

# Nelson Bays Primary Health Trust - Golden Bay Community Health

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## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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:

<b>Legal entity:</b>	Nelson Bays Primary Health Trust
<b>Premises audited:</b>	Golden Bay Community Health
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 20 June 2022    End date: 21 June 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	25

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō 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

The Golden Bay Community Hospital Trust operates as part of the Nelson Bays Primary Health Organisation. The Golden Bay Community Hospital and integrated health centre provide care across three service levels. There is a 24-bed rest home/hospital, one birthing unit and maternity bed and five GP acute admission beds. On the day of audit, there were sixteen rest home and eight hospital level residents, one resident on a short-term palliative contract in the acute GP beds, and no maternity in-patients.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The overall community hospital service is managed by a general manager/registered nurse with clinical and managerial experience. She is supported by a project leader/personal assistant, nurse manager and aged care coordinator. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified areas for improvement around monitoring of resident and whānau fridge temperatures. For maternity services (equipment and infection surveillance) and in aged care (assessment timeframes and monitoring of restraints).

## 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.

Golden Bay Community Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan, and ethnicity awareness policy. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

There is a strategic plan that includes mission and vision statements, organisational and service goals. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		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 aged care and maternity services offer person-centred care and encourage family/whānau involvement. On admission, service specific information is provided to the maternity client or the aged care resident as appropriate. Family/whānau are included as requested by the client/resident.

In the aged care service, care plans are developed following personalised assessments that include the resident, family/whānau and a multidisciplinary team. Evaluation of the care plan occurs regularly with modifications and referrals to other specialist services being made as appropriate. The activities programme supports the residents to maintain their physical and mental wellbeing. Community outings are available. Medicines are appropriately prescribed, dispensed, stored, and administered. Staff who administer medications are trained and competent to do so.

A continuum of care is provided in the maternity service, by a team of three midwives. Care is delivered in partnership with the client and with the involvement of a multidisciplinary team as and if required.

The food service provides nutritional meals to the maternity client and the aged care resident. Specific dietary requirements are catered for. The kitchen has a current food control plan. Clients, residents and family/whānau expressed satisfaction with the meals.

Transfer, transition and discharge of both maternity clients and aged care residents occurs with the input of family/whānau.

## 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
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The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports the individual's independence. All areas of the facility are personalised and reflect cultural preferences. Bathroom facilities are maintained and conveniently located. Testing and calibration of equipment is completed as required. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies.

There is a functional call bell system. Security is maintained. Hazards are identified.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service partially attained and of low risk
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There is a documented infection prevention and antimicrobial stewardship programme that is reviewed annually and has been approved by the quality committee and the governance body. A registered nurse is the infection control coordinator and implements and reports on the programme; this role is supported by a second registered nurse.

The service has a suite of infection prevention and antimicrobial stewardship policies and procedures to guide practice. The pandemic and infection outbreak policy has been tested. The aged care surveillance programme is suitable for the service type and monthly reports are analysed and acted on when indicated.

Infection prevention education is provided to staff, residents and family/whānau. Maternity clients, aged care residents and family/whānau interviewed reported satisfaction with the information they receive regarding infection control precautions.

Cleaning and laundry services are effective. The environment supports prevention and transmission of infections. Waste and hazardous substances are safely managed.

## 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.		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 restraint coordinator is a registered nurse. There were six residents using restraint at the time of the audit. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.



## 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	2	3	0	0
Criteria	0	173	0	3	3	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

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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>	FA	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. This was evidenced during interviews with one family member (hospital) and five aged care residents and one maternity service user.</p> <p>There are residents who identify as Māori living at the facility. One Māori resident was interviewed and could describe how an effective cultural assessment linked to their care plan. Both whānau and the resident had input into these documents. Documentation reflected their individual values and beliefs.</p> <p>Linkages are in place with the local iwi – Mana whenua ki Mohua and the service has employed a cultural advisor in order to embed tikanga Māori in the everyday culture of the facility.</p> <p>The general manager confirmed that the service supports a Māori</p>

		<p>workforce with staff identifying as Māori employed at the facility. A number of staff speak Te Reo Māori at different levels and were seen to use everyday greetings and common phrases in this as part of everyday staff/resident/visitor interaction. The service has initiated free Te Reo Māori lessons for staff. Cultural needs are respected with the example given of Māori staff being released to attend tangi (funerals) as needed.</p> <p>The general manager (RN), aged care coordinator (RN) and six care staff interviewed (two healthcare assistant (HCAs), one activities coordinator and three registered nurses) were able to describe how care is based on the resident's individual values and beliefs.</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>	Not Applicable	<p>The organisation has a pacific health plan and cultural policy that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard.</p> <p>There were no Pasifika residents on the day of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered will be documented. The service capture ethnicity data electronically. The resident/whānau will be encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The general manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pasifika community. There were staff members that identified as Pasifika at the time of the audit.</p> <p>Interviews with twelve staff (six care staff, a midwife, chef, nurse coordinator, cultural advisor and two maintenance personnel), six service users (three rest home residents, two hospital residents, and one maternity service recipient), one relative (hospital), and documentation reviewed identified that the service puts people using</p>

		the services, and family/whānau as the guiding core of their services.
<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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The nurse manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the three-monthly resident/family meetings. All families interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents/families. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake through its Māori health plan and staff could describe how they would fully support the values and beliefs of any Māori residents and whānau utilising the service.</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</p>	FA	<p>Caregivers interviewed described how they support residents to choose what they want to do. Families and care staff interviewed stated the residents are given choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided.</p> <p>The services annual training plan reflects training that is responsive to</p>

