

Tranquillity Bay Care Limited - Tranquillity Bay Care

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 HealthShare Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Tranquillity Bay Care Limited

Premises audited: Tranquillity Bay Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 8 March 2022 End date: 9 March 2022

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: 33

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

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

Key to the indicators

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

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

General overview of the audit

Tranquillity Bay Care can provide rest home level care for up to 34 residents. This certification audit was conducted against Ngā paerewa Health and Disability Services Standard NZS 8134:2021, and the provider's agreement with the district health board (DHB). There have been no changes to the organisation, or the facility since the last audit.

The audit included a review of policies and procedures, interviews with management, staff, residents, family/whanau members and the general practitioner. Staff and resident files were sampled. The sample of files was stratified to ensure all service types were included.

The provider has demonstrated their commitment to transition to the revised standard - Ngā paerewa. No areas of non-conformance have been identified during this audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained
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The provider maintains a socially inclusive and person-centered service. The residents confirmed that they are treated with dignity and respect at all times. Cultural and spiritual needs are identified and considered in day-to-day service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required. All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Consumer Rights (the Code). There was no evidence of abuse, neglect, or discrimination.

There is a Māori health plan to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs.

The complaints process aligns with consumer rights legislation. All complaints have been well managed and resolved to the satisfaction of the complainant.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained
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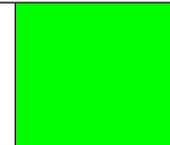
The organisation is governed by the owners/manager who monitor organisational performance and ensure ongoing compliance. The mission, values, scope and goals of the organisation are documented. Quality activities are implemented and business goals defined and monitored. There is a documented risk management system. This includes health and safety requirements. Adverse events are documented and used to make improvements.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. There are a sufficient number of qualified staff on duty at all times. Competencies are identified and monitored. Staff performance is reviewed.

Health information is securely stored and adequately documented. Resident's records are well maintained and integrated.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

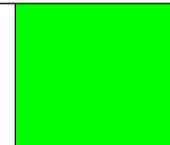


Subsections applicable to this service fully attained

Entry processes are efficiently managed by the owner/manager. The registered nurses and the general practitioners (GPs) assess residents on admission. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. Medicines are safely stored and administered by staff who are competent to do so. The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. Bathroom facilities are well maintained and conveniently located.

Testing, tagging and calibration is completed as required. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system. Security is maintained. Hazards are identified.

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

Includes 5 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 programme is coordinated by a trained infection prevention coordinator, who aims to prevent and manage infections, and minimise adverse effects from antibiotic use. The programme is reviewed annually. The antimicrobial stewardship (AMS) programme is in the early stages of implementation. Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the principles and practice around infection prevention. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. No infection outbreaks have been reported since the last audit.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

Here taratahi | Restraint and seclusion

Includes 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained

The organisation has no history of restraint use. All staff receive training on restraint minimisation and the management of behaviours of concern.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	152	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has embedded a Māori model of health into their care planning process. Care plans are based on Te Whare Tapa Wha. The principles of Te Tiriti are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with the one resident who identified as Māori. The organisations Nga paerewa transition plan and Māori Health Plan reflect a commitment to Te Tiriti and providing inclusive person/whanau centred support.</p> <p>A third of the workforce identified as Māori. Staff who identified as Māori confirmed that services were provided in a culturally safe manner. Staff reported they have input into how services are developed and delivered. Their advice is sought and considered. The Māori resident reported that their mana is protected and that they are treated with dignity and respect. The resident stated that they are not afraid to speak up if they feel their world view has not been fully considered. Any feedback is respected and appreciated.</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</p>	FA	<p>The organisation has a Pacific Peoples policy which identifies Pasifika world views. There have been no Pacific people accessing the rest home, however all residents and staff interviewed confirmed culturally</p>

<p>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>safe care and culture of inclusiveness. Te Whare Tapa Wha based care plans identify the cultural and spiritual needs of the resident. Evidence of inclusiveness and adaptability to the residents needs were observed during the audit and confirmed in resident interviews.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff receive training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and in ongoing annual training, as was verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and Māori languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters are prominently displayed at the reception area and notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by involving residents, family/ whānau or their representative of choice in the assessment process to determine residents' wishes and support needs. The resident who identified as Māori confirmed that the service is whānau centred and respectful of values and beliefs, they are involved in setting their own goals and in making decisions about the care they receive</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and</p>	<p>FA</p>	<p>Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics is sought from residents and their family/whānau on admission. These were noted in the residents' care plans sampled. Residents and family/whānau confirmed that they were consulted on individual values and beliefs and staff respected these.</p> <p>The services provided demonstrated respect for residents' dignity,</p>

