

Bizcomm New Zealand Limited - Manor Park Private Hospital

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:

Legal entity: Bizcomm New Zealand Limited

Premises audited: Manor Park Private Hospital

Services audited: Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care

Dates of audit: Start date: 16 June 2022 End date: 17 June 2022

Proposed changes to current services (if any): The service is currently not providing the following certified levels as per their certificate (Dementia care and Hospital services - Geriatric services (excl. psychogeriatric). Therefore these service types were not assessed as part of this audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 45



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Manor Park Private Hospital provides hospital- mental health services and hospital - psychogeriatric and hospital - medical level of care for up to 54 residents. The service is also certified to provide Dementia care and Hospital services - Geriatric services, however these services are not currently being provided. Therefore these service types were not assessed as part of this audit. On the days of the audit, there were 45 residents in total. The organisation is managed by a facility manager supported by the operations manager, quality coordinator, and a clinical coordinator. Residents and family/whānau expressed satisfaction with the care provided. There have been no significant changes to the management since the previous audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with the district health board. The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, general practitioner, and nurse practitioner from the community mental health services.

This certification audit identified one area requiring improvement relating to documenting pro re nata (PRN) outcomes for effectiveness. A further shortfall has been identified that would need to be addressed prior to occupancy around adding dementia and hospital level care.

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.

Manor Park Private Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents are provided with information they need on entry to the service, and this is regularly updated with input from the consumer/family advocate and other staff during house meetings. Resident/family information packs include specific information such as the Health and Disability Consumer Code of Rights and advocacy services.

Residents receive services in a manner that considers their dignity, privacy, and independence. Manor Park 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. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. 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.		Some subsections applicable to this service partially attained and of low risk.
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The business plan includes a mission statement and operational objectives. The service has quality and risk management systems documented in place that take a risk-based approach. These systems meet the needs of residents and their staff. Key components of the quality management system link to the facility meetings including management, health and safety, clinical, and staff meetings. Collation of data was documented as taking place as scheduled, with corrective actions indicated. Resident and family/whānau participation processes are in place. Resident and family/whānau participation is evident through the consumer/family advocate, staff job descriptions, and training records. Families said they are involved and supports for families are in place.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme is implemented, 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

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service has policies and procedures that provide documented guidelines for access to the service. The Needs Assessment Service Coordination (NASC) team assess residents prior to entry to confirm their level of care. Assessments, risks, and care plans are completed and evaluated by the registered nurses (RNs). Where required, a risk management plan is developed and monitored. Stressors, early warning signs and relapse prevention strategies are identified. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

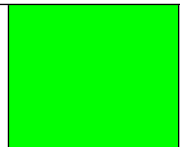
Activities are planned and provided in each unit that meets the resident's individual abilities and recreational needs. Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. Links with the community are encouraged where appropriate and van outings are arranged on a regular basis. In interviews, residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medicine management system in place. General practitioner (GP) conducts three-monthly medication reviews while the nurse practitioner from the community mental health team completes monthly reviews, or as required. Staff involved in medication administration are assessed as competent to do so. Evidence of completed current medication competencies was sighted.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week if needed.

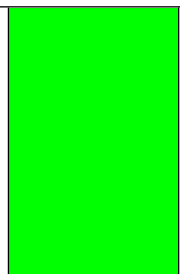
Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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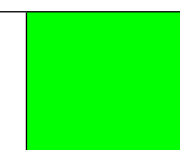
The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The infection control coordinator is involved in procurement processes, and any facility changes and processes related to decontamination of any reusable devices.

