

North Health Limited - Hummingbird House

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

Premises audited: Hummingbird House

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 25 May 2022 End date: 26 May 2022

Proposed changes to current services (if any): Increase the bed numbers in Tui House by one for the provision of secure dementia care.

Total beds occupied across all premises included in the audit on the first day of the audit: 21

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

North Health Limited – Hummingbird House, provides rest home and dementia level of care for up to 44 residents.

The beds available in Tui House (secure dementia unit) has been increased by one since the last audit to 13 beds. This bedroom was reviewed and approved by a district health board representative on 17 March 2022 and was occupied at the time of audit. The retrospective installation of additional fire protection work is in progress in the Kakapo Lodge buildings. As a result the Kakapo Lodge building is a construction site and is not occupied. The first stage of fire protection work is expected to be completed within the next two or three weeks.

There is a new facility manager/registered nurse. The previous facility manager works approximately eight hours a week on site as a registered nurse. A care coordinator has been appointed to assist the facility manager.

Hummingbird House has introduced a new electronic resident record and quality and risk system and an electronic medicine management system in March 2022. A new general practitioner was contracted commencing mid-March 2022.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, managers, staff, contracted catering staff, and a general practitioner.

An improvement is required in relation to staffing, staff first aid training, the need for an approved fire evacuation plan, Kakapo Lodge building work / the expired building warrant of fitness and having an individual care plan that includes activities over a 24 hour period available for all residents in the secure dementia unit.

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.

There is a Māori and Pacific health plan and ethnicity awareness policy with a stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

Residents and families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code) and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake. There are no residents that identify as Pacific currently living in Hummingbird House.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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The governing body assumes accountability for delivering a high-quality service. The owner/licensee is actively involved with services provided.

The purpose, values, direction, scope and goals for Hummingbird House have been documented. Performance is monitored and reviewed at planned intervals via the quality and risk programme and management team meetings.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau are given the opportunity to provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

There is a minimum of two staff on duty at night, with the care coordinator and/or the facility manager on call, with more staff on duty during the morning and afternoon shifts. Staff are appointed, orientated, and managed using current good practice.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</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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Residents are assessed before entry to the service to confirm their level of care. The registered nurse/facility manager and registered nurse are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions are appropriate and evaluated promptly.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system in e-prescribing, dispensing, and administration of medications. The general practitioner (GP) is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day.

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

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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Albatross Lodge and Tui House are the two buildings that are currently occupied by residents. These buildings meet the needs of residents and were clean and well maintained. Electrical equipment has been tested as required. External areas including for the secure dementia unit are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in civil defence emergency procedures and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is appropriate and maintained.

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 governing body ensures the safety of resident and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced.


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

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

Aged care-specific infection surveillance is undertaken with follow-up action taken as required.

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service has been restraint free since before the last audit and aims to maintain a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent to use of restraint.

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	0	4	0	0
Criteria	0	149	0	0	5	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>A Māori and Pacific health plan and ethnicity awareness policy has been developed. This includes acknowledging Te Tiriti O Waitangi as the founding national document. A stated aim is to co-design health services using Māori people’s collaboration and partnership models. These include supporting a Māori worldview of health and wellbeing for residents who identify as Māori, or who may have someone else in the family who identifies as Māori. The policy notes discovering residents’ history may help support health equity and effective services based on the principals of self-determination (mana motuhake). The policy includes the concepts of Te Whare Tapa Wha and a Māori model of health. The policy has a link to a Māori dictionary where staff are encouraged to increase comprehension through learning with work underway (refer to criteria 1.4).</p> <p>The provision of holistic care is explicit within the Hummingbird House strategic plan. The owner/licensee, management team and staff have attended education related to the provision of culturally appropriate care. This included attending the webinar ‘Exploring the impact of</p>

		<p>aged residential care and older Māori' in early May 2022. Residents and whānau interviewed were satisfied their care needs were being met. There are six residents and two care staff that identify as Māori.</p> <p>The owner/licensee has obtained the services of a cultural advisor to assist with ensuring services provided at Hummingbird House meet the needs of Māori. The planned work includes assisting Hummingbird House to identify appropriate partnerships with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori. The cultural advisor has been provided with the Māori and Pacific health plan and ethnicity awareness policy and asked to provide feedback. The cultural advisor has been on site for one meeting and was unable to be present during audit due to unforeseen circumstances.</p> <p>Policy states a commitment to employ staff representative of the ethnic groupings of residents to better meet their cultural needs and provide culturally safe services through greater understanding and respect of cultural preferences and differences. The owner/licensee stated being committed to having Māori staff in a variety of roles; however, there are challenges recruiting staff at the time of audit, so ensuring there are sufficient staff to provide safe service delivery is the current priority.</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>A Māori and Pacific health plan and ethnicity awareness policy has a stated aim to co-design health services in a Pacific people's collaboration and partnership models. The policy includes a link to the Ola Manuia Pacific Health and Wellbeing Plan. Consultation with the Pacific community in regard to this plan has yet to occur.</p> <p>Residents can identify individual spiritual, cultural and other needs as part of the care planning process and this was consistently seen in all sampled residents' files. There are currently no residents that identify as Pacific.</p> <p>The owner/licensee is seeking advice in the first instance from the cultural advisor on appropriate services that will help Hummingbird House develop the service provided to future residents that identify as Pacific. This includes:</p>

