

		<p>seven days per week.</p> <p>There are two clinical coordinators that cover the roster seven days till 4.30pm every day. All registered nurses and recreational staff hold current first aid certificates.</p> <p>Interviews with healthcare assistants confirmed that their workload is not manageable with the additional housekeeping and food services tasks they are required to complete daily. Absences are covered by a “bidding” system where part time staff can request to cover the shift or if this is not successful casual staff pick up the uncovered hours. Staff and family/whānau are informed when there are changes to staffing levels as evidenced in meeting minutes and newsletters. Family/whānau stated they feel care staff are too pressured and stretched to fulfil their required duties.</p> <p>There are separate cleaning, laundry, recreation, and kitchen staff to perform their duties; however, the healthcare assistants perform a wide array housekeeping and food services tasks each morning and evening duty.</p> <p>There is an annual education and training schedule being implemented. The annual and compulsory training programme is overseen by the village manager. Ongoing education is planned on an annual basis and includes mandatory requirements. The training schedule (sighted) evidenced that the training programme delivered is broad and encompasses a variety of topics relevant to the complex needs of the resident cohort. Related competencies are assessed and support equitable service delivery. Staff confirmed the training schedule was varied and supported them to work with all residents in their care. The education and training schedule lists compulsory training which includes cultural awareness training and the Eden Alternative Principles. All staff have completed cultural training to reflect their understanding of providing safe cultural care, te ao Māori, response to equity and Te Tiriti o Waitangi. The training content provided resources to staff to encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>Discussion with the village manager and review of the annual education schedule confirmed that amendments have been made to</p>
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		<p>ensure staff are receiving appropriate training to care for disabled people. Training has a focus on self-determination, person centred care, choice, respect and dignity with process in place to strengthen this based upon Enabling Good Lives principles.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Nine healthcare assistants have completed or are in the process of completing their level two NZQA, 11 have completed or are in the process of completing their level three and nine have completed or are in the process of completing their level four. Two cleaning staff have completed level two, one laundry person has completed level two, and one cleaner has completed level three. The diversional therapist has completed level four.</p> <p>A competency assessment policy is being implemented. All staff are required to completed competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies in hand hygiene, correct use of and moving and handling. A selection of the healthcare assistant's complete medication and second checker competencies. A record of completion is maintained on an electronic register. Nine registered nurses are interRAI trained including the village manager and two clinical coordinators. The Enliven intranet has extensive resources (pae ora) relating to Māori health equity data and statistics available to staff.</p> <p>An Employee Assistance Programme (EAP) is available to staff that support staff wellbeing. The village manager reported that a focus on ongoing team building sees staff involved in social and cultural celebrations frequently held away from the facility.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are stored electronically with hard copy information securely stored. Nine staff files were reviewed (three registered nurses, including a clinical coordinator and the infection prevention coordinator, two healthcare assistants, a diversional therapist, a food services team leader, one cleaner and an administrator) evidenced implementation</p>

<p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals including registered nurses, general practitioners, pharmacy, physiotherapy, podiatry, and dietitian. Staff interviewed that had been with the service longer than a year confirmed they had completed an appraisal around the time of their anniversary of commencing employment as evidenced in the staff files reviewed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support registered nurses and healthcare assistants to provide a culturally safe environment to Māori.</p> <p>Volunteers follow an appropriate programme and policy for volunteers are in place. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff with the village manager outlining that the service promotes opportunities throughout the year for team building with staff confirming they enjoy getting to know their colleagues better away from the work environment.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic and hard copy format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider.</p>

		<p>Residents archived files are securely stored in a locked room or back up on the electronic system and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies around entry and decline to services. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided to family/whānau and residents prior to admission or on entry to the service. Review of resident files confirmed that entry to service complied with entry criteria. Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager and village manager are 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 or the potential resident would be requiring a different level of care to that offered by the service. 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 to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>The facility has developed relationships with Māori services and is able to access through them for rongoā Māori health practitioners.</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Nine resident files were reviewed: four hospital level care; including one resident funded through ACC, three rest home level care and two residents under residential disabilities (YPD). Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent. All initial care plans had been completed within the required timeframes. Care plans are based on data collected during the electronic, comprehensive initial nursing assessments, and information from pre-entry assessments.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment for the residents under the ARRC contract. The younger resident's assessment process is comprehensive and includes (but not limited to) dietary needs, oral health, pressure injury, falls risk, social history. The ACC resident was a short-term resident who had recently been admitted. Initial interRAI assessments have been completed within three weeks of admission.</p> <p>Long-term care plans are holistic. Documented interventions and early warning signs are documented meet the residents' assessed needs; however, long- term care plans were not always detailed enough to direct appropriate service deliver for younger people care delivery. There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds; however, short term care plans are not well utilised.</p> <p>Interviews with the clinical manager and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, there were no residents who identify as Māori on the days of audit. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p>