<p>their experiences.</p>		<p>privacy, confidentiality, and preferred level of independence. All residents have individual rooms that provide visual, auditory, and personal privacy. Staff were observed respecting residents' personal areas and privacy by knocking on the doors before entry. Personal cares were provided behind closed doors. The communal bathrooms had clear signage when in use. Residents are supported to maintain as much independence as possible, for example make their own bed if able. Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence and choices.</p> <p>Te reo Māori and tikanga is actively promoted and incorporated in all activities. For example, regular teaching sessions on te reo Māori held with residents by the activities team and there were donated Māori carvings on display. Staff have received training on Te Tiriti O Waitangi and the principles of the treaty are incorporated into daily practice. There are documented procedures to ensure recognition of Māori values and beliefs. The Māori Health Plan is current and focusses on wellness or holistic health embodied in the Māori health model Te Whare Tapa Wha. Guidance on tikanga best practice is available. A resident who identifies as Māori confirmed that staff seek advice from them for any cultural needs to enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, misconduct, and a code of conduct is included in the staff employment agreement. The employee handbook has information in relation to discrimination, abuse and neglect. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. An incident related to financial abuse of a resident was discussed. There was evidence of how the service advocated for the resident, conducted investigations and involved relevant authorities to safeguard the resident from re-victimization. In interviews, staff confirmed awareness of professional boundaries and safeguards in place to protect residents.</p> <p>The discrimination policy and procedures are cross referenced to the Code and Human Rights Legislation and provides guidelines regarding identification and investigation and the complaints process. The clinical manager demonstrated knowledge and understanding of professional boundaries. Staff demonstrated a clear understanding of</p>

		<p>the process they would follow, should they suspect any form of exploitation.</p> <p>Residents' property is recorded on admission and a copy kept in the resident's file. Residents' money is stored safely in the manager's office and residents confirmed they can access their money whenever they want. The clinical manager stated that any observed or reported racism, abuse or exploitation is addressed promptly. Residents expressed that they are treated fairly, they feel safe, and protected from abuse and neglect.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <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>FA</p>	<p>Information provided to residents and family/whānau is mainly in English language. Interpreter services are engaged through the local DHB if required. Written information and verbal discussions are provided to improve communication with residents and their family/whānau. Open communication with resident and family/whānau is promoted through the open-door policy maintained by the clinical manager and the owner/manager. Residents and family/whānau confirmed that open communication is practised, the managers and the clinical team are approachable and responsive to requests. A record of phone or email contact with family/whānau is maintained. Communications and referrals with allied health care providers is recorded in residents' files. Residents and family/whānau stated they were kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and medical reviews. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code.</p> <p>Residents are given an opportunity to discuss any concerns they may have to make informed decisions. This was observed on the days of the audit and confirmed in interviews with residents.</p> <p>There is a diverse range of staff who speak a variety of languages, and who can be utilised where appropriate. Family/whānau may assist with interpretation where appropriate. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Staff understood the principles and practice of informed consent. The informed consent policy provides relevant guidance to staff. Informed consent had been gained appropriately using the organisation's standard consent forms. Completed consent forms were sighted in the resident files sampled. Consent for residents who were unable to consent were signed by the residents' legal representatives or the resident's representative of choice. Resuscitation treatment plans were signed by residents who are competent and able to consent and by the general practitioner (GP) for residents who are unable to consent at the time of medical futility. The clinical manager reported that the GP discusses the resuscitation treatment plan with the resident, where applicable or with the resident's family/ whanau as verified in interviews with family/ whanau and residents. Advance directives were documented where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care and where required, a nominated support person is involved for example, family/whānau with their consent. The clinical manager reported that residents are offered a support person through the advocacy services when required.</p> <p>During the admission process residents provide information on their representative of choice, next of kin or enduring power of attorney (EPOA). These were documented in the admission records sampled. Communication records verified inclusion of support people where applicable.</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 process complies with consumer rights legislation. All residents are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed. Residents and family/whānau confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or family/whānau complaint they may receive. There have been four documented complaints since the last audit. These had been added to the register. Records confirmed that each complaint was managed in line with Right 10 of the Code. All four complaints had been closed to the satisfaction of the complainant. It was reported that there have been no complaints reported or investigated by external authorities.</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>The organisation is owned and operated by Tranquillity Bay Care Limited. There is one director, who is the owner/manager. The director is supported by an operations manager, administrator and the clinical manager. The director has been working in the aged care industry for many years and maintains current knowledge of the industry. This recently includes the New Zealand Aged Care Association Nga paerewa training and a certificate in business development. The owner/manager is on site 70% of the working week and 30% in the home office. The owner/manager demonstrates an ongoing commitment to leadership and the quality and risk management system. The clinical manager provides clinical governance.</p> <p>The strategic direction for the organisation is documented. The mission statement is documented and displayed in both English and Te Reo. The mission reflects an inclusive and family/whanau centered commitment. The owner/manager has a transition plan to Nga paerewa which describes goals for achieving an equitable approach to service delivery.</p> <p>The business plan is current and identifies key operational goals for the organisation, including implementation of Nga paerewa. Actions from the business plan are being monitored. Organisational performance is monitored through a number of activities, including weekly meetings with the clinical manager and the owner/manager.</p> <p>The organisation is certified to provide up to 34 rest home level beds. On the day of audit there were 33 residents, two of whom were respite residents. Occupancy is steady at 97.5%. Tranquillity Rest Home currently hold two agreements with the DHB. These include the aged-related care contract (ARC) and a respite contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a</p>	<p>FA</p>	<p>The documented quality and risk management system is currently being reviewed and updated to meet this standard. The process for doing so is described in the transition plan.</p> <p>Current policies are based on the Health and Disability Sector Standards (2012), current and applicable legislation/standards, guidelines and evidenced-based practice. Policies are available to staff in hard copy. Clinical policies and procedures are reviewed by the clinical manager. There is a document control process. Obsolete documents are removed from circulation.</p>