		<ul style="list-style-type: none"> - implementing a workforce strategy - designing a Pacific plan and working in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes - achieving equity and efficient provision of health and disability services for Pacific peoples.
<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>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages.</p> <p>There were six residents who identified as Māori and two staff members. The registered nurse (RN)/facility manager (FM) reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety policy. The assessment process includes the resident's wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The RN/FM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility.</p> <p>There is a documented privacy policy that references current</p>

		<p>legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering.</p> <p>All staff have completed training on Te Tiriti o Waitangi and culturally inclusive care as part of orientation and annually. Te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori in some cases.</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>Staff at Hummingbird House understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances are respected. Professional boundaries are maintained. The RN/FM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Family members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures such as the harassment, discrimination, and bullying policy are in place. The policy applies to all staff, contractors, visitors, and residents. The RN/FM, RN and GP stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>The Māori Health Care Plan in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents.</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</p>	<p>FA</p>	<p>Residents and whanau reported that communication was open and effective, and they felt listened too. EPOA/whānau /family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood</p>

<p>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>the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate.</p> <p>The RN/FM reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices 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>The RN/FM, RN and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and residents. The GP makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whanau. The RN/FM reported that advance directives are explained and encouraged. All residents admitted to the dementia unit had activated EPOAs in place.</p> <p>Staff was observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and uploaded to the resident's electronic record management system.</p> <p>The staff reported that, tikanga best practice guidelines in relation to consent during care is considered as necessary.</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</p>	<p>FA</p>	<p>A fair, transparent and equitable complaint management system is in place to receive and resolve complaints that leads to improvements.</p>

<p>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>This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. They informed they feel free and comfortable about raising any issue of concern. Concerns raised by a family member during this audit were subsequently identified as being related to the time period before this owner/licensee purchased the facility.</p> <p>There has been one complaint and one concern received since Hummingbird House moved to the electronic resident record / quality and risk system in March 2022. There were three other complaints received prior (between August 2021 and March 2022). There was one complaint open at audit. Documentation showed the four sampled complaints/concerns have been acknowledged, investigated and followed up for the closed complaints, and in progress for the open complaint. One complaint was received via the Health and Disability Commissioner's (HDC) independent advocacy service. Information has been provided in response to this complaint.</p> <p>The facility manager and the owner/licensee are responsible for complaints management. The owner/licensee noted the cultural adviser will be asked to review the complaints management system to ensure this works effectively for Māori.</p> <p>There have been no complaints received from the District Health Board or Ministry of Health (MOH) since the last audit.</p> <p>There have also been compliments received about services. This includes the significant improvements made to the environment during the renovation and refurbishment programme in Albatross Lodge and Tui House.</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</p>	<p>FA</p>	<p>Hummingbird House provides aged related residential care at rest home and secure dementia care level. Documents sighted recognised that Māori experience disparities in health outcomes compared to the rest of the New Zealand population. Working to address these differences is a key focus for service development over time to improve health equity for Māori. The moori concept of mana motuhake (independence and self-determining aspirations for one-</p>