<p>in a way that is inclusive and respects their identity and their experiences.</p>		<p>the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service puts out separate resident and resident next of kin satisfaction survey each year (sighted), and the results of these confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Staff actively promote te reo Māori and tikanga Māori, and staff attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <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>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Golden Bay are expected to uphold. Golden Bay Community Hospital policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated</p>

		<p>on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service liaises with families who manage residents' comfort funds. There is also a separate fund made of up donations for those residents without family/in financial hardship which is managed by the service.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are short, and long-term objectives in the Golden Bay Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents/relatives on admission. Three-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Eleven accident/incident forms reviewed identified relatives are kept informed and this was confirmed through the interview with a relative.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and</p>

		<p>the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (e.g. physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Aged care</p> <p>There is current informed consent policy that meets requirements. The admission agreement is signed by the resident or Enduring Power of Attorney (EPOA) if the resident is not competent, this documents the relevant consents for the service type. Staff interviewed discussed the principles of informed consent and gave examples of how they seek consent prior to providing everyday care activities.</p> <p>Advanced care plans were sighted in some of the clinical files sighted, and there was evidence these had been discussed with family/whānau and the general practitioner (GP). EPOA documents are filed on site, and where the EPOA had been activated this was documented on the care plan. Resuscitation treatment plans were signed by residents who were competent, and by the GP.</p> <p>Individual and specific consent is obtained for other aspects of care such as vaccinations and referral to other health professionals.</p> <p>The service liaises with a Māori staff member and the Māori cultural adviser to ensure the policy reflects tikanga guidelines and is implemented appropriately, this was confirmed during interview with</p>

		<p>the Māori cultural advisor.</p> <p>Residents and family/whānau stated they felt they were given suitable information to enable them to make informed choices regarding their care. The Māori resident interviewed confirmed satisfaction with the consent process and felt supported and able to consult with whānau as appropriate to assist decision making.</p> <p>Maternity</p> <p>Clients are provided verbal and written information relating to their right to informed consent at the first visit with the midwife. Information relating to specific topics is made available as required, in verbal and written format. In addition, appropriate website addresses are shared with clients to allow them to explore options in more depth and discuss options with family and friends. The maternity client interviewed confirmed adequate information to make informed decisions was provided in a variety of formats. The client stated the option of keeping the whenua was given. The midwife interviewed discussed what information clients are provided to support informed choices.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The service improvement and quality lead maintains a record of all complaints, both verbal and written, by using a complaint register. This is shared with the nurse manager, general manager, and board via the quality team. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes (for example, staff related, property related and quality of care) in the complaint register (three post the 2021 audit and nine in 2022 (year-to-date)). Complaints logged include an investigation, follow up, and replies to the complainant. All complaints were of a minor nature and had all been fully resolved.</p>



		<p>Staff are informed of complaints (and any subsequent corrective actions) in the staff and quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly. Residents/relatives making a complaint can involve an independent support person in the process if they choose to do so.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Golden Bay Community Health (GBCH) is located in Takaka, Golden Bay and is part of the Nelson Bays Primary Health organisation (NBPH). NBPH oversee twenty-two general practices including the integrated community Golden Bay site. The service provides care for up to 24 residents at rest home and hospital level care, five acute admission beds (GP beds) and one maternity delivery suite.</p> <p>On day one of the audit, there were 24 residents in the aged care service (16 rest home level, including one YPD and eight residents at hospital level of care, including one funded by ACC), and one patient in the GP acute beds on a short-term palliative care contract.</p> <p>GBCH has an overarching strategic plan with clear organisational and service goals. One of GBCH's key goals is to provide equity and proactive care across all its services including aged care. They aim to achieve this by understanding their population (through community engagement and active input) and responding in a flexible and relevant way, with services delivered based upon the principles of Te Tiriti o Waitangi. GBCH's service delivery is in line with those principles, engaging with whānau at an individual and community level to support health and wellbeing within a collaborative framework.</p> <p>The strategic plan (2022-2025) includes a mission statement and operational objectives with site specific goals related to facility development, workforce development and leadership and governance. The nurse manager reports to the general manager.</p>

		<p>The governance body of GBCH charitable trust consists of eight members of the executive leadership team. Each of the members contributes their own areas of expertise to the team including nursing, leadership, medical, human resources, quality and cultural. The general manager has sat on the executive for six years. The clinical director (GP) interviewed explained the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides sufficient training to ensure their nurses and care staff can deliver high quality health care for Māori. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa standards for aged care; however, not all maternity policies and procedures are current or available (link 2.2.2).</p> <p>The GBCH executive reports to the Board of NBPH and includes monthly monitoring of GBCH's compliance with its policies and procedures on quality health and safety and relevant legislation and contractual requirements, as a part of its responsibilities.</p> <p>With the introduction of the Ngā Paerewa Health and Disability Services Standard, the Senior Management Group has implemented strategies to ensure the successful implementation of the Standard. The governance body are overseeing this via a standing agenda item in the executive meetings.</p> <p>GBCH's Māori Health Plan incorporates the principles of Te Tiriti o Waitangi including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. This is a governance document.</p> <p>One of the actions from this plan is to integrate meaningful relationships with kaumatua/kuia at governance, operational and service level. They have implemented this through involvement with Māori Health units at DHB, local Māori dignitaries and iwi and hapu. There is also Māori representation on both the GBCH executive and</p>
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		<p>NBPH Board.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific goals) that are reviewed monthly in the executive forum, as well as being discussed in the monthly staff and quality meetings.</p> <p>The general manager (registered nurse) has been in the role for six and a half years and has over thirty years' experience in nursing, including seventeen years managing other rural services.</p> <p>The general manager is supported by a nurse manager, aged care coordinator, quality lead and the clinical director.</p> <p>The manager has completed more than eight hours of training related to managing an aged care facility, including privacy related training, business, cultural and restraint training.</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>	FA	<p>GBCH has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (e.g. falls, skin tears, infections, episodes of challenging behaviours) is collected with evidence of data shared in quality and staff meetings.</p> <p>Staff meetings provide an avenue for discussions in relation to (but not limited to): quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed each year, and surveys completed in 2021 reflect high levels of resident/family satisfaction. This was also confirmed during interviews with families.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa</p>