	<p>The initial medical assessment is undertaken by the contracted general practitioner (GP). Residents have been reviewed by the general practitioner within required timeframes and when their health status changes. The service contracts a general practitioner who provides medical services and visits the facility twice a week. They provide on call cover during work hours and after hours. The general practitioner has access to the resident medication system. The general practitioner interviewed stated that they had noticed an improvement regarding the registered nurses' skills and that they were informed of concerns in a timely manner.</p> <p>A physiotherapist is available via a private physiotherapist service; however, two residents on the younger person with a disability contract (Ministry of Social Development) stated they had been informed that there would no longer have the visiting physiotherapist service for financial reasons, this was also stated by staff interviewed. A speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>There was evidence of wound care products available at the facility. At the time of audit 20 residents had 26 wounds between them. This included six pressure injuries (three stage one and three stage two). The wound care plans reviewed evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals; however, the evaluations of the wounds did not include an evaluation of dimensions, and exudate. Photos were consistently taken. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans. All wounds have a wound care plan; however, a short-term care plan was not always completed as per policy.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by HCAs, and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the</p>
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		<p>general practitioner. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure are completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Healthcare assistant interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management; however, not always according to policy. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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>PA Low</p>	<p>There are three activity staff, one of which is a diversional therapist. The activity team and care staff to deliver varied programmes programme is placed in large print on noticeboards in all areas. The programme is from Monday to Sunday, 8am to 5.30pm. The activities staff stagger hours of work to ensure the programme is maintained and are supported by volunteers from the community. There are set activities with the flexibility to add activities that are meaningful and relevant for the older resident group including but not limited to; exercises including Tai Chi, board games, news and views, make and</p>

		<p>create, memory lane, gardening, walks, sensory activities including pet therapy. Themed events and festive occasions are celebrated. Community links include church groups and entertainers. There are weekly van outings/scenic drives for all residents. The van driver has a current first aid certificate.</p> <p>The service facilitates opportunities to participate in te reo Māori. The diversional therapist described how the team with family/whānau and resident to ensure activities are culturally appropriate. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents; however, are not always appropriate for the younger age group.</p> <p>For residents who prefer to stay in their room or cannot participate in group activities, there are one-on-one visits and activities such as discussions, manicures and relaxation activities offered specific to the resident needs.</p> <p>A resident's social and cultural profile 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 and level of participation is maintained for activities, entertainment, and outings.</p> <p>There are regular resident meetings, with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at resident meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful, engaging, and reflects the stated aim of 'to make people happy.'</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</p>	<p>FA</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver</p>