<p>operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>self) is described as foundational to the organisation’s care services.</p> <p>There is a new facility manager/registered nurse, who was appointed to the role on 1 March 2022. The facility manager previously worked as a registered nurse at Hummingbird House. The facility manager has a current annual practising certificate, and interRAI competency. The facility manager has attended over eight hours of education in the past year. The facility manager is supported by a care coordinator. This is a new role, held by a senior caregiver who has completed a ‘diploma in community healthcare and support’. A level seven qualification on the National Certificate in Educational Achievement (NCEA) framework. A part time quality assurance officer (QAO) works remotely eight hours per week for three weeks each month and then is on site for two days. The management team (including the QAO) and the owner/licensee have at least monthly meetings on site. A new general practitioner was contracted commencing mid-March 2022.</p> <p>The owner/licensee is involved with service management and is regularly on site and is available by phone or other messaging methods when not on site. The owner/licensee has obtained the services of a cultural advisor who will provide input into key operational policies. This has commenced with the Māori health and the equity policies having been provided for review. Email communications with the cultural adviser were sighted.</p> <p>The owner/licensee has attended training on Te Tiriti, health equity, and cultural safety training. The services of the cultural adviser have been sought to help identify and address barriers for equitable access to services for Māori. This has not commenced as yet. Work is underway to ensure services for tāngata whaikaha, are undertaken to improve resident outcomes. The owner/licensee confirms a continuing commitment to ensure that the residents receiving services and their whānau continue to actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised services/care.</p> <p>The owner/licensee (governing body) of Hummingbird House assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the
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		<p>organisation</p> <ul style="list-style-type: none"> • appointing an experienced and suitably qualified person to manage the Hummingbird House services • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk management <p>The owner/licensee, facility manager and the quality assurance officer confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within their fields.</p> <p>The service has Aged Related Residential Care (ARRC) contracts with Northland District Health Board (NDHB) for rest home, secure dementia level care, and chronic health conditions at rest home level of care. There is also a contract with NDHB for a permanent respite bed in the secure dementia unit. On the days of audit, 21 residents were receiving ARRC services. This comprised seven rest home level care residents, and thirteen secure dementia unit residents including one resident admitted for short term care/respite. There was one additional resident who was under the age of 65 years of age funded by North Able.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal and external audit activities, reference to satisfaction surveys, monitoring of outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management. The facility manager, care coordinator and the quality assurance officer (QAO) are responsible for implementation of the quality and risk system with the assistance of the owner/licensee. The QAO works remotely for eight hours each week, for three weeks in the month, and is on site for two days the remaining week per month.</p> <p>A resident and whānau satisfaction survey was undertaken earlier in 2022 with residents and whānau being offered the opportunity of</p>

	<p>providing feedback. The feedback was positive about services, with minor issues only raised. In addition, there are monthly resident meetings (Covid-19 alert levels permitting) in Albatross Lodge. Meeting minutes show a variety of topics discussed. The most recent meeting notes there has been an improvement in food services.</p> <p>There are a range of internal audits, which are undertaken using electronic template audit forms and according to a schedule. The results are reported to relevant staff and discussed by the management team. Relevant corrective actions are developed and implemented to address any shortfalls. There is an electronic corrective action register which enables monitoring of progress until all required actions have been completed and reviewed for effectiveness.</p> <p>Organisational policies, procedures and associated documentation reviewed covered all necessary aspects of the service and contractual requirements. These have been developed by an external consultant and are in the process of being updated to reflect the requirements of the new standards. These are available for staff electronically.</p> <p>Health and safety systems are being implemented according to the health and safety policy by the management team. There is a current hazardous substance register that was last reviewed in March 2022.</p> <p>A risk management plan is in place, and this has been updated to include the hazards related to the building work and the expired building warrant of fitness. The owner/licensee confirms changes or the identification of any new risk, including those related to individual resident's care, are brought to their attention promptly. There is a current hazard register. Hummingbird House has not yet included potential inequities in the organisational risk management plan.</p> <p>There is a monthly staff meeting occurring using a template agenda. Relevant resident and facility quality and risk issues including hazards, training, staffing, adverse events, complaints / compliments, residents/whanau feedback and changes in process/systems including those related to Covid-19 management are discussed. Staff confirmed they feel well informed and well supported. While there is satisfaction with services provided there is not yet a critical analysis of organisational practices at the service/operations level aimed to</p>
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		<p>improve health equity within the Hummingbird House services. A cultural advisor has been engaged to assist with this process.</p> <p>Staff document adverse and near miss events. The service is not required to comply with the National Adverse Event Reporting Policy. A sample of incidents/accidents recorded in the electronic system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Please also refer to 3.2. There is a low incidence of resident falls.</p> <p>The owner/licensee interviewed, and the facility manager were familiar with essential notification reporting requirements. The events notified included a resident that was reassessed as requiring hospital level care who was unable to be transferred out for a period of approximately two months due to a lack of available beds, and the change in clinical manager. A cluster of staff and residents with Covid-19 was reported to the DHB. The facility manager is responsible for essential notifications.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented process for determining staffing levels and skill mixes to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. Care staff confirmed there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. An area for improvement is identified in relation to ensuring there is at least one staff member on duty in each of the occupied buildings (Albatross Lodge and Tui House) who has a current first aid certificate. Staff have yet to be recruited to work in Kakapo Lodge once it has passed compliance requirements for opening (refer to 4.1.1 and 4.2.1). There is not at least one staff member on duty in each of the occupied buildings (Albatross Lodge and Tui House) who has a current first aid certificate (refer to 4.2.4).</p> <p>Continuing education is planned both annually and biannually, depending on the topic and mandatory training requirements are being detailed and relevant competencies are assessed. The cultural awareness training for staff, which was well attended, included cultural safety, Te Tiriti O Waitangi, and included information on</p>