		<p>standards. Maternity policies and procedures have been adapted from the local hospital.</p> <p>A health and safety system is being implemented with the support services coordinator acting in the role of health and safety representative. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Each staff is assessed on their competency in regard to health and safety via a questionnaire they must complete each year.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for eighteen hours per week and there is a physiotherapy assistant employed for sixteen hours per week. Strategies implemented to reduce the frequency of falls include intentional rounding, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses will evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Eleven accident/incident forms reviewed for April and May 2022 (witnessed falls, medication errors and behaviours of concern) indicated that the forms are completed in full and are signed off by a RN and the nurse manager. Incident and accident data is collated monthly and analysed by both the nurse manager and the general manager. Results are discussed in the staff and quality meetings. There is a documented process to ensure neurological observations are consistently recorded for unwitnessed falls should these occur.</p> <p>Discussions with the general manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no occasions requiring notification to HealthCERT via a section 31 report since the previous audit. There had been one previous outbreak documented since the last audit:</p>
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		Covid-19, that affected residents and staff. This was appropriately notified, managed and staff debriefed.
<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>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Challenges arises when staff call in as unavailable. Vacant shifts are covered by available healthcare assistants, nurses, and casual staff. Out of hours on-call cover is shared between the nurse manager and general manager. The general manager performs the nurse manager's role in her absence.</p> <p>At the time of the audit the service had two FTE RN positions vacant, with active recruitment strategies in place.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The nurse manager and general manager (RNs) are available Monday to Friday.</p> <p>The roster is developed as follows:</p> <p>AM:</p> <p>Rooms 1-8: 1xHCA 06.30-15.00</p> <p>Rooms 9-18: 1xHCA 06.30-15.00</p> <p>Rooms 19-22: 1xHCA 06.30-15.00</p> <p>Rooms 23-26: 1xHCA 06.30-15.00 &amp; 1x HCA 09.00-13.00</p>

		<p>The ACC resident also has an extra funded HCA between 08.30-12.30</p> <p>There are two RNs working 06.30-15.00</p> <p>PM:</p> <p>There are four HCAs 14.30-23.00 who share the workload for all rooms.</p> <p>The ACC resident also has an extra funded HCA between 16.30-20.30</p> <p>There is one RN working 14.30-23.00</p> <p>Nocte:</p> <p>There are two HCAs and one RN working 22.30-07.00.</p> <p>For the additional five acute GP beds, there is a separate RN covering in as an extra to the above.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learn and clinical topics), which includes cultural awareness training. Staff attend regular cultural awareness training facilitated by the Māori cultural advisor which includes the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff and staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff include training through the DHB, hospice and the organisation's online training portal.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-five HCAs are</p>
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		<p>employed. The Golden Bay orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Nine HCAs have achieved a level 4 NZQA qualification, nine are on the level 3-4 apprenticeship, one HCA has achieved level 3, and two HCAs have achieved level 2. The remainder are new to the service.</p> <p>All staff are required to completed competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety and moving and handling, A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include subcutaneous fluids, syringe driver, catheterisation, and interRAI assessment competency. Five RNs (including the nurse manager) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All RNs attend relevant quality, staff, and clinical meetings when possible.</p> <p>The midwives are employed to do antenatal and postnatal care in the community, attend home births, hospital births and oversee postnatal care while the client is in the maternity unit. The midwives have completed infection prevention education and attend education that meets the requirements of the Midwifery Council recertification programme. They have also completed four hours of breast-feeding education annually to comply with the Baby Friendly Hospital Initiative (BFHI).</p> <p>The service encourages all their staff to attend meetings (e.g. staff and quality meetings). Resident/family meetings are held three-monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Staff wellness is encouraged through participation in health and wellbeing activities. Details of the Employee Assistance Programme (EAP) are available to staff for support both with work and home life issues.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Six staff files reviewed (one RN, one chef, two HCAs, one physio assistant, and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, midwives, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used but have been limited over the last two years since Covid. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up actions taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business</p>



<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or back up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Aged care</p> <p>The service is considered part of the Golden Bay community and prospective residents usually initiate contact with the service directly. Entry criteria and processes are communicated with the prospective resident and their family/whānau. Information in written and verbal format is provided to local community groups and referral agencies as requested. The Golden Bay Community Healthcare (GBCH) website provides details on the care provided within the service.</p> <p>The general manager is responsible for liaising and facilitating all requests for admission to the service, and this process is guided by a current policy, which includes admission and decline criteria. The aged care nurse coordinator was interviewed and stated that residents are admitted following assessment by the local needs' assessment and coordination service (NASC) which determines the resident's level of care required. The resident will be admitted if a bed at the appropriate level is available. A waitlist system is in place, managed by the general manager. The coordinator reported that if a referral is received and the prospective resident does not meet the entry criteria or there is no vacancy, entry to services is declined. The coordinator also advised that residents and their family are given updates in relation to wait times. Documentation pertaining to the</p>