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

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The organisation has implemented policies and procedures that support a restraint-free environment. There were no residents with restraints. Staff receive training in restraint minimisation and managing challenging behaviour.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	0	160	0	1	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and Cultural and Spiritual policy is documented for the service. This policy acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The Te Whare Tapa Wha health model is incorporated into all cares for both Māori and other residents alike. The goal is to co-design health services using a collaborative and partnership model with Māori and Pacific. The service currently has a number of residents and staff who identify as Māori. The service is actively working on inequities such as reducing smoking, increasing breast screening and smear testing.</p> <p>Three residents and five whānau interviewed said they are involved in providing input into their care plans, their activities, and their dietary needs. Eight care staff interviewed (five caregivers, two registered nurses (RNs) and one activities coordinator) described how care is based on the resident’s individual values and beliefs. Other staff interviewed at the audit included the director, the facilities manager, the clinical RN coordinator, one maintenance person, one health and safety, one general practitioner, one quality coordinator, one nurse</p>

		<p>practitioner, one cook, one laundry assistant, one cook and two cleaners.</p> <p>Māori residents visit the local Marae and representatives from the Marae visit Manor Park. The service also has links with the DHB to access kaumatua, the Māori Development Unit and Māori Hospice team. There are guidelines in place regarding things tapu (eg, birth, death, sickness) and cultural taboos are identified such as sitting on tables and passing food over the head. Interpreters are available through staff, whānau, iwi, hapu and the DHB as appropriate.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>At admission all residents (and/or family/whanau) state their ethnicity and this is documented. Staff and management advised that family members of Pacific residents are encouraged to be present during the admission process including completion of the initial care plan. At the time of the audit there were some residents that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service has a Pacific health plan. The plan is to partner with a Pasifika organisation and/or individual to provide guidance. There are a number of staff that identify as Pasifika. The service has links with the DHB Pasifika team, church of Samoa and Whitirea Pasifika nurse training programme.</p> <p>Interviews with staff and documentation reviewed identified that the service puts people using the services, family/whānau, and communities at the heart of their services. The resident files of Pacific residents (psychogeriatric level) identified residents specific cultural needs.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-</p>	<p>FA</p>	<p>Manor Park delivers a service that is focused on the health, wellbeing, and cultural needs of its residents. Staff can describe client rights as per the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Copies of the Code are given to all new residents and family/whānau.</p> <p>The Code is displayed in poster form in English and Māori in</p>

<p>determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>communal areas. Interviews with residents and family/whānau confirmed they understand the Code and know about their rights. Access to interpreters is available if required. The Nationwide Health and Disability Advocacy Service pamphlets are contained in the information provided and are accessible.</p> <p>Interviews with residents and family/whānau and observations demonstrated they are provided with adequate information and that communication is open. The service encourages and supports Māori residents in their self-determination and independence as identified during assessment.</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 not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents and family/whānau interviewed stated that staff treat them with respect, dignity and support them. Staff call residents by their preferred names. All staff knock on residents' doors before entering and they speak to residents in a tone and manner that is respectful, as observed during the audit. Residents and family/whānau interviewed reported that during the assessment and planning processes they have opportunities to share what is important to them as part of that process. They also reported that staff respond in an affirming way to their identity expression and gave examples of staff supporting residents.</p> <p>Cultural identity is a major platform for enhancing the wellbeing of residents. This included names always being pronounced correctly, and identity is supported by te reo and tikanga practices which are promoted throughout the organisation and incorporated in activities. Residents have control and choice over activities they participate in.</p> <p>Satisfaction surveys were last completed in August 2019. The manager reported that a survey was implemented in 2021, but the</p>

		<p>return sample was too small to extract any useful data. The 2019 survey confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>Residents and family/whānau said their personal privacy and the privacy of their information and belongings are respected. Residents and family/whānau stated that staff talk with them in a private space. Visitors and residents confirmed that they can access areas for private conversations.</p> <p>The service actively encourages and supports Te Reo and are working towards incorporating tikanga Māori at all levels of the organisation. Staff have completed Te Tiriti O Waitangi training and are working towards this being applied and reflected in day-to-day service delivery.</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>At Manor Park the services abuse and neglect policy is being implemented. The services policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The code of conduct is discussed during the new employee's induction to the service. The code of conduct policy addresses harassment, racism, and bullying. The service has a no tolerance approach to any form of abuse and includes any form of racism towards residents and staff.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. Staff do not have direct access to residents' finances. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Five relatives interviewed confirmed that the care provided to their family member is excellent.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and</p>