		<p>equitable service delivery. Education includes training and support for staff to help residents optimise their quality of life. Some education was unable to be provided as planned when scheduled due to Covid-19 restrictions in place at the time. 'Power point' presentations were distributed to staff for their review. Education has recommenced and work is underway to 'catch-up'. Recent education topics included Covid-19, the call bell system, elder abuse, a presentation from Alzheimer's Society, fire evacuation, infection prevention and control, medication management and the impact of aged residential care on older Māori.</p> <p>Staff reported feeling well supported and safe in the workplace, including at the cultural level. There are a range of initiatives that provide staff with support and a positive work environment.</p> <p>Current Māori health information is included in the staff training programme.</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>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. These included comprehensive and applicable position descriptions and current employment contracts. Records of professional qualifications are on file and annual practising certificates (APC's) are checked for currency each year for both employed and contracted registered health professionals. Police vetting is occurring.</p> <p>Orientation and induction programmes are implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff have at least three days where they are allocated to work with senior staff for orientation. Additional time is provided as required. A workbook/checklist is required to be completed.</p> <p>Staff performance is reviewed and discussed annually with records reviewed confirming this has occurred for applicable staff. All staff information on file is relevant, secure and retained in a confidential manner.</p> <p>A question on staff ethnicity has been recently added to the staff application form. A process to evaluate / utilise this data has yet to be</p>

		<p>implemented.</p> <p>Following incidents, the clinical manager and the operations manager are available for any required debrief and discussion. Staff advised they have been provided with a high level of support in relation to the national Covid-19 pandemic, and impacts within the care home and local community.</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>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are held electronically. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting GP and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The facility manager reported that staff have their own logins. An external provider holds backup database systems.</p> <p>All records sampled were legible, including the time and date and designation of the writer. Progress notes were documented on each shift, and these were individualised. There is a consent process for data collection. Records sampled were integrated. The RN/FM reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Hummingbird House is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau /family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home and dementia level of care were in place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist</p>

<p>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>referral to the service was sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay to entry to service, this was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The RN/FM and RN reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were six Māori residents and two staff members who identified as Māori at the time of the audit. The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively working towards partnering with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</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>The residents' files sampled identified that initial assessments and initial care plans were resident centred, and these were completed on admission. The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs. Residents' care is undertaken by appropriately trained and skilled staff that include the RN/FM, RN and care staff. Cultural assessments were completed by the RN/FM and RN who have completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement are encouraged. InterRAI assessments were completed within 21 days following admission and these were based on the staff's observation of the resident.</p>

	<p>Twenty-four-hour behaviour management plans for residents in the secure dementia unit, that were previously completed were archived and not accessible to staff.</p> <p>Long-term care plans were reviewed at least six-monthly following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. All outcome scores are considered in the development of care plan goals and interventions. Documented detailed strategies to maintain and promote the residents' independent well-being were sighted.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The GP visits the service once a week and is available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP. Residents' medical admission and reviews were completed within the required time frames. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The RN/FM and RN reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff restated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, RN/FM, RN, care coordinator, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whanau.</p> <p>Short-term care plans were developed for short-term problems or in</p>
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		<p>the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the RN/FM and RN as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Tāngata whaikaha and whānau are involved in the care planning process and this is identified in the Māori Health care plan. Any barriers that prevent residents and whānau from independently accessing information are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whanau.</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>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by the diversional therapist (DT) assisted by the other care staff. The programme runs from Monday to Sunday. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile detailing their life history is completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the activities coordinators in consultation with the RN/FM, RN, care coordinator, DT, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home and dementia level of care. 24-hour behaviour management plans/activities plans were not in place nor accessible to staff at the time of the audit (refer 3.2.2).</p> <p>Activity progress notes and activity attendance checklists were</p>