		<p>waitlist, declined admissions and ethnicity data was not available during the audit, as the general manager was not available.</p> <p>The organisation liaises with the Māori cultural advisor and local iwi to ensure that the service is available to and benefits Māori, and this was confirmed during interview with the cultural advisor.</p> <p>Residents and family interviewed confirmed that they were satisfied with the admission process and their rights and dignity were respected.</p> <p>Patients are admitted to the GP beds in the hospital following referral to the service by the GP.</p> <p>Maternity</p> <p>A midwife was interviewed and stated that the GBCH is the provider of last resort for clients requiring maternity care in Golden Bay, therefore all clients who request care are provided care. The midwife advised that care was provided as per the section 88 referral guidelines, therefore clients and/or babies that require input from a specialist service are referred to the appropriate service provider for either a consultation or transfer of care as deemed appropriate by the specialist.</p> <p>Records are maintained of clients that the GBHC midwives provide care to, this includes demographic data including ethnicity.</p> <p>Clients interviewed stated they were satisfied with the information that had been made available to them prior to and on admission. They confirmed that the admission process respected their rights and identity and included their partner in orientation and admission discussions.</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</p>	PA Moderate	<p>The GBHC have established policies and procedures that ensure the continuum of care is provided in collaboration with individual residents and their family/whānau as required.</p>

<p>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>The patient file review of the patient in the GP acute bed, interview with staff and observation during the audit, confirmed that care was provided to patients in the primary care inpatient beds in a manner that complies with relevant standards and best practice</p> <p>Age Care</p> <p>Two clinical files each from the rest home and the hospital verified that assessments and care plans had been developed by a registered nurse in consultation with family/whānau and the multidisciplinary team, including a general practitioner and a diversional therapist. A range of relevant assessments that reflected best practice guidelines, the persons lived experience, cultural and spiritual needs, values, and beliefs were used to inform the care plan. Files contained short-term and long-term care plans. Informed consent was obtained during the admission process, and verbally prior to all routine cares. Specific consent/s are obtained by individual providers for specific interventions, for example vaccinations, laboratory investigations.</p> <p>Goals and aspirations were documented in care plans sampled as were the interventions required to support the achievement of the goals. Progress notes documented the resident's physical, spiritual and emotional wellness. Where changes in the resident's status were observed a range of further assessments and interventions were implemented to support the resident's wellbeing. Progress notes verified that early warning signs of a resident's deterioration were observed and documented. Ongoing monitoring and interventions were initiated at appropriate timeframes to avoid further deterioration. The GP confirmed during interview that notification of a resident's deterioration was made in a timely manner.</p> <p>Family/whānau were notified of changes and included in any care plan modifications, and this was confirmed during interview. The service consults with Mana Whenua Ki Mohua when developing policies and procedures, with the objective of enabling positive pae ora outcomes, and providing services that give tāngata whaikaha choice and control. Cultural preferences were incorporated into the care plans sampled. A Māori resident was interviewed and stated that</p>
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		<p>care was provided in a manner that respected mana, and that free access to support persons was encouraged. The clinical files confirmed that cultural preferences were incorporated into the care plan. Staff interviewed described how they implement the principles of Tiriti o Waitangi in their routine work to meet the cultural and spiritual needs of Māori residents.</p> <p>The GP stated the care provided to residents is of a high standard and the model of care and staffing enables both consistency and continuity of care.</p> <p>Although clinical assessments and interRAI assessments were completed and informed the care plan, not all assessments and care plans were completed within the required timeframes.</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>	FA	<p>The service delivers a 30 hour per week activities programme. The 30 hours is shared between two coordinators. At the time of the audit there was a vacant position for one coordinator. Interviews for the second coordinator position were occurring at the time of the audit, and the activities coordinator confirmed involvement in the interview and selection process.</p> <p>The activities coordinator was interviewed and held suitable qualifications and experience for the position.</p> <p>The programme caters for the needs of the hospital and rest home residents. Activities are facilitated that support the residents to develop and maintain their interests related to their ages and stages of life. The programme operates Monday to Friday.</p> <p>On admission the resident and family/whānau complete a profile that informs the multidisciplinary team, inclusive of the activities team of the resident's interests, past experiences social and cultural beliefs and community linkages. A member of the activities team then meets with the resident to plan suitable activities. Activity care plans are reviewed six-monthly. Six-weekly activities meetings are held with the nurse coordinator, the health and safety representative, the kitchen manager and other staff members as required to discuss resident's</p>

		<p>needs and progress. Minutes were sighted that confirmed the meetings contributed to ensuring ongoing and timely review of the resident's progress, and in addition, discussion and planning of the programme and new equipment/supplies that will be/are required to implement the programme.</p> <p>Quarterly activities newsletters are sent to resident's families which inform them of the activities that have taken place over the past few months. A photo board was on display in the lounge area which showed residents taking part in activities and appearing engaged and happy.</p> <p>Covid 19 has restricted community involvement in the programme and outings, however, a car is used to transport residents to local sites for picnics etc.</p> <p>Resident meetings occur three times per year, and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes sighted confirmed that residents participate, and actions are undertaken to implement suggestions where possible.</p> <p>There were residents who identified as Māori at the time of the audit who confirmed that although choosing not to take part in the activities programme, was involved in te ao Māori, through whānau and community involvement. Staff are supported to learn Te Reo Māori and are engaged in te ao Māori via the Māori cultural advisor.</p> <p>Clinical files sampled confirmed that assessments and plans identified individual interests and considered the person's identity.</p> <p>Residents and family/whānau are involved and stated they were satisfied with the programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	FA	<p>Aged care and GP acute beds.</p> <p>The medication management policy was current and reflected current best practice guidelines. The service uses an electronic prescribing</p>