		<p>responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for their Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>The service has an open disclosure policy and staff interviewed confirmed their understanding of open disclosure. Information is provided to residents/family/whānau on admission. 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. Five family/whānau interviewed stated that they are kept informed when their family member's health status changes.</p> <p>The service has access to interpreters where required, both internally and externally. Residents and family/whānau members confirmed communication with staff is open and effective. Family/whānau said they were kept well informed about the facility and their family/whānau member. Residents/family/whānau have access to an advocate who visits the facility regularly. The manager operates an open-door policy and is readily available to meet with residents/family/whānau. Records of meetings are documented with any outcomes of discussions documented, implemented, and signed off.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services. The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved.</p> <p>Residents and/or family/whānau have the opportunity to raise any issues/suggestions they may have and be kept informed with matters relating to the facility. Staff described working collaboratively with residents and family/whānau including mutual open and honest communication.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The facility manager (FM), clinical coordinator (CC), nursing team and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and residents. The GP makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The FM reported that advance directives are explained and encouraged.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and kept in the residents' files. In interviews with residents, they reported that they felt safe, protected, and listened to and happy with care/consent processes.</p> <p>Residents who identify as Māori confirmed that Tikanga best practice guidelines in relation to consent were observed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The facilities manager maintains a record of all complaints, both verbal and written, on an electronic complaint register. 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>There were three complaints logged in the complaint register in 2021 and none in 2022 (year-to-date). The complaints documented in the register included an investigation, follow up, and replies to the complainant. Complaints had been acknowledged within the required timeframes and align with Right 10 of the Code. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p>

		<p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The facilities manager has an open-door policy.</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>	<p>FA</p>	<p>Manor Park Private Hospital is privately owned by one owner/director. The service provides care for up to 54 residents. There are 47 designated beds for psychogeriatric level of care residents and seven designated hospital level mental health beds. On the day of audit, there were 38 psychogeriatric residents, including one under 65 years, and (one) ACC. There were seven mental health residents, including four under the mental health act and one respite/mental health.</p> <p>The service is also certified to provide Dementia care and Hospital services - Geriatric services, however these services are not currently being provided. Therefore these service types were not assessed as part of this audit.</p> <p>The governance body is made up of the director/owner, facilities manager, operations manager, and quality coordinator. There are terms of reference and all staff attending have had training as part of their orientation. The team meet monthly and report on their areas. The owner/director of the service provides support for the facility manager with meetings and regular contact. There is a documented strategic plan and business continuity plan. The 2021-2022 strategic plan contains the mission, philosophy, and objectives for the service. The team work to meet the requirements of relevant standards and legislation and report an overview of adverse events, health and safety, staffing, infection control and all aspects of the quality action and risk management plan. Critical and significant events are reported immediately to the facilities manager and director/owner. The management team reviews the reports and quality data provided, to review and plan services. The service implements staff and family/whānau surveys. The outcomes of surveys and input gathered</p>

		<p>from residents/family/whānau by the service advocate (who attends quality and health and safety meetings), is used in service planning.</p> <p>The service is proposing to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori. The service is working towards ensuring tāngata whaikaha have meaningful representation to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The facility manager and clinical nurse coordinator are planning to attend cultural training to learn more around in Tiriti, health equity and cultural safety.</p> <p>The facility manager is a registered nurse with a current annual practising certificate (APC) and has been at the service for eight years. She has many years' clinical and management experience in mental health and aged care services and is on the advisory team for RN, enrolled nurse, and Pasifika nurse training at Whitireia. The facility manager has completed at least eight hours of professional development relating to the role, including managing difficult behaviours with an external trainer, interRAI manager training, leadership in aged care and health and safety at work.</p> <p>The facility manager is supported by an operations manager (finances, maintenance, and contractors/suppliers), a clinical RN coordinator and quality coordinator recently employed June 2022. The service seeks advice from other services to ensure they meet the resident's needs and have staff employed with varying degrees of disabilities.</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</p>	<p>FA</p>	<p>Manor Park Private Hospital is implementing a 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. The service also has a quality improvement action plan that is regularly reviewed for progress against identified goals. Interviews with caregivers confirmed that quality data is discussed at monthly staff meetings. There are alternate combined quality improvement meetings and health and safety/infection control meetings where all quality data and indicators</p>