<p>focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>A range of quality related activities are implemented. Services are monitored through feedback, resident surveys, review and analysis of adverse events, surveillance of infections, health and safety reports and implementation of an internal audit programme. Corrective action plans are documented when required, with evidence of closure. Records of meeting minutes sampled confirmed that quality data is discussed and communicated throughout the organisation. Resident surveys include questions regarding cultural safety to ensure Māori needs are met. Surveys sampled confirmed satisfaction.</p> <p>An organisational risk management programme is in place. The risk management programme covers the scope of the organisation with risk levels and mitigation strategies documented. There is evidence that actions are being implemented, monitored and updated as required. Health and safety policies and procedures are documented along with a hazard management programme. Additional risk management processes have been implemented due to COVID-19 to ensure ongoing safety and communication with staff, residents and family/whanau.</p> <p>The process for managing adverse events is documented and communicated to staff. The adverse events management system supports learning but the provider is not required to report these to the health, safety and quality commission, however events are collated and monitored for trends. The owner/manager is aware of situations in which the organisation would need to report and notify statutory authorities. Essential notifications are made as and when required. For example the Ministry and DHB were notified during a period where they had limited registered nurse cover. This has now been resolved with the employment of a second registered nurse.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>FA</p>	<p>There is a sufficient number of trained staff on duty at all times. Rosters sampled confirmed that additional staff are available to cover any unplanned absences. There are two registered nurses who, between them, are on site six days per week. They share on call duties. There are 15 health care assistants, two registered nurses, four casual staff, four cooks, two cleaning staff and a maintenance person. The operations manager is on site weekly and able to provide additional support where required. There are two health care assistance rostered daily in the wing that has residents with higher needs, and one staff member on the wing that has residents who are</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>more independent. There are two health care assistants rostered at night.</p> <p>Staff attributes and attitudes are assessed during the recruitment period. Once employed, staff receive a comprehensive orientation to their role. This was confirmed in records and staff interviews. Core competencies are identified and monitored through the performance reviews and ongoing in service education. This includes competencies for medication administration, manual handling, personal cares and cultural safety. A wide range of topics are included in the mandatory education programme. This includes all topics required by the DHB and cultural safety. The cultural safety training includes Te Tiriti O Waitangi. The clinical manager describes ways in which they improve health literacy with staff, which in turns helps staff with their understanding of health equity. The clinical manager has completed interRAI training and has the required competencies.</p> <p>All staff interviewed reported that they worked in a positive environment and that management was very supportive and approachable. This was reflected in observations made during the audit. Residents and family/whanau all stated that staff were friendly, caring and approachable. Staff were well versed in resident rights.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>Human resource policies and procedures align with current employment law. All staff have a signed employment contract. Position descriptions include key accountabilities, responsibilities and person specifications. Professional qualifications are verified and copies of practicing certificates are held for those who require them. Several health care assistants have gained qualifications in support work and aged care. A master spreadsheet of qualifications is maintained. Staff receive their orientation in stages. The orientation requires them to complete three workbooks. The essential components of service delivery are included. Performance reviews are completed annually for all staff members. Staff goals and achievements are discussed and documented during the review process.</p> <p>Staff ethnicity is varied with representation for example (but not limited to) from Māori, NZ pakeha, Philippines, English and Swedish. Staff information is maintained securely at all times. This includes a hard copy file in a locked cupboard and a cloud-based data base. Staff confirmed that management is approachable that they are well</p>