<p>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>and administration platform, and medications are dispensed by the pharmacy on blister packs. All medications sighted during the audit were within the 'use by' date, and ointments and drops in use had opening dates, that were within the previous four weeks. Staff interviewed discussed the system for checking medication opening and 'use by' dates.</p> <p>The medication room and fridge are temperature monitored, and records sighted confirmed that the temperature range was within acceptable parameters. Medications are stored in a locked room.</p> <p>A medication competency training programme is embedded within the service, and staff interviewed described its contents. All registered nurses and some healthcare assistants are medication competent.</p> <p>Medication reconciliation occurs on admission and is performed in partnership with the resident and family/whānau, the registered nurse, the GP, and the pharmacist. All medications sighted were within current use by dates. The service holds a contract with the local pharmacy, who supply medication, and dispose of surplus or/and expired medication. Delivery of medication occurs weekly or as required. The RN completes medication reconciliation, any errors are fed back to the pharmacy,</p> <p>All medication files sampled has photographs that were a true likeness to the resident, and prescriptions had all been reviewed by the GP within the previous three months. PRN 'as required' medications included indications for use, maximum doses, and the effectiveness had been documented. Oxygen was prescribed, and short course medications had been signed off. Resident's allergies and sensitivities were identified on the medication charts sampled.</p> <p>Standing orders are not used. There were no residents self-administering medication during the audit, however, the policy provides direction on the safe management of a resident who may self-administer. Staff interviewed were familiar with the process. Over the counter medications and supplements are considered part of the</p>
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		<p>resident's medication and are prescribed.</p> <p>Medication incidents are reviewed, and actions taken to reduce further incidents. Incidents are reported at quality meetings. The GP was interviewed, and stated medication management was appropriately managed, and GPs were involved in the programme monitoring.</p> <p>Residents and their family/whānau are provided information about their medication and given the opportunity to ask questions and have these answered. This was verified during interview with residents including the Māori resident.</p> <p>Maternity</p> <p>Medications are stored in a locked cupboard in the birthing room; when a client is in the birthing room there is always a midwife present in the room. Midwives order medications for the maternity unit from the local pharmacy or from the DHB hospital pharmacy as appropriate. Medication expiry dates are checked by the midwives and expired or near to expiry date medications are returned to the pharmacy. Standing orders are not used in the maternity unit. Self-administration of medication does not occur in the unit. Over-the-counter medication and supplements are considered by the prescribing midwife prior to prescribing any medications. Clients are provided information about their medication by their midwife to ensure informed consent and understanding of the indications, actions, frequency, dosage, and side effects of their medications. This was verified during the client interview. Medication reconciliation occurs with the midwife on admission to the centre.</p> <p>The medication fridge is kept in the midwives' office and is temperature monitored. The midwife interviewed explained the action that would be taken if the temperature registered outside of the acceptable range. All medication files sampled reflected current prescribing requirements. Blood products are prescribed by an appropriate practitioner and faxed to the New Zealand blood service (NZBS) for issuing of the prescribed product. The product is sent to the service as per cold chain requirements. The product is</p>
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		administered to the patient/client as per NZBS guidelines. Fractionated plasma products are not used in this service.
<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>	PA Low	<p>All meals are cooked in the kitchen onsite, which has a current food control plan until 30 June 2022 and a verification audit by the Tasman District Council was conducted in April 2022, with all recommendations made having been implemented.</p> <p>Meals and snacks are planned, prepared, and served in line with nutritional guidelines for the service types. The menu was reviewed by a qualified dietitian in February 2021. Recommendations made at that time have been implemented.</p> <p>Observation of the kitchen verified that food is stored appropriately, new, and old stock is rotated, and all food products are dated and labelled. The fridge and freezers in the kitchen are temperature monitored and were observed to be within safe ranges. There are processes in place to manage any temperature variations. The kitchen was clean with zones for the management of food preparation, cooking, and cleaning.</p> <p>In the aged care unit, each resident has a dietary assessment undertaken by a registered nurse on admission to determine any specific requirements including cultural, the resident has. The chef introduces herself to new residents and confirms and further explores individual needs, likes, and dislikes. The menu has a range of options which ensures all requirements are catered for.</p> <p>Observation during the audit confirmed that meals were served, delivered, and assistance was provided in a manner that ensured that meals were pleasurable and respected the resident's dignity.</p> <p>The service has plans to implement increased opportunity for appropriate residents to be involved in the preparation of food.</p> <p>Matariki day is being celebrated by serving kai that reflects te ao Māori (e.g. fried bread and hāngi food is planned), the preparations are being done in partnership with the cultural adviser and local Māori</p>



		<p>community.</p> <p>Although the kitchen fridge was temperature monitored, the fridge in the whānau room that stores milk and whānau food, and fridges in some of the rooms of the rest home residents, was not. Actions were implemented during the audit to correct this.</p> <p>In the maternity unit, the midwife assesses the maternity clients' dietary needs/preferences and provides the information to the kitchen. This information is provided to the kitchen staff. The menu variety and choices and size of meals is suitable for the maternity clients, and this was confirmed by the midwife and client interviewed.</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>	FA	<p>Aged care</p> <p>There is a current transfer and discharge policy that guides staff to manage the transfer, transition, exit and discharge of residents in a safe manner.</p> <p>Planned transfers and discharges occur with multidisciplinary team involvement including an RN, the aged care nurse coordinator, the GP and the NASC, and in collaboration with the resident and family/whānau. Transport is arranged to meet the residents' individual needs and with the input of family/whānau.</p> <p>Residents who require acute care are assessed on site by a GP and acute care services are implemented via the acute care service component and staff of the GBCH. If transfer to a higher level of care is required, the GP and the acute care service, in collaboration with the aged care service, arrange transfer of the resident to the secondary care hospital via the ambulance service. A copy of appropriate clinical, diagnostic, radiological, and medication records are sent to the secondary hospital to ensure continuity of care.</p> <p>The GP and the aged care nurse coordinator interviewed confirmed that transfer and discharge planning included assessing the risk to the resident. In non-urgent transfers/discharges, this included (as required) a referral to an allied health professional to inform the</p>