<p>on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>are discussed. Minutes of these meetings are available to all staff.</p> <p>The quality improvement goals for 2022 included: keeping residents and staff well, flu vaccinations, reduction in eye and chest infections, an overall reduction in infections, reduction in call bells duration, improved education for staff and team building.</p> <p>Two-monthly health and safety, quality and clinical meetings provide a pathway 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. Focus group meetings have been held to address Covid management including preparation and precautions. Internal audits are in place with evidence of a selection of past and present audits completed in May. Meetings and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>There is work in progress to assess competency to ensure a high-quality service is provided for Māori.</p> <p>A full resident and family survey occurred 2019 (a survey was also implemented in 2021 with an insignificant response rate), however, all residents and family interviewed reported a high level of satisfaction with all aspects of care and service delivery.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety</p>
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		<p>goals. There are seven health and safety representatives across the hospital with health and safety training. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboard in the staffroom keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form.</p> <p>Individual paper-based reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, and skin tears). Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations were recorded as per policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified.</p> <p>Discussions with the facility manager and clinical nurse coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications completed since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>PA Low</p>	<p>Staffing rosters sighted indicated that there is adequate staff on duty in each area to match the needs of the residents. The facility manager, operations manager and quality coordinator work full-time from Monday to Friday. The clinical RN coordinator works Saturday to Wednesday with Thursday and Friday off.</p> <p>The service had seven registered nurses and three enrolled nurses. Six of the RNs are interRAI trained, and one is currently on orientation. The facility manager reported that another registered nurse had been recruited and was due to start soon. Previous retention and recruitment of registered nurses at the service had</p>