<p>access appropriate medication and blood products. 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>training. Staff were observed to be safely administering medications. Registered nurses, and HCAs interviewed could describe their role regarding medication administration. The service currently uses an electronic medication system and blister packaging for regular medicines and blister packs for short course medicines and ‘as required’ medicines. The ACC client had a paper-based medication chart. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication areas and locked trollies. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that temperatures for the fridge and medication room were within acceptable ranges.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were no residents self-administering medications, there is a process in place should resident wish to self-administer medications. “As required” medications are administered as prescribed, with effectiveness documented in the electronic system or progress notes. Medication competent HCAs and registered nurse sign when the medication has been administered. There are no standing orders used.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The clinical nurse manager and registered nurses described how they work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed and treatment is prioritised to achieve better health outcomes. Where it has been identified that there are difficulties accessing medication, the service works with the GP and pharmacy to ensure residents are able to access medication.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring June 2026. The menu has been reviewed by a dietitian. There are cooks and a team of kitchen assistants who work morning and afternoon shifts.</p> <p>There is a food services manual available in the kitchen. The cooks receive resident dietary information from the registered nurses and are notified of any changes to dietary requirements or residents with weight loss. The cook is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is written on noticeboard in the dining rooms. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers and kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines related to food service are available to staff. The dining room is spacious and provides adequate space for residents and mobility equipment.</p> <p>The cooks complete 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. Meals are served from bain-marie by the cook to the residents in the main dining room; and plated, covered meals are delivered to those residents in the rooms and the other dining room. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The cook, kitchen hands and HCAs interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they can and do provide meals for pacific island residents and Māori residents. The cook stated they accommodate any requests from residents within reason. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings</p>
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		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. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau and residents are involved for all discharges or transfers 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 clinical nurse manager 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 has a current warrant of fitness which expires November 2025. The service has a maintenance person, who is assisted by gardening staff who visits once a month. There are essential contractors who can be contacted 24 hours a day. Repairs and maintenance requests are documented in the maintenance request book and checked off once completed by the maintenance person. The planned maintenance schedule includes resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. All equipment has been checked as required and includes (but not limited to), standing hoists, full body hoist with a range of slings, mobility equipment, pressure relieving equipment and sensor mats. There are environmental audits and building compliance audits completed as part of the internal audit schedule. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>The service is not planning any major refurbishments or building projects; however, the service is open to consider how designs and environments reflect the aspirations and identity of Māori and will consult with the Cultural Advisory Group.</p>

		<p>At Huntleigh Home, care is provided across two levels with all beds being assessed as dual purpose. On the top floor, (Meadow) there are 42 resident rooms. Fifteen rooms have full ensuites and all other rooms have toilets and hand basins. On the ground floor, (Woodlands) there are 29 rooms. Ten rooms have full ensuites and all other rooms have hand basins and toilets. There are two large communal dining areas, a recreational room, lounge areas and smaller areas for quiet activities and private meetings with family/visitors. Resident rooms are spacious and provide room for residents equipment and furniture.</p> <p>The facility has wide corridors with sufficient space for residents to mobilise using mobility aids. There is adequate space in the facility for safe manoeuvring of hoists within bedrooms and for hospital level lounge chairs in communal areas. There is ongoing refurbishment of resident rooms as they become vacant. Recarpeting of all corridors is planned, and it was noted that the lower floor carpet was showing signs of wear. All rooms have adequate heating and natural lighting.</p> <p>The grounds are tidy, well maintained and able to be accessed safely. There is safe access to all communal areas There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. There is a designated outdoor smoking area. The physical environment allows easy access, movement for the residents and promotes independence for residents with mobility aids.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (October 1997). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness The most recent fire evacuation practice was 19 December 2024. There are emergency management plans in place to ensure</p>

		<p>health, civil defence and other emergencies are included. Civil defence supplies are stored in trolley which is readily accessible behind reception. In the event of a power outage there is a preferential customer agreement with the local power company which can provide backup generator for planned outages. There is emergency battery backup for emergency lighting and gas cooking is available. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents interviewed confirmed that call bells are answered in a timely manner; however, families interviewed advised that call bell response times is delayed at times as a result of care staff being too stretched (link 2.3.1).</p> <p>The building is secure after hours, staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service and are approved by the audit and risk committee. A registered nurse oversees the infection prevention and antimicrobial stewardship programme across the facility. A job description outlines the responsibility of the role. The village manager and clinical manager support the infection prevention activities within the service.</p> <p>Infection prevention and antimicrobial stewardship matters are raised at monthly clinical meetings. There was evidence that infection rates are presented at staff meetings. Infection prevention data is also reviewed by the regional managers and benchmarked against other PSC Enliven facilities and externally with other aged care groups. Infection prevention and antimicrobial stewardship is part of the business and quality plans. The governing body receive reports on</p>