		<p>assessment and contribute to the risk mitigation strategy. All transfers are planned in communication with the receiving service. Escorts are provided for transfers as required. Verified in clinical files sampled and during interview with the GP and the aged care nurse coordinator.</p> <p>Documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care for residents who had transferred to another service.</p> <p>Residents are supported to access other health and disability service providers, social support, or kaupapa Māori agencies as desired. Referrals to seek specialist input for non-urgent services are completed by the GP and this was verified in the clinical files sampled, which included the mental health team, ophthalmologist and Ear, Nose and Throat (ENT) specialist. Residents and family interviewed confirmed they were kept informed of the referral, transfer, or discharge progress.</p> <p>Maternity</p> <p>Clients are advised of transfer indications and proposed discharge timeframes prior to admission by their midwife. Transfers to the secondary service may occur in a non-acute situation following a referral to the specialist service or, may occur as an acute care event relating to the health of the client or the pēpi. All transfers are coordinated by the midwife, in consultation with the secondary service and with the consent of the client.</p> <p>Clinical files samples verified that discharge planning is an ongoing process and is progressed in collaboration with the midwife and the client. Clients are informed of additional health and disability services, and/or social support agencies and/or Kaupapa Māori agencies when indicated or requested, including the well child provider and GP options. This was confirmed during the client and midwife interview.</p> <p>Clients interviewed confirmed that they were aware of their planned discharge date and felt the care provided had sufficiently prepared</p>
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		them for discharge.
<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>The building had a warrant of fitness certificate that expired of the day of the audit. An email was sighted dated 16 June 2022 that confirmed the building warrant of fitness was to be re-issued, the hard copy was not available on the day of the audit. The is a fire suppression and alert system that is checked by an external agency each month, records were sighted to verify. Electrical equipment is tested and tagged annually. In the aged care unit, hoists are checked and calibrated annually, confirmed by tags sighted. Medical equipment in the aged care and maternity unit including oxygen concentrators, electric beds, air mattresses, infant resuscitaire and scales had tags and/or reports to confirm that calibration had been performed within the past year. The hazard register confirmed that regular environmental inspections occur, and the register is updated as required. The health and safety committee reviews the register and risk mitigation strategies at monthly meetings.</p> <p>The physical environment and facilities (internal and external) are fit for their purpose, well maintained, and meet legislative requirements. The aged care resident's rooms were of a size that allowed family/whānau and friends to visit in the resident's room. All rooms had large windows, and some had doors leading directly to a safe outdoor space. All spaces in the facility were wheelchair accessible, with handrails available to support and facilitate resident safety. Mobility equipment was used by residents as required to maximise their safety when ambulating. The dining area and adjoining lounge and activities area was well lit and appropriate to meet the needs of the residents. There were adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Patients in the acute beds had adequate space for their personal belongings, and there was room to visitors to spend time comfortable with the patient. Patients and family/whanau had access to a whanau room.</p> <p>There have been no modifications made to the building since the last audit. If modifications were planned, consultation would occur with the</p>

		<p>multidisciplinary team, the residents, the community, and the cultural advisor, verified by the GP, nurse manager and the aged care nurse coordinator.</p> <p>Residents and whānau advised they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>The maternity unit had sufficient space in the rooms for the clients and midwives to receive and provide care in a respectful manner. A birthing pool is available for clients to use. An infant resuscitaire was on site, however, it was unable to operate effectively due to no medical air to connect to. A cardiotocograph (CTG) was not on site or available at the time of the audit.</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>	FA	<p>The emergency, natural disaster and civil defence plans, policies and procedures provide direction for the service in preparation for disasters. Staff receive training with regard to the policies and procedures during orientation and annually thereafter, confirmed by education records sighted. Staff interviewed were able to describe their roles in the event of an emergency. Records sighted verified that six-monthly fire evacuation drills had occurred. The fire evacuation plan was approved by the New Zealand Fire Service in December 2013. Adequate quantities of supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region, including the availability to adequate supplies of water. A generator with suitable capacity was on site for use in the event of power outage. A back-up battery lighting system is installed and is checked monthly, verified by records sighted.</p> <p>The call bell system is checked monthly (reports sighted). During the audit, call bells were observed to be answered in a timely manner. Security arrangements were in place, including locked doors (as appropriate) and security cameras at all entrances, and in the carpark. Staff wear name tags for identification and visitors and contractors sign into the facility at the main entrance. On the days of audit, all entry points were locked as all visitors and contractors required RAT</p>

		<p>testing before entry. All RN's and the activities coordinator maintain a current first aid certificate.</p> <p>Aged care residents, a recently discharged maternity client, and staff interviewed stated they were familiar with emergency and security arrangements and felt safe in the facility.</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 governance committee have oversight of the infection prevention (IP) and antimicrobial stewardship programmes (AMS). The programmes are embedded into the quality system. Regular reports are generated and presented to the quality committee and the governance group. The service has links to access IP and AMS expertise as required, which includes the DHB, GP's, pathologists, and microbiologists. A documented stepwise pathway ensures IP issues, significant events and reports are provided to the quality committee and governance committee, and where required, to the regional public health authority.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A registered nurse (RN) is the infection prevention (IP) coordinator, a second registered nurse is also involved in supporting the designated coordinator. The IP coordinator reports to the general manager and the nurse manager. Both IP coordinators have received IP and AMS training and regular ongoing updates. The IP coordinator position description documents responsibility for decision making including overseeing and implementing, monitoring, and reporting on the IP programme. The nurse manager advised that the IP coordinator has input into procurement, building modifications, policies, and procedures.</p> <p>The IP programme has been developed by persons with infection prevention expertise and has been approved by the quality committee and the governance committee. The programme is reviewed and reported on annually. Infection prevention policies reflect the requirements of the standard and represent current accepted good</p>