<p>services.</p>		<p>improved.</p> <p>There are at least two RNs on duty morning and afternoon shifts and one RN on night shift.</p> <p>Endeavour wing has 14 beds with 4 mental health clients and 10 psychogeriatric residents: Morning shift - two caregivers and afternoon shift - two caregivers.</p> <p>Heritage wing has 14 beds with 14 psychogeriatric residents: Morning shift - two caregivers and afternoon shift – two caregivers.</p> <p>Harris wing is 26 beds with 3 mental health clients and 23 psychogeriatric residents: Morning shift - three caregivers and afternoon shift - two caregivers (one full shift and one finishing at 9 pm with this shift extending depending on resident acuity). One registered nurse is stationed in Harris for all shifts and supports all areas on night shift.</p> <p>There are three caregivers and one RN on night shift or two caregivers, one enrolled nurse and an RN. The caregivers and registered nurses interviewed stated that there is adequate staffing to manage their workload on any shift. Internal staff cover any leave. Bureau staff may be used for one-on-one with residents as required.</p> <p>The service is also certified to provide Dementia care and Hospital services - Geriatric services, however these services are not currently being provided. Therefore the service does not have enough staff currently employed to meet the requirements of those services including meeting the Aged Residential Care contract (ARC).</p> <p>There is a list of compulsory training that as staff attend is logged into Time Target. The information is used when completing performance appraisal to identify any gaps and a plan to complete is made. Dates of what has been completed and need to do for training are managed using a spreadsheet. For mental health, the nurse practitioner attends every third Wednesday where staff are able to ask for a case review of their choice, education around any mental health condition or</p>
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		<p>medications. Supervision is also provided by the nurse practitioner or external supervisors as per the nurses' choice. All staff are able to attend DHB training days and Whitiwhara also provide training. RNs also attend post graduate programmes paid for by the service or the DHB, hospice training days, and DHB training days, including infection control and wound care. RNs complete interRAI training, medication competencies and syringe driver use. All staff attend mandatory cultural safety and Treaty of Waitangi training annually. Work is underway to ensure that 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>The service supports and encourages care partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 33 caregivers, 22 have completed the required dementia standards and 3 haven't started yet. Seven are in the process of completing and of those in process, five have been with the service less than eighteen months. There are 11 caregivers that have completed standards related to supporting mental health residents. Staff interviewed confirmed they are supported to complete a formal Careerforce qualification.</p> <p>The services family/consumer participation policy outlines active ways to promote and support involvement of residents and family/whānau in the hospital. Family/whānau involvement with decisions relating to policies, protocols, planning, and implementation is through staff with lived experience and input from family/whānau, through the facilities manager and the services advocate. Family can also have input by way of verbal feedback to staff, use of letters, phone calls and visits, and the availability of the complaints process. The advocate visits with residents to ensure residents have an opportunity to provide direct input into areas of interest and concern. Residents and family/whānau indicate resident satisfaction with the opportunities to give feedback. The hospital advocate is in a part-time voluntary position with a position description. The service has a budget available for the advocate role, and the advocate is being reimbursed for expenses. The service is implementing annual resident/family/whānau surveys; however, the 2021 survey had a non-viable (low) response rate.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Nine staff files reviewed (one caregiver, one cook, one diversional therapist, one registered nurse, one clinical nurse coordinator, one facilities manager, one house keeper, one enrolled nurse and one operations manager) 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, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, podiatry). There is an appraisal policy. Appraisals have been consistently completed for all staff employed for longer than one year.</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 caregivers to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. Employee assistance programmes are made available where indicated.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information (eg, policies and procedures, quality reports, meeting minutes) are backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates.</p> <p>Residents entering the service have all relevant initial information recorded on entry into the resident's individual record and an initial care plan is also developed. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>Manor Park is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to Manor Park is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents requiring: psychogeriatric care, mental health, young people with disabilities (YPD), accident compensation corporation (ACC) and respite care level of care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. The facility manager (FM) and clinical coordinator (CC) reported that the rights and identity of the residents are protected by ensuring residents' information is kept confidential in locked cupboards. EPOA/family/whānau were updated where there was a delay to entry to service, this was observed on the days of the audit and in inquiry records sampled. Residents and EPOA/family/whānau interviewed confirmed that they were consulted and received ongoing sufficient</p>

		<p>information regarding the services provided.</p> <p>The FM and CC reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents and staff who identified as Māori.</p> <p>The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented. The service has linkages with local Māori communities, Māori Health practitioners, traditional Māori healers, and organisations to benefit and support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight resident files were reviewed, which included three mental health resident files under the mental health act (including one under 65 years), three psychogeriatric, one respite- mental health and one ACC- psychogeriatric. All these residents had the following assessments completed, (but not limited to): behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required timeframes.</p> <p>Care and support are undertaken by appropriately trained and skilled staff including the registered health professionals and care staff. Cultural assessments were completed by the staff who have completed appropriate cultural training. The service plans were also developed with detailed interventions to address identified problems. Residents, family/whānau/EPOA where required, and mental health involvement are encouraged. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p>