		<p>completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau /family and friends. Residents' activities and care plans were evaluated every six months or when there was any significant change. Van trips are conducted three times a week except under Covid-19 national restrictions.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated by celebrating religious and cultural festivals.</p> <p>EPOA/whānau /family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. There is a medication management policy in place. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy.</p> <p>Indications for use are noted for pro re nata (PRN) medications, over-the-counter medications, and supplements. Allergies are indicated, and photos were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the RN/FM and RN when a resident is transferred back to the service from the hospital or any external appointments. The RN/FM and RN checked medicines against the prescription, and these were updated in the electronic medication management system. The GP completes three monthly reviews.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. There were no</p>

		<p>controlled drugs in use. Weekly and six-monthly stocktakes were previously completed as required. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The caregivers were observed administering medications safely and correctly in the secure dementia unit and rest home wing. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medications at the time of audit. There is a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents', including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The food is prepared onsite by two cooks, one works from Monday to Friday and the other Saturday to Sunday. There is an approved food control plan from the local council for the service which expires on 9 August 2022. The kitchen service was further audited by the food verifier from another auditing agency and issued with the certificate that expires 11 November 2023. Meal services are prepared on-site and served in the respective dining areas. The menu was reviewed by a registered dietitian on 30 June 2021. The kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the cook confirmed awareness of the dietary needs of the residents. The residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. Residents are given a choice to select the meals they want on daily basis. A daily special requirement form is completed and accessed by the chef through the electronic record management system. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when</p>

		<p>required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained.</p> <p>The EPOA/whānau /family and residents interviewed indicated satisfaction with the food service.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The owner/licensee has sought the advice of the cultural advisor in how the menu may be further developed to meet the needs of Māori residents. The cook reported that residents are offered varied menu options and these are culturally specific to te ao Māori where required and 'boil ups' are being provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to a public hospital or another service. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed. Upon discharge, current and old notes are collated and archived off-site. If a resident's information is required by a subsequent GP or service, a written request is required for the file to be transferred. The RN/FM and RN reported residents are supported to access or seek a referral to other health and/or disability service providers and social support or kaupapa Māori agencies, where indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. EPOA/whānau /family are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm</p>

		this.
<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>	PA Moderate	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose in the two occupied buildings (Albatross Lodge and Tui House). Since the last audit one additional bedroom in Tui House (secure dementia unit) has been approved by a DHB representative (on 17 March 2022), for the provision of dementia level care, increasing the maximum occupancy to 13 beds. This room was also reviewed during audit and is suitable for use, appropriately furnished, with appropriate heating and call bell system.</p> <p>Building works is underway in Kakapo Lodge to retrospectively install additional fire protection. As this was a construction site, a full review of the internal and external environment to ensure it is appropriate for resident needs could not be undertaken. The Hummingbird House building warrant of fitness had expired on 1 May 2022. These are areas requiring improvement.</p> <p>The environments in the two occupied buildings, Tui House and Albatross Lodge, were comfortable and accessible, promoting independence and safe mobility. The facility is made up of three buildings called 'Tui House' (a 13 bed secure dementia unit) and Albatross Lodge (for up to 11 residents requiring rest home level of care). Kakapo Lodge is currently not occupied and on completion of building work will be used for the provision of secure dementia level care. There are a total of 44 beds at Hummingbird House. All rooms are single occupancy. Personalised equipment was available for residents with disabilities to meet their needs. Spaces (including dining and recreational) suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the occupied buildings. In Albatross Lodge, two bedrooms share an ensuite.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance, reporting significant facility and environmental improvements have occurred in the last 12 months. There are secure garden areas for the resident's living in Tui House to walk about or rest in. The owner/licensee has obtained the services of a cultural advisor and is seeking assistance on ensuring</p>

		<p>the environment reflects the aspirations and identity of Māori, and to provide advice for any future building work.</p> <p>The facility vehicle has a current registration and warrant of fitness.</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>PA Moderate</p>	<p>Plans and policies are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency recommendations for the region. There is a register that is maintained that details the care needs of each resident in the event of an emergency. Staff have been trained and knew what to do in an emergency. Staff explained the process used in response to a Tsunami alert. Residents were relocated to another aged care facility until it was deemed safe to return. Additional staff were utilised to ensure the residents safety and manually monitor all the building exits in the facility the residents were temporarily relocated to.</p> <p>Areas for improvement are identified in relation to ensuring there is at least one staff member on duty in each of the occupied buildings (Albatross Lodge and Tui House) who has a current first aid certificate, and Hummingbird House has yet to have a fire evacuation plan approved by Fire and Emergency New Zealand.</p> <p>Call bells are located in bathroom and bedroom areas. This includes staff being able to alert/seek the assistance of other staff in an emergency. The call bell alerts to the staff phones and is displayed on central panels.</p> <p>Appropriate security arrangements are in place. Window stays are on external windows. In Tui House, the internal and external environment is secure for the provision of dementia level care with corridor motion sensors in use. Staff areas are secured electronically with staff wearing bracelets or using swipe cards to access utility and staff areas. In Albatross Lodge, residents wear a wrist band that allows them to lock and unlock their own bedroom from the outside. The doors can readily open from the inside. Staff wear electronic bracelets that allow them access into all rooms in the event of emergency.</p> <p>Security cameras are in use. There is external signage that alerts</p>