		<p>practice.</p> <p>Both IP RN's have access to residents' clinical records and diagnostic results to enable data collection and to inform the review of the IP and antimicrobial stewardship (AMS) programme.</p> <p>A current pandemic/infectious diseases response plan is documented and has been regularly tested. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) was available and sighted during the audit.</p> <p>Aged care and maternity staff interviewed were familiar with infection prevention policies and confirmed they had been orientated to them and received annual infection prevention education updates (verified by education records). Observation during the audit confirmed that infection prevention and control principles were implemented. The aged care coordinator, nurse manager, midwife, and the IP coordinators support nurse, stated staff had received education regarding donning and doffing and isolation precautions during the Covid 19 pandemic. Aged care residents, the maternity client and family/whānau confirmed they had received regular education and updates on Covid 19 precautions. The IC co-ordinator has completed a postgraduate paper in infection control and receives annual ongoing training from the DHB.</p> <p>Single use devices are not reused. Observation during the audit confirmed that single use items were not reused, and no evidence of re-cleaning/sterilising of single use items was seen. Reusable shared equipment, for example sphygmometers and thermometers, are decontaminated appropriately as per policy and the manufacturers recommendations. Appropriate materials for this process were observed during the audit.</p> <p>The service is culturally aware and works in partnership with the Māori health advisor and Māori community groups when developing policies and procedures. Te Reo Māori educational resources are made available to Māori as required with the input of the Māori cultural advisor, and this was confirmed by the cultural advisor during</p>
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		interview.
<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>GBCH has a documented AMS programme that is appropriate for the size, scope, and complexity of the service. The programme has been approved by both the quality and governance committee and developed in accordance with evidence-based practice. The RN's, midwife and the GP interviewed were cognisant of the programme and advised that reports are analysed to identify areas for improvement.</p> <p>The AMS programme is evaluated by reviewing medication prescribing, administration, and clinical files. Monthly reports are developed and presented to the quality committee.</p> <p>The GP, nurse manager and midwife reported that diagnostic testing occurs as appropriate for the clinical situation and results are used to inform antibiotic prescribing, although at times, laboratories have rationalised testing due to prioritisation of Covid 19 testing above routine work.</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>	PA Low	<p>Surveillance of health-care associated infections in the aged care unit of the GBHC is appropriate to the size and type of service. The surveillance programme is documented, and standard definitions are used relating to the type of infection acquired.</p> <p>The IP coordinator reports the collated and analysed surveillance aged care data at quality and governance meetings. Trends and possible causative factors are discussed and plans to reduce causative factors are developed. The service is working towards capturing ethnicity data as a part of the surveillance report.</p> <p>Since the last audit there has been one outbreak of infection in March 2022. Four residents tested positive to Covid 19. The Covid 19 plan was implemented and ran effectively. All residents affected were in the hospital wing and isolated in their rooms while they were in the isolation period, as defined by the Ministry of Health (MOH). Visiting was stopped during the outbreak, and during the audit, visitors were able to visit residents by appointment only. The DHB and the MOH</p>

		<p>were informed of the outbreak, through the Covid Clinical Care Module (CCCM). All residents who tested positive had recovered from their symptoms at the time of the audit.</p> <p>Culturally appropriate processes are in place to ensure clear communication is provided to residents who develop an infection. Staff interviewed discussed their cultural knowledge and skills and gave examples of how they practice these in their daily roles.</p> <p>Although the surveillance data from the aged care service is robust; however, maternity service surveillance data is not captured.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>There are current policies and procedures that describe the management of waste and hazardous substances. Bins are stored in a secure area and are colour-coded for domestic waste, hazardous waste and infectious waste. Sharps are disposed of securely. All waste is disposed of as per regulations. Chemicals were observed to be stored securely and safely. Material data safety sheets were available in the location of the stored chemicals. Education records confirmed that cleaners and healthcare assistants have attended training appropriate to their roles. A chemical supply company provides support and advice to the service as required.</p> <p>Cleaning products and laundry products were observed to be in their original containers. Cleaning staff ensure that trolleys are safely stored when not in use. There was adequate personal protective equipment (PPE) available which includes masks, gloves, aprons, and goggles for staff use. Staff demonstrated knowledge and understanding about effective donning and doffing of PPE. All areas of the facility were observed to be clean and organised. Internal audits of environmental cleanliness did not reveal any significant issues</p> <p>The laundering of linen (bed sheets, towels, tea towels etc) is contracted to a professional laundry service. The residents' personal clothing is laundered on site. The laundry separates the clean and dirty areas. The effectiveness of laundry processes is monitored by the internal audit programme which is overseen by the health and</p>



		<p>safety and infection prevention committee.</p> <p>Residents and family/whānau reported that the laundry is well managed, and the facility is kept clean and tidy.</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>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there were six (hospital level) residents using restraint (bed rails and a lap belt).</p> <p>A registered nurse is the restraint coordinator and is committed to providing services to residents with the least use of restraint possible. The use of restraint is reported in the monthly staff, quality and health and safety meetings. However, there is no formal process to report restraint used at defined intervals and aggregated restraint data, including the type and frequency of restraint, to the governance bodies.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	PA Moderate	<p>A restraint register is maintained by the restraint coordinator. Six (hospital level) residents are listed on the register (six bedrails, one lap belt). All six residents' files were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g. falls prevention strategies, managing behaviours). Written consent was obtained by each resident's EPOA. No emergency restraints have been required.</p> <p>Monitoring requirements are detailed in policy, and according to the risk assessment completed for each resident using restraint. Timeframes for monitoring are determined based on the risks of the restraint being used. Monitoring requirements include resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. Five of the residents with bedrails were</p>