		<p>progress regarding quality and business plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated. Significant events related to infections and antibiotic use are reported to the audit and risk committee. The service also has access to an infection prevention clinical nurse specialist from Health New Zealand for advice and support.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection prevention coordinator is a registered nurse. They are supported on site by the village manager and clinical manager the PSC clinical advisors, and PSC clinical director. On a national level, there is external support from the PSC Enliven general practitioners and the PSC clinical advisors. Infection prevention is linked into the electronic quality risk and incident reporting system. The infection prevention programme is reviewed annually (sighted) by the PSC clinical advisors, PSC clinical director, and IPC committees at each site as confirmed in interview with the clinical director. Infection prevention audits are conducted.</p> <p>The infection prevention coordinator has completed formal infection control training. There are outbreak kits readily available and personal protective equipment (PPE) to support management of a pandemic or outbreak. There are supplies of extra PPE equipment as required. Stock is regularly checked against stock numbers and expiry dates. The infection prevention coordinator is involved in procurement of high-quality consumables including PPE and wound dressing products.</p> <p>The infection prevention policy outlines an approach to antimicrobial stewardship, pandemic planning, infection prevention standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the PSC clinical director in consultation with infection control coordinators and PSC clinical advisors. Policies are available to staff.</p> <p>Healthcare assistants and registered nurses ensure their interactions with residents are safe from the infection prevention standpoint</p>

		<p>through hand hygiene and the use of aseptic techniques to minimise the risk of healthcare associated infections (HAI). There are policies and procedures in place around reusable and single use equipment and items. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Single use items are not to be reused or remanufactured. The cleaning and environmental audits evidence the service assess that these procedures are carried out. The policies acknowledge importance of information around infection prevention for Māori residents and tikanga and are implemented in relation to infection prevention practices. Information is available in English and te reo Māori and accessible to staff to provide to residents when required. Culturally safe practices and cultural considerations are included in the infection prevention programme. The infection prevention policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention is part of staff orientation and included in the annual training plan. Family/whānau are kept informed and updated on any infections and the progress thereof.</p> <p>Staff interview confirmed awareness of the need for early-stage consultations with the audit and risk committee and for infection prevention consultation when changes occurred to the building and plant.</p> <p>There are hand sanitisers and flowing soap with posters throughout the facility reminding everyone of the importance of good hand hygiene.</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</p>	<p>FA</p>	<p>The service has anti-microbial use policy and procedures and provides guidance on monitoring of compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the clinical and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antimicrobial use and the effectiveness are monitored by the PSC</p>

<p>to the needs, size, and scope of our services.</p>		<p>Enliven general practitioners and clinical pharmacist. The infection prevention coordinator completes a quarterly antimicrobial stewardship report.</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>Infection surveillance is an integral part of the infection prevention programme and is described in the PSC Enliven infection prevention manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection surveillance is discussed at clinical meetings. Any infections of concern are discussed and escalated to the audit and risk committee. The service is incorporating ethnicity data into surveillance methods.</p> <p>Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community infection concerns.</p> <p>All residents with infections have a documented plan with appropriate interventions documented. Residents and family/whānau are kept informed of the progress on any infections.</p> <p>There have been two Covid-19 outbreaks recorded and one small event that was managed as if it was an outbreak since the previous audit. This included an outbreak in September/October 2024 with seven residents/staff affected, December 2024 31 cases with residents/staff, and February 2025 two residents affected. The post event review/debrief identified there were issues with the management and notification of the September/October event. The infection prevention coordinator led a quality initiative to complete a corrective action plan which saw a review of education including ensuring the information presented was based upon the latest best practice guidelines and introducing toolbox talks at handover, a review</p>

		<p>of delegated responsibilities for staff and increased information sharing opportunities for all staff. The next outbreak and small event was appropriately managed and notified to the relevant authorities and senior staff.</p> <p>Outbreak reports and debrief meeting minutes were sighted. Visitors are asked not to visit when unwell.</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 kept in a locked cupboard and on the cleaning trolley. Cleaning services are provided seven days per week. The cleaning trolley is locked in the sluice room when not in use.</p> <p>Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with a stainless-steel bench, a sink for handwashing and eye protection was available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of all chemicals.</p> <p>All laundry is processed on-site. A visual inspection of the laundry at Huntleigh Home and interview with the laundry manager was completed. There is a laundry manual available. There is a clear clean and dirty flow within the laundry. Laundry chemicals are automatically dispensed. The machines and dryers are serviced by an approved contractor. The laundry service is provided seven days a week. A laundry assistant (part time) Monday to Friday is responsible for the laundry process of dirty linen and the management of clean laundry. All laundry management is the responsibility of the afternoon staff from midafternoon (link 2.3.1). At Huntleigh Home there is a separate entry to receive dirty laundry and residents personal clothing and a separate entry to manage all clean items.</p> <p>The linen cupboards were well stocked and linen sighted were in good condition. Cleaning and laundry services are monitored through the</p>