		<p>visitors that cameras are in use.</p> <p>Residents and whānau are informed of relevant security and emergency arrangements. Due to the Covid-19 restrictions at the time or audit, whānau are required to present to the office. Covid-19 risk screening is conducted on all staff, and for all visitors prior to entry and this includes rapid antigen testing where indicated.</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 (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the owner/licensee. Infection related data is reviewed and reported on monthly at the staff meeting.</p> <p>The management team including the owner/licensee, the facility manager and the care coordinator confirmed there is prompt reporting by staff of any new concerns, and these are brought to the owner/licensee attention via phone, email or in person. The owner licensee stated their normal practice is to review all residents' electronic records daily when not on site and is satisfied information is communicated in a timely manner.</p> <p>The general practitioner provides initial support and advice. The management team advised applicable staff at Northland District Health Board provided support when there was a cluster of persons with Covid-19 in the facility (refer to 5.2). The owner/licensee and facility manager advised the nurse specialists, infection prevention and control nurse specialists and public health service advice would be sought as and when clinically indicated.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available as observed and verified by staff interviewed, and staff have been trained accordingly.</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.</p>	FA	<p>The service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is completed by the RN/FM who is appointed as the infection prevention and control coordinator (IPCC). A position description for the IPCC was in place.</p> <p>The service has guidelines to manage and prevent exposure to</p>

<p>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>infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Policies and procedures are documented and reviewed regularly. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for COVID-19. Most residents and all staff were vaccinated for COVID-19 and influenza. Completed records were sighted in all files sampled.</p> <p>There was a pandemic outbreak plan in place. Information and resources to support staff in managing COVID-19 were regularly updated. Visitor screening and residents' temperature monitoring records, depending on alert levels by the MOH, were documented. COVID-19 rapid antigen tests (RATs) are being conducted for staff and visitors when indicated before coming on-site. There was an exposure event due to Covid-19, in April 2022. Four residents and seven staff members were affected, and this was managed according to policy. The facility was closed to the public, with GP, EPOA/whānau /family, residents, and relevant authorities notified promptly. Documented evidence of meetings with DHB, staff, and EPOA/whānau /family notifications was sighted.</p> <p>There are documented policies and procedures for managing both manual and automated decontamination of reusable medical devices. Internal audits are completed, and all corrective actions are documented, as verified.</p> <p>The service has documented policies and procedures in place that reflected current best practices. Policies and procedures are accessible and available for staff through the electronic record management system. These were current. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitizers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-service education is conducted by either the RN/FM, RN, and other external</p>
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		<p>facilitators. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The RN/FM completed various infection prevention and control training online, such as hand hygiene, pandemic planning, outbreak training, RAT testing, donning, and doffing PPE.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti.</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>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The RN/FM is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed three monthly, and these are discussed at management and staff meetings. Staff confirmed that infection rates information is shared in a timely manner. The IPCC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through the district health board, the medical laboratory, and the attending GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) at Hummingbird House is appropriate and recommended for long-term care facilities and is in line with the priorities defined in the infection control programme. The data is collated and analysed every month to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings, and management meetings. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP was informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p>