		<p>previously classed as enablers under the previous (NZS 3140: 2008) standards and the service was unaware these were now subject to monitoring. The resident with bedrails and a lap belt had no monitoring documented for either.</p> <p>The formal and documented review of restraint use takes place three-monthly. No accidents or incidents have occurred as a result of restraint use.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint programme is monitored and reviewed regularly by the quality team, general manager, aged care coordinator and restraint coordinator with the intent to eliminate the need for restraint (link 6.1.4). Included in this process is an evaluation of the staff restraint education programme.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA</p> <p>Moderate</p>	<p>Residents and whānau interviewed confirmed they were involved in the development of care plans. Assessments were completed to inform care plan development, however, clinical files sampled did not consistently evidence that the initial assessment had been completed within the required timeframe. Although short-term and long-term care plans where available in clinical files, these were not always completed within acceptable timeframes. InterRAI assessments were not consistently completed within the required timeframes.</p>	<p>i). One rest home file and one hospital file did not have the initial interRAI assessment completed within the appropriate timeframe.</p> <p>ii). One rest-home file did not have the initial care plan completed within the required timeframe.</p> <p>iii). One hospital file, and one rest-home file did not evidence the six monthly interRAI reassessment to be completed on time.</p> <p>iv). One of two hospital level long-term care-plans were not completed within the expected</p>	<p>i). – iv) Ensure all initial assessments, interRAI assessments and care-plans are completed within required timeframes.</p> <p>90 days</p>

			timeframe.	
<p>Criterion 3.2.2</p> <p>Care or support plans shall be developed within service providers' model of care.</p>	PA Low	Short term care plans are available to be utilised to provide guidance to care staff around acute// short term needs. If the issue is ongoing, interventions are included in the long-term care plan, however, a resident with ongoing dental issues had no care plan documented around needs and requirements.	There was not interventions documented to guide care staff around the oral requirements of a rest home level resident receiving ongoing dental care.	<p>Ensure care plan interventions are current and reflective of all short term/ acute needs.</p> <p>90 days</p>
<p>Criterion 3.5.6</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal shall comply with current legislation and guidelines.</p>	PA Low	The temperatures of fridges and freezers in the kitchen, however there was no evidence of the fridge in the whānau room and resident rooms being checked.	There was no evidence the fridge in the whānau room that stores milk and whānau food, and fridges in some of the rooms of the rest home residents were checked and had temperatures recorded on a regular basis.	<p>Ensure temperatures of all fridges are monitored and recorded on a regular basis.</p> <p>60 days</p>
<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>	PA Moderate	Although the maternity unit has an infant resuscitaire, there was no medical air on site to provide neonatal resuscitation as per the New Zealand Resuscitation Council (NZRC) guidelines. A cardiotocography (CTG) machine is not available to provide foetal assessment for the at-risk foetus, for example, post-term, reduced foetal movements or following an antepartum haemorrhage (APH).	The equipment available did not comply with national and international best practice guidelines.	<p>Ensure appropriate equipment is available to comply with best practice guidelines.</p> <p>60 days</p>
<p>Criterion 5.4.1</p> <p>Surveillance activities shall be</p>	PA Low	Surveillance reports capture data and trends relating to the aged care service, and these	Surveillance of health-care associated infections in the	Ensure surveillance of health-care associated

<p>appropriate for the service provider and take into account the following:</p> <ul style="list-style-type: none"> <li>(a) Size and complexity of the service;</li> <li>(b) Type of services provided;</li> <li>(c) Acuity, risk factors, and needs of the people receiving services;</li> <li>(d) Health and safety risk to, and of, the workforce;</li> <li>(e) Systemic risk to the health and disability system as a whole.</li> </ul>		<p>are analysed and reported. However, surveillance data from the maternity service is not captured, analysed, or reported.</p>	<p>maternity service are not captured, analysed, or reported.</p>	<p>infections in the maternity service are captured, analysed, and reported.</p> <p>90 days</p>
<p>Criterion 6.2.4</p> <p>Each episode of restraint shall be documented on a restraint register and in people's records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include:</p> <ul style="list-style-type: none"> <li>(a) The type of restraint used;</li> <li>(b) Details of the reasons for initiating the restraint;</li> <li>(c) The decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint;</li> <li>(d) If required, details of any advocacy and support offered, provided, or facilitated; NOTE – An advocate may be: whānau,</li> </ul>	<p>PA Moderate</p>	<p>Monitoring requirements are detailed in policy, and according to the risk assessment completed for each resident using restraint; however, monitoring had not occurred for six residents using restraints.</p>	<p>Restraint monitoring had not taken place for five residents with bed rails, and one resident with bed rails and a lap belt.</p>	<p>Ensure restraints are monitored according to the timeframes detailed in policy and as per individual resident's risk assessment.</p> <p>60 days</p>

<p>friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent advocate.</p> <p>(e) The outcome of the restraint;</p> <p>(f) Any impact, injury, and trauma on the person as a result of the use of restraint;</p> <p>(g) Observations and monitoring of the person during the restraint;</p> <p>(h) Comments resulting from the evaluation of the restraint;</p> <p>(i) If relevant to the service: a record of the person-centred debrief, including a debrief by someone with lived experience (if appropriate and agreed to by the person). This shall document any support offered after the restraint, particularly where trauma has occurred (for example, psychological or cultural trauma).</p>				
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.