		<p>internal auditing system; the effectiveness of the outcomes are documented. Internal audits related to waste management, environmental cleanliness and laundry processes are overseen by the infection prevention coordinator.</p> <p>The infection prevention coordinator would provide support to maintain a safe environment during 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>There is a restraint policy in place that states the organisation’s philosophy to restraint minimisation and the service has an on-going project aimed at eliminating restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible.</p> <p>At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there were two residents using bed rails, both at the family/ whanau request. There was no evidence of restraint related injuries reported since the last audit, as per discussion with the manager and in review of the incident register since the last audit. Restraint data is included in managers reports and key performance indicators to the GM.</p> <p>The service has no residents who identify as Māori; however, the consultation process in place means that the voice of any resident or family member who identifies as Māori is heard.</p> <p>Family/whānau/EPOA and resident are involved in decision making. The family members interviewed reported that they would speak on behalf of the resident in all residents’ issues, including restraint. All restraint is reported and discussed at the clinical meetings, and if there are any concerns around restraint, then this would be discussed at the meeting. The restraint committee is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. One younger resident acts as an advocate, and family/whānau, EPOA and</p>

		<p>residents were involved in decision-making.</p> <p>Training around restraint use, restraint elimination and the use of least restrictive practices are included as part of orientation and the annual training plan along with the management of behaviours that challenge.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>The restraint policy documents the requirements of safe restraint use and the type of restraints approved. The restraint assessments reviewed address alternatives to restraint use before restraint was initiated. Cultural considerations are included in the restraint assessments. Written consent was obtained by the residents' EPOAs following a comprehensive discussion. The use of the restraint and risk associated with restraint use and frequency for monitoring were stated in the resident's care plan.</p> <p>All restraint use is recorded on the restraint register. The care plan addresses the resident's cultural, physical, psychological, and psychosocial needs. Monitoring forms are completed as per the monitoring frequencies stated in the restraint policy. All episodes of restraint are reviewed in association with the resident and family/ EPOA. The restraint coordinator undertakes this role. Māori cultural advice is also available as needed for cultural aspects of restraint and review.</p> <p>Any comments related to restraint use is recorded in progress notes. The service does not approve the use or implementation of emergency restraint practices, as documented in the restraint policy. Any accident or incident that occurred as a result of restraint use are monitored. Residents using restraints are reviewed three-monthly with the NP and family/whānau. Restraint use is discussed in the clinical meetings and at handover. The service does not use emergency restraint; however, the restraint coordinator could describe instances where emergency restraint may be required and the debrief meeting that would be held with staff following the event as per policy.</p>
<p>Subsection 6.3: Quality review of restraint</p>	FA	<p>The restraint programme is reviewed annually and regularly throughout the year during the six month resident reviews. Monthly</p>

<p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>reporting on restraint usage is included, as well as evaluation of the staff restraint education programme. Family/ whānau meetings and clinical meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried.</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 1.5.3</p> <p>My property shall be respected, and my finances protected within the scope of the service being provided.</p>	PA Low	Discussion with staff and review of documentation evidenced that a policy is adhered to for the safe management of resident finances; however, a system that ensures the safe management of resident's property on admission is yet to be implemented.	Nine of nine resident files had no evidence of any property records being documented regarding what property a resident had brought into the facility on admission.	<p>Ensure a system is implemented that ensures all resident property is documented when brought into the facility on admission.</p> <p>60 days</p>
<p>Criterion 1.6.3</p> <p>My service provider shall practise open communication with me.</p>	PA Low	The service ensures that all residents and family/whanau are provided with appropriate information regarding the facility and the organisation as per policy and procedure during the admission process however ongoing communication requires improvement.	(i). Discussion with six family/whanau, review of resident family/whanau survey results, and complaints lodged evidenced that; communication pathways are unclear, and family/whanau are not always aware of who to discuss their concerns regarding their relative's care with.	<p>(i). Ensure information/communication pathways are implemented, maintained and shared with all family/whanau.</p> <p>(ii). Ensure correspondence with family/whānau is evidenced when there are changes in residents</p>