		<p>Long-term care plans were also developed and reviewed six-monthly following interRAI reassessments with detailed interventions to address identified problems. These were completed within the required timeframes as per the contract. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, GP and mental health specialist involvement are encouraged. All residents' files sampled had documented evidence that residents were seen by a psycho-geriatrician or psychiatrist prior to entry confirming placement level. InterRAI assessments were completed within 21 days and these informed development of care plans. The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts, turn charts, neurological observations forms, nursing observations, wound assessment and monitoring forms, blood glucose, and behavioural monitoring charts.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. All long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Relevant outcome scores are considered in the development of care plan goals and interventions. Detailed strategies to maintain and promote the residents' independent wellbeing were documented.</p> <p>All files sampled for residents admitted under the Mental Health Act had risk management plans developed and included early warning signs and relapse prevention strategies and were reviewed three-monthly. There was evidence to confirm that all files were developed in partnership with the residents, service provider, community mental health team, family/whānau and other members of the allied health team. Residents on clozapine were monitored for clozapine levels three to six-monthly. Evidence of this was sighted in the files sampled and medicines adjusted as required.</p> <p>The GP visits the service twice a week and is available on call 24/7. Mental health reviews are completed monthly by the community</p>
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		<p>mental health team. Residents' medical admission and reviews were completed within the required timeframes. Evidence of completed assessments by the psycho-geriatrician or consultant psychiatrist confirming level of care was sighted. Completed medical and mental health records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The FM and CC reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff restated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes GP, FM, CC, care staff, pharmacist, occupational therapist (OT), physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whānau. The GP and nurse practitioner from the community mental health interviewed reported that medical and mental health input was sought within an appropriate timeframe, orders were followed, and care was person-centred. This was confirmed in the files reviewed.</p> <p>The service ensures residents are supported, and families and the community conscientize about mental health to remove stigma and promote acceptance and inclusion through working closely with the local district health board and other community organisations.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the RNs and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p>
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<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>There is a qualified diversional therapist (DT) and two activities coordinators who work across six days. The programme starts at 7.30 am to 3 pm. The programme differs between the three units and is flexible to meet the resident's needs. The DT and activities assistants develop and implement the activity programme in consultation with residents, as appropriate and their family/whānau, to ensure the individual activity, spiritual, cultural, and social needs are met. Church services are held on-site.</p> <p>The overall programme has integrated activities that is appropriate for the group of residents. Younger residents are involved in activities of their choice and this was confirmed in interviews conducted. The activities timetables are displayed weekly on the noticeboard. Group activities include: exercises, card and board games, word games, van outings (limited since covid) entertainment, ball games, bingo, ukulele sing a long, sensory/movie, gym outing, cultural days such as Matariki and visits to the local Marae and seasonal celebrations.</p>

		<p>The service has a hydrotherapy pool that is well utilised for one-to-one and relaxation therapy. Activity plans are individualised and include one-to-one activities. Pet therapy is provided by the home's cats and visiting dogs. There is evidence of individual activities occurring that are meaningful to the resident.</p> <p>The DT spends individual one-on-one time cooking in the kitchenette. Residents and staff talked about the Māori kai 'Boil up' cooked at the residents' request and how much they enjoyed the food. The DT has initiated the cooking of weekly lunches within the unit and residents provide suggestions for the lunch menu and participate in the preparation and cooking of lunch.</p> <p>One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. The service uses an electronic management system for medication prescribing, dispensing, administration, review, and reconciliation. There is a medication management policy in place. Administration records are maintained, and drug incident forms are completed in the event of any drug errors.</p> <p>Indications for use are noted for pro re nata (PRN) medications, and supplements, allergies are indicated, and all photos were current. Eye drops in use were dated on opening. Over-the-counter medications, and supplements were documented on the medication charts where applicable.</p> <p>Medication reconciliation is conducted by the RNs and ENs when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checks medicines against the prescription, and these were updated in the electronic medication management system. The GP completes three-monthly reviews and mental health specialists monthly. All medication charts sampled evidenced that all medication reviews were completed in a timely</p>