		The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections.
<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>	FA	<p>The service policy describes safe and appropriate storage and disposal of waste, and infectious or hazardous substances, including storage and use of chemicals. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on site. The RN/FM, RN, cooks and care staff interviewed demonstrated awareness of safe and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps containers in the medication room. Personal protective equipment (PPE), including gloves, aprons, and goggles, are available for staff throughout the facility. Staff was observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>Laundry is washed on-site by staff or EPOA/whānau /family, if requested. The laundry has a clear separation of clean and dirty areas. The residents and EPOA/whānau /family interviewed expressed satisfaction with the laundry management and reported the clothes are returned promptly. The care staff demonstrated a sound knowledge of the laundry processes.</p> <p>All staff received appropriate training in chemical safety annually and infection control, including COVID-19 related management. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the locked storeroom. There is a cleaning room where all cleaning trollies are kept locked. Safety data sheets were available in the laundry, kitchen, sluice room, and chemical storage areas.</p> <p>The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched and accessed areas was increased due to COVID-19. The residents and family members interviewed reported that the environment was kept clean.</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>Maintaining a restraint free environment is the aim of Hummingbird House. At the time of audit, no residents were using a restraint, and this has been the case since the owner purchased the facility. The owner/licensee advised the use of restraint does not align with the philosophy of care at Hummingbird House. In the event restraint use is considered, this would be as a last resort when all alternatives have been explored, and requires discussion with and specific agreement from the owner/licensee prior, along with the other members of the restraint approval group (including the facility manager, general practitioner, care coordinator and resident and / or Whānau/EPOA). The non-use of restraint is discussed at the regular staff meetings. The restraint register is reviewed and updated monthly and noted restraints have not been used.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. A restraint quality review is scheduled to occur in July 2022. An audit has been undertaken related to how the service manages challenging behaviours.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</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>	<p>PA</p> <p>Moderate</p>	<p>There is a documented process for determining staffing levels and skill mixes to provide clinically safe care, 24 hours a day, seven days a week (24/7). A cultural competency assessment has been developed and included in the orientation programme. Existing staff have been given six weeks to complete this competency. There is a system in place that identifies the staff that have already completed this and the due dates for those staff that have not.</p> <p>Rosters are adjusted in response to resident numbers and level of care required and when residents' needs change. There is a minimum of one health care assistant (HCA) in each</p>	<p>Due to the delay in opening Kakapo Lodge, staff have yet to be employed to work in this unit. Five full time equivalent Health Care Assistants are required to be employed prior to opening the first stage (11 beds), along with extra RN hours. The owner licensee is recruiting for one additional FTE RN to allow capacity for when Kakapo Lodge is ready for full occupancy</p>	<p>Recruit the staff necessary to care for residents prior to opening Kakapo Lodge.</p> <p>Prior to occupancy days</p>

		<p>unit and the facility manager/RN and care coordinator are on call. Staff have yet to be recruited to work in Kakapo Lodge. The management team advises at least five fulltime HCAs and additional RN hours will be required prior to opening this unit. The plan is to open Kakapo Lodge in stages, starting with 11 of the beds. The owner/licensee is recruiting for one additional FTE RN to allow capacity for when Kakapo Lodge is ready for full occupancy.</p> <p>The management team note there are recruitment challenges for all roles. In addition to the staff being recruited for Kakapo Lodge, three additional HCAs are being recruited to cover recent resignations. The HCAs are working a variety of shift combinations including up to 12 hour shifts. The roster is developed by the care coordinator and reviewed and approved by the facility manager before issuing.</p> <p>The management team and owner/licensee are aware of the ARRC contract requirements for staff working in the secure dementia unit to have completed an industry approved qualification on dementia care within 18 months of employment in this area. The owner has owned this facility since 1 February 2021 so is still within the 18 month time period. In the staff and training records available, none of the HCAs have completed this</p>		
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	<p>approved qualification and two staff are in the process of completing this training. The approved assessor for this training resigned in January 2022. The management team is working with the training provider to determine appropriate alternative assessment arrangements. A number of care staff have completed an Australian based education module on dementia care via the University of Tasmania. However, this is not linked to or the equivalent of a NZ qualification.</p> <p>The facility manager/RN works weekdays, with the previous facility manager now working approximately one day a week as a registered nurse. The care coordinator works four weekdays each week and can cover HCA shifts if required.</p> <p>The activities programme runs weekdays from 10 am to 1230 pm in Albatross Lodge and 1 pm to 4 pm in Tui House. The activities are facilitated by a qualified diversional therapist, with another staff member to be enrolled to complete this training. This was verified by interview with the applicable staff member who is excited about the opportunity. On the weekends, care staff facilitate activities.</p> <p>The care staff undertake cleaning and laundry services throughout each day/night as resident care</p>		
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		<p>permits. Catering staff work from 8 am to 2 pm seven days a week.</p> <p>Applicable staff have completed medicine competency requirements.</p> <p>The management team work with prospective and new resident's and their family/whānau to inform them about aged care services in New Zealand, subsidies available and their rights living in an ARRC facility.</p>		
<p>Criterion 3.2.2</p> <p>Care or support plans shall be developed within service providers' model of care.</p>	<p>PA</p> <p>Moderate</p>	<p>Residents in the secure dementia unit had all the assessments completed and long term care plans evaluated within the required timeframes. However, there were no twenty-four-hour behaviour management plans in place for residents in the secure dementia unit as per policy requirements. The RN/FM and RN reported that the previously completed twenty-four behaviour management plans were all archived when the service transitioned to the new resident electronic record management system. The new system had not been updated to capture and include the need to develop a 24 hour plan. All archived twenty-four behaviour management plans were returned back in the resident files on the audit days. Staff demonstrated awareness on behaviour management strategies in place to manage</p>	<p>24-hour behaviour management plans for residents in the secure dementia unit were not in place nor accessible to staff at the time of the audit.</p>	<p>Ensure all residents receiving secure dementia level of care have an individual behaviour management care plan that includes activities over a 24 hour period, and that these plans are readily available/accessible to staff.</p> <p>90 days</p>