		supported. There was evidence in records of adverse events that staff have the opportunity to discuss events and debrief when required. There is a staff wellbeing at work policy.
<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>	FA	<p>The organisation predominately uses hard copy resident records, with some data held electronically. For example interRAI assessments. Care plans are documented electronically, printed off and placed into the resident's individual folder. Folders and computers are secure. All current resident records are held in the nursing station which is locked when unattended and the computers are password protected with differing levels a security depending on who is accessing them. Medication records and monitoring charts are held separately, which are cross referenced where required. Short term care plans are added to the folders when required. General practitioner entries and additional allied health records are held in the main residents file. A resident register is maintained. Archived records are securely stored on site and are clearly labelled for ease of retrieval. All records, including progress notes, are well maintained. Records are legible, dated and delegated. Times are recorded when making an entry into a record.</p> <p>Criterion 2.5.3 is not applicable with justification. The Provider is not responsible for National Health Index (NHI) 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</p>	FA	<p>The information booklet for Tranquillity Bay Care, brochure and online site has accurate information about the services provided and costs of accessing services. The entry criteria are clearly communicated to people, whānau and where appropriate to local communities and referral agencies, verbally on enquiry or written information in the enquiry pack and on the Eldernet website. The clinical manager stated that at times enquiries are made over the phone and information about the services provided can be explained and discussed with the enquirer as required. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>The owner/manager is responsible for liaising and facilitating all requests for admission to the service. An entrance to service policy and procedure in place guides staff on entry processes. Residents enter the service when their required level of care has been assessed</p>

<p>and communicated to the person and whānau.</p>		<p>and confirmed by the local needs' assessment and coordination service (NASC). All residents admitted required rest home level of care as verified by the NASC notification records in the files sampled for review.</p> <p>The clinical manager reported that the rights and identity of the residents will be protected by ensuring residents' information is kept confidential in locked cupboards. Family/whānau were updated where there was delay to entry to service, this was observed on the days of the audit and in enquiry records sampled.</p> <p>The owner/manager and clinical manager reported that if a referral is received but the prospective resident does not meet the entry criteria or there is no vacancy, entry to services is declined. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required.</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>FA</p>	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate or per the resident's request. The service uses assessment tools that includes consideration of residents' lived experiences, cultural needs, values, and beliefs. There are process which ensure residents are actively involved in the development of services. These include resident meetings and satisfaction surveys.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural training. The long-term care plans were developed within three weeks of an admission using the Te Whare Tapa Wha model of care. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau representatives of choice were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The long-term care plans sampled reflect identified residents'</p>