			(ii). Communication updates regarding resident changes is irregular and staff availability for discussion is inconsistent.	condition. 60 days
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>Incident reports were overall completed for incidents and near misses. Incident reports sighted were fully completed, evidenced RN follow up and opportunities for improvements were identified and implemented; however, not all incident reports were in place for pressure injuries. Wound care documentation regarding all aspects of the pressure injury management were satisfactory.</p>	<p>Three of seven pressure injury documents had no evidence of an incident/accident form being completed.</p>	<p>Ensure all pressure injuries have an incident/accident form completed.</p> <p>60 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The rosters adhere to contractual requirements and the staffing policy for the organisation; however, review of rosters and work schedules, discussion with staff and management, and family/whanau evidenced that the healthcare assistants have a wide array of housekeeping, and food services tasks to perform each duty.</p>	<p>On the morning and evening shifts, healthcare assistants are tasked with food services, laundry, and cleaning tasks that consistently take them away from resident care.</p>	<p>Ensure the healthcare assistants are supported by sufficient housekeeping and food services staff so they can focus on resident care on the morning and afternoon shifts.</p> <p>60 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p>	<p>PA Moderate</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including InterRAI), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change. Long-term care plans are holistic. however, long- term care plans were not always detailed enough to direct appropriate service deliver for younger people care delivery and physiotherapy was no longer available to younger people.</p>	<p>(i). Two files of residents on YPD contracts reviewed did not include the physiotherapy exercises posted in the residents’ rooms.</p> <p>(ii). Two files of residents on YPD contracts reviewed did not reflect a rehabilitative approach and not document strengths, goals, and aspirations to align with people’s values and beliefs and the support required to achieve these.</p> <p>(iii). The service schedule for the Younger Person Disabled contract states ‘Programmes have as their focus the achievement of positive outcomes for service users such as increased independence, self-determination and integration into the community’. Both staff and two younger residents informed the auditor that physiotherapy services have been withdrawn. One resident stated that they were able to access this service privately if wished. The audit was unable to confirm through resident file review that the services were no longer needed.</p>	<p>(i). Ensure that all support interventions suggested by allied services are included in the care plan.</p> <p>(ii). Ensure that plans of care and support for younger people reflect a goal and rehabilitative approach.</p> <p>(iii). Ensure that allied services are provided according to need.</p> <p>60 days</p>
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(h) People's care or support plan identifies wider service integration as required.				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>Interview with the nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>Monthly observations such as weight and blood pressure are completed and are up to date. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management but not according to policy.</p>	<p>Four of four fall related incidents reviewed all documented that neurological observations had not been document according to time frames in policy and / or were incorrectly completed (staff documenting 'asleep' at night).</p>	<p>Ensure the neurological observations are completed with timeframes set by policy and the documentation reflects the policy and neurological observation template.</p> <p>60 days</p>
Criterion 3.2.5	PA Low	Resident files document that the resident and family/whanau	(i). Where there has been a change to the resident's needs/	(i). Ensure that, where progress is different from expected, or acute/

<p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>have been involved. Long term care plans were evaluated at least six monthly and measure progress towards stated goals.</p> <p>The wound care plans reviewed evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals; however, the evaluations of the wounds did not include an evaluation of dimensions, and exudate.</p> <p>There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds; short term care plans are not well utilised.</p>	<p>condition short term care plans (or changes to the long-term care plan) have not always been documented, this includes one post fall head wound and two wounds.</p> <p>(ii). Wound care plans have not been evaluated according to the policy and template with dimensions and exudate not documented.</p>	<p>short term changes to care are required, there are documented changes to the long- term care plan or a short-term care plan documented as per policy.</p> <p>(ii). Ensure that wound care plans are evaluated according to the policy and template with dimensions and exudate documented.</p> <p>90 days</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their</p>	<p>PA Low</p>	<p>The activity plan is diverse and documents a range of activities that are appropriate for an older age group and is developed by the activity staff. Activities are delivered to meet the cognitive, physical, intellectual, and</p>	<p>Activities for the younger age group are not well defined and do not reflect an enabling good lives approach.</p>	<p>Ensure there are meaningful activities directed at the younger age group that are also appropriate to their interests.</p>

identity.		emotional needs of the residents; however, are not always appropriate for the younger age group. Two younger people interviewed stated that the activities are not something they would want to join in.		60 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.