		residents with behavioural issues.		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Moderate</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, and well maintained in the two buildings (Albatross Lodge and Tui House) where residents are currently residing.</p> <p>There is building work in progress in the two buildings that comprise Kakapo Lodge. These buildings had undergone extensive refurbishment and renovation. However, following this, it was determined that additional fire protection work was required, along with some changes to the planned fire evacuation routes. Fire protection work is underway in Kakapo Lodge. The project manager advised the first stage of the Kakapo Lodge building will be completed in approximately two to three weeks. The second part will then commence. The project manager stated the agreed plan is for the local Whanganui District Council (WDC) staff to review Kakapo Lodge after stage one work has been completed and issue a Certificate for Public Use (CPU) for the building where the fire protection work has been completed. An approved fire evacuation plan is not yet in place (refer to 4.2.1). As Kakapo Lodge is a 'construction</p>	<ol style="list-style-type: none"> 1. The building warrant of fitness expired on 1 May 2022. Although the required checks of occupied buildings are occurring, an updated BOF will not be issued until all the building work included under the current building consent has been completed. 2. A Certificate of Public Use has yet to be issued for Kakapo Lodge post fire protection work as this work is still in process. 3. With the building work currently in progress in Kakapo Lodge, the environment was unable to be fully evaluated for appropriateness and safety. 	<ol style="list-style-type: none"> 1. Obtain a current building warrant of fitness. 2. Obtain a certificate of public use for Kakapo Lodge before occupancy. 3. Ensure the environment (post building work) internal and external environment around Kakapo Lodge is appropriate for the level of care being provided. <p>Prior to occupancy days</p>

		<p>zone', a full review of the environment (inside and outside) was unable to be completed to ensure it is appropriate for resident care.</p> <p>The building warrant of fitness (WOF) expired on 1 May 2022. The representative from the company responsible for assisting Hummingbird House with building warrant of fitness requirements was interviewed by phone. They advised a new building WOF cannot be issued until all the building work as detailed on the current building consent in progress with Whangarei District Council has been completed in full. In the interim, the contractor confirms they are visiting Hummingbird House and undertaking all checks that are required as specified in the previous building warrant of fitness schedule in the two occupied buildings in preparation for when the BWOFF can be issued.</p> <p>Electrical test and tagging of electrical equipment in occupied buildings was conducted in November 2021 and May 2022. Clinical equipment is newly purchased or has current performance monitoring and clinical calibration.</p>		
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<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	<p>PA Moderate</p>	<p>Hummingbird House has yet to have a fire evacuation plan approved by Fire and Emergency New Zealand. Fire protection work is required to be completed prior to this occurring (refer to 4.1.1). In the interim, a fire consultant has developed an education package and staff were provided with fire safety training late 2021. Staff are provided with fire safety training as a component of orientation. A fire evacuation drill occurs six monthly, with the most recent fire drill on 17 May 2022.</p>	<p>1. An approved fire evacuation plan for Hummingbird House is still not in place. This cannot be undertaken until after the fire protection work as detailed in the current building consent has been completed.</p> <p>2. Hummingbird House staff and residents will require training on the fire evacuation plan after it has been approved by Fire and Emergency New Zealand (FENZ).</p>	<p>Document a fire evacuation plan that is approved by Fire and Emergency New Zealand, and ensure applicable residents and staff are trained on requirements.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Moderate</p>	<p>There are eight staff with a current first aid certificate including the FM/RN and care coordinator. The HCAs working the full shifts in Albatross Lodge and Tui House are required to have a current first aid certificate and medication competency. It was confirmed that there are multiple shifts each week where, due to a variety of reasons, one of the HCA on duty on afternoon and nights shift staff does not have a first aid certificate.</p>	<p>There is not a staff member on duty at all times in Tui House and Albatross Lodge with a current first aid certificate.</p>	<p>Ensure there is always a staff member on duty in Tui House and Albatross Lodge with a current first aid certificate. This aspect needs to be addressed within 90 days.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.