	<p>strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>Input for care plans was sought from an external Māori culturally competent registered nurse through the local DHB. This is an arrangement/agreement was between the DHB nurse and the clinical manager. Cultural assessments do not routinely include traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia but these could be provided upon recommendation from the external RN. The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals'. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care implemented promptly.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed every three months and included members of the multidisciplinary team. Medical records were evidenced in sampled files.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RN, this was confirmed in the records sampled. The long-term care plans were reviewed at least six-monthly following interRAI reassessments. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI</p>
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		<p>reassessment was completed. A referral to the local NASC team was completed for reassessment of level of care and transfer to services that provided the required level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>The Māori Health plan in place and the Te Whare Tapa Wha model of care in use supports residents who identify as Māori and whānau to identify their own Pae ora outcomes in their care plan. Barriers that prevent tangata whaikaha and whānau from independently accessing information were identified and strategies to manage these were documented. The staff confirmed they understood the process to support residents and whanau. The resident who identified as Māori confirmed satisfaction with the processes in place. The service provider demonstrates sufficient participation in service development from staff and external sources who are culturally competent.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is provided by the diversional therapist (DT) and an activities coordinator. Residents' activity needs, interests, abilities, and social requirements are assessed on admission using a social assessment and history form that is completed by the DT with input from residents and family/whānau. Activities programmes are regularly reviewed through satisfaction surveys and in residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review and when there is a significant change in the residents' ability. This was evident in the records sampled.</p> <p>Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. The activities on the programme include club outings, van trips, quiz competitions, celebration of monthly themes and international days, literacy groups, history and reminiscing, short walks, shopping trips, bingo and birthday celebrations. Cultural events celebrated include</p>

		<p>kapahaka, trip to Waitangi to celebrate the Waitangi Day and celebration of Matariki. Daily activities attendance records were maintained. Residents were observed participating in a variety of activities on the days of the audit.</p> <p>Interviewed residents and family/ whānau confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines.</p> <p>There is a safe system for medicine management using a paper-based system observed on the days of audit. The RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GPs. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over the counter medication and supplements were charted on the medicine charts sampled where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. A medication adverse event reported over the past year was documented, investigated appropriately and an appropriate corrective action plan was implemented. The three-monthly medication reviews were consistently recorded on the medicine charts sampled.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely, and medication reconciliation is conducted by RNs when regular medicine packs are received from the pharmacy and when a resident is transferred back to service. This was verified in medication records sampled. All medications in the medication storage cupboard and trolley were within current use by dates. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the</p>

		<p>medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Where required, residents are supported to understand their medication. This was observed on the days of the audit where a resident required an explanation about their medicine, and this was provided by the clinical manager. The clinical manager reported that when requested by the resident/whānau in the treatment for Māori, appropriate support and advice will be considered in consultation with the GP.</p> <p>There were two residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner. In interviews, the residents were aware of the processes in place to maintain safety of the medications in their rooms.</p> <p>Criterion 3.4.7 is not applicable with justification. The Provider does not use standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A diet profile is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet profiles were sighted in the kitchen folder.</p> <p>The food is prepared on site by four cooks and is in line with recognised nutritional guidelines for older people. Kitchen staff have attended required food safety training. The menu follows summer and winter patterns in a six weekly cycle and has been reviewed by a qualified dietitian in February 2019. There was a delay in reviewing the menu due to COVID-19 pandemic restrictions. However, the menu review was booked for this month (March) and this was verified in email conversations with the dietitian. There was no evidence to suggest that the current menu had not remained appropriate for the residents.</p>

		<p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the local council. The current food control plan will expire on 31/05/2022. Food temperatures were monitored appropriately and recorded as part of the plan. On the day of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' weight is monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. Menu options culturally specific to te ao Māori is offered to Māori residents. Boil up and fried bread is on the menu twice per year as a second option and has been prepared for residents who identify as Māori and any other residents are welcome to have it on these days. Whānau are welcome to bring culturally specific food for their relatives. The resident who identified as Māori expressed satisfaction with the food options. Other culturally specific food is prepared occasionally, for example, Japanese and American meals to provide variety to meals.</p> <p>Residents who are more independent are able to prepare a cup of tea independently in the kitchenette. Mealtimes were observed during the audit, residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents who chose not to go to the dining room for meals had meals delivered to their rooms. Confirmation of residents' satisfaction with meals was verified by residents with positive comments like "the food is very good, and I really appreciate that staff offered to bring meals to my room". Satisfaction surveys results and resident meeting minutes also verified residents' satisfaction with meals.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they</p>		<p>There is a transfer/discharge policy and procedure to guide staff on transfer and discharge processes. Transfers and discharges are managed by the RNs in consultation with the resident, their family/whānau and the GPs. For residents who are transferred to acute services, a 'yellow envelope' system is used, and the hospital transfer form is completed. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer</p>

<p>and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>or discharge process. The clinical manager reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer form and progress notes in the sampled files.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current resident's needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure safety of the resident was completed. Upon discharge, current and old notes are collated, and stored in a locked cupboard in a secure area. If resident's information is required by subsequent GP or service, a written request is required for the file to be transferred.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers and social support or kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GPs or RNs. Examples of referrals completed were in residents' files sampled, including to the dietitian, eye specialists and wound nurse specialist. The resident and the family were kept informed of the referral process, reason for transition, transfer or discharge as confirmed by documentation and interviews.</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</p>	<p>FA</p>	<p>The physical environment supports the independence of people receiving services, such as through appropriately placed handrails. The building consists of three main areas. When people need to be transported or transferred between rooms or services in beds or wheelchairs, doorways, thoroughfares, lifts, and turning areas can readily accommodate the bed or wheelchair, attached equipment, and any escorts. There is a large and comfortable looking lounge for communal gatherings and activities. The home has adequate space for equipment, individual, and group activities, and quiet space for people receiving services and their whānau. The building has two main wings, Seaview wing and Manaia wing. The Manaia wing is connected to the Seaview wing through a long passageway. Residents residing in the Manaia wing are more independent, with the</p>

<p>sense of belonging, independence, interaction, and function.</p>	<p>Seaview wing being for those who require additional monitoring being situated closer to the communal area. There is a nursing station and separate office for management. Both wings have dining rooms. The main kitchen is in the Seaview wing, however there are smaller kitchen facilities in the Manaia wing for residents to make tea, coffee and snacks.</p> <p>The large grounds and external areas are well maintained. External areas are independently accessible, with suitable furniture and shade provided. There are several animals on the property. For example, two cats, fish, large birds in cages, chickens and a pig. Large external decks are covered in potted plants, some of which belong to, and are maintained by, the residents.</p> <p>All bedrooms are for single occupancy; however one room could comfortably accommodate a couple. Bedrooms vary in size; however all provide sufficient space for furniture and aids. People who use mobility aids are able to safely manoeuvre with their aid within their personal space/bed area. Bedrooms all have a good sized external windows, than can be opened, allowing fresh air into the room. Some rooms having an external door to the deck or private balcony. The service provider monitors the environmental temperature and have implemented processes to manage significant temperature changes. Gender-neutral toilets are available in shared spaces. Toilets are of a suitable size to accommodate equipment and the activity required for the person receiving services. Processes are in place to assure privacy. There are three premium rooms with ensuites, all other bathrooms and toilet facilities are shared. Bathrooms are conveniently located throughout the facility and are identifiable. There is a separate toilet for staff and visitors.</p> <p>Furniture and fittings are well maintained.</p> <p>The Manaia wing has two stories. There is an elevator for residents to use if they chose which is checked annually for compliance. Additional compliance certificates for fire and evacuation equipment, devices and backflow were sighted. All medical equipment is calibrated, and electrical testing and tagging is conducted. There is a current building warrant of fitness. Hazards are identified according to the health and safety programme and the hazard management process.</p> <p>Home decorations reflect the culture of the resident group. Resident rooms are personalised. There is a combination of art, including items which reflect te ao Māori. Art projects completed by the residents are</p>
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		displayed throughout.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency procedures are displayed and located throughout the facility. There is an approved evacuation plan and the building is divided into fire cells for evacuation purposes. The building is supplied with a sufficient number of fire alarms and extinguishers. All staff have completed the mandatory emergency training, including regular trial evacuations. Responding to emergency and security situations is included in induction and training for health care and support workers and the manager understands the requirements for monitoring the wellbeing of their health care and support workforce during an emergency.</p> <p>The documented emergency management policies cover a wide variety of potential situations and include business continuity strategies. The pandemic response plans aligns with the DHB requirements.</p> <p>Sufficient emergency supplies were sighted that meet the Ministry of Civil Defence and Emergency Management recommendations for the region. These include additional stored water, food, and supplies, a civil defence kit and an emergency trolley. There is one resident who requires power for their oxygen concentrator. The fire department has been notified to ensure continued power in the event of a power failure. The owner/manager also reports they have access to a generator should they need one in an emergency. There are a number of staff with current first aid certificates. There is always one staff member on the roster with a first aid certificate. This includes all the permanent night staff. Enough health care and support workers are available at all times to support people receiving services in an emergency or crisis.</p> <p>Call bells are located in every bedroom and bathroom. Call bells are routinely checked.</p> <p>The provider has an implemented policy relating to the security of the people receiving services and the wider facility which includes escalation processes to follow if a breach in security occurs. Sufficient security processes are in place such as doors locked each evening and external security lights. All visitors are required to sign in and are currently screened for Covid symptoms on entry. This includes a temperature check.</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>	<p>FA</p>	<p>The clinical manager is the infection prevention coordinator (IPC). The IPC reported that they have full support from the owner/director with regard to infection prevention matters. This includes time, resources and training. Both the owner/manager and the IPC have attended education at the DHB on infection prevention and antimicrobial use. Weekly management meetings include discussions regarding any residents of concerns, including any infections. These meetings are attended by the owner/manager who remains fully informed. Antimicrobial stewardship has been identified on the current business plan.</p> <p>The IPC has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training as verified in training records sighted. Additional support and information are accessed from the infection control team at the local DHB, the community laboratory, the GP and public health unit, as required. The IPC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</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 IPC is responsible for overseeing and coordinating implementation of the IP programme. The IPC role, responsibilities and reporting requirements are defined in their job description. The service has a clearly defined and documented IP programme implemented that was developed with input from external IP services. The IP programme was approved by the management and is linked to the quality improvement programme. The IP programme is reviewed annually, and it was scheduled for review in March 2022. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention and include appropriate referencing. There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required. The IPC has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education is provided by the IPC.</p> <p>The IPC liaises with the owner/manager on PPE requirements and</p>

		<p>procurement of the required equipment, devices, and consumables through approved suppliers and the DHB. The IPC reported that they were involved in the previous consultation process for the proposed extension of the facility. However, the extension did not go through. Medical reusable devices and shared equipment is appropriately decontaminated and reprocessed appropriately based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination policy to guide staff. The infection control audit for the environment has a section that assesses cleaning protocols for reusable medical devices and equipment. Six-monthly audits are completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following documented procedures, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. Staff demonstrated knowledge of infection control policies and practices.</p> <p>Some practices regarded as tapu by Māori are applicable to IP programme. For example, kitchen sinks/tubs are not be used for personal items (clothes) and towels used for the perineum cannot be used for the face. The clinical manager reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has minimal stock of emergency antibiotics on site. This stock is used in case of emergency where the antibiotics cannot be promptly delivered by the contracted pharmacy. The stock supply is checked monthly, and monitoring records were sighted. The service monitors the quantity of antimicrobial prescribing, administration, and occurrence of adverse effects. Monthly statistics were collated and recorded on monthly analysis of antibiotics use.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and any identified multi-drug-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Regular infection prevention audits were completed including personal hygiene, cleaning, laundry, and hand hygiene and kitchen compliance. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audits outcomes at monthly meetings and through compiled reports. Weekly management meetings focus on infection prevention. Residents were advised of any infections identified as were family/whānau where required. Confirmed by short-term care plans sampled and verified in interviews with residents and family/whānau.</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 antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Decanted cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There is a sufficient amount of personal protective equipment (PPE) available which includes masks, gloves and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>Designated cleaners are onsite seven days per week. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. There are regular internal audits of which check environment cleanliness. These did not reveal any significant issues.</p> <p>Health care assistants are responsible for laundry services which are completed on site. Linen is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. The effectiveness of laundry processes is monitored by the internal audit programme.</p>

		Resident surveys confirmed satisfaction with cleaning and laundry processes.
<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>	FA	<p>There are documented processes for the management of restraint, however these have not had to be used, as there is no history of the facility using restraint. The clinical manager is responsible for restraint management and reported that restraint is not part of the organisations culture. All staff receive training regarding restraint minimisation and how to safely manage escalating behaviour. The required policies and procedures are documented should restraint use ever be perceived as the most appropriate action.</p> <p>The clinical manager currently ensures that the director is consistently notified of the 'no restraint' status.</p>

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, a 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 of this audit.

No data to display

End of the report.