		<p>manner. The CC reported that the pharmacist attends MDT meetings and is involved in reviewing residents' medicines.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy promptly. There is only one medication room. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The CC and RN were observed administering medications safely and correctly in their respective wings. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medications and there is a self-medication policy in place when required. There were no standing orders in use. Continuity of treatment and support is promoted by ensuring the views of the residents and family/whānau (where appropriate), are considered prior to any proposed change to medication or any other treatment. The medication policy clearly outlines that residents', including Māori residents and their whānau, are supported to understand their medications.</p> <p>Sixteen medication charts were sampled. The outcomes of PRN medicines are not consistently documented for effectiveness.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The food service is managed by two cooks and assisted by five kitchenhands, who work on different shifts. There is an approved food control plan for the service which expires on 16 July 2023. Meal services are prepared on-site and served in the three main dining rooms in all wings. Food is transported using a trolley with insulated food covers. The menu was reviewed by the registered dietitian 24 April 2022. All kitchen staff have current food handling certificates, and these were sighted in the staff files reviewed.</p> <p>Diets are modified as required and the cook confirmed awareness of the dietary needs of the residents. The residents have a nutrition profile developed on admission which identifies dietary requirements,</p>

		<p>likes, and dislikes. All alternatives are catered for. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. The service has special lip plates and utensils available for residents to help promote independence with meals.</p> <p>The residents and family/whānau interviewed indicated satisfaction with the food service.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted. The cook reported that residents are offered varied menu options, and these would be culturally specific to te ao Māori where required. Residents who identified as Māori and Pasifika were being given meals of their choice, where required family/whānau were bringing in traditional food depending on their cultural background. The cook further reported that a cultural day is observed where all staff bring their traditional food, and this is shared with residents and staff.</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.</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The FM reported that discharges would be into the other community facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with safety of the resident identified. Upon discharge,</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>current and old notes are collated and stored in a locked cupboard in a secure area. If a resident's information is required by subsequent GP, mental health specialists or service, a written request is required for the file to be transferred. The FM reported residents are supported to access or seek a referral to other health and/or disability service providers and social support or Kaupapa Māori agencies, when indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services such as podiatrists, mental health specialists, gerontology nurse specialists, occupational therapists and physiotherapists was sighted in the files reviewed. Residents and EPOA/ family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The service's maintenance policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a building warrant of fitness which expires on 26 February 2023. The service has an experienced maintenance man, who works 37 hours per week. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are logged in a request book at the nurse station and are checked daily. There is a preventative maintenance schedule that is maintained. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing and tagging of electrical equipment. Monthly hot water tests are completed and recorded for resident areas and are below 45 degrees. All equipment has been checked as required and includes, (but not limited to): standing hoists, full body hoist with a range of slings, mobility equipment, pressure relieving equipment and sensor mats. There are environmental audits and building compliance audits.</p> <p>The building is one large secure facility and was observed to be appropriate and suitable for the needs of residents with safe and secure external areas.</p> <p>The external areas and gardens are well maintained. Outdoor areas</p>

		<p>have seating and shaded areas available. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>There are three wings, with 14 single rooms in two wings, and 24 single rooms and two doubles in one wing; one of which is shared as requested by family/whānau. All rooms are large and well equipped. All rooms are in close proximity of showers and toilets with appropriately situated call bells and handrails. Residents bring their own possessions into the home and decorate their room as desired, as observed during the audit. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy, or wheelchair.</p> <p>There are numerous spacious communal areas throughout the facility including, (but not limited to), a library and chapel. Activities as observed on the day of the audit are held in the lounges, chapel, and activities area. The lounges are large enough so there is no impact on other residents who are not involved in activities. The arrangement of seating and space allows both individual and group activities to occur. There was a designated activity room where residents, volunteers and the activity coordinator bake scones and host the morning tea. There are smaller lounges where residents who prefer quieter activities or visitors may sit. The dining rooms are spacious, and the décor is homely. There are small kitchenettes located within the facility for family and visitors to make a cup of tea or coffee. There are handrails in communal bathrooms. There is a communal mobility toilet located close to the communal lounges and dining room. There is a visitors toilet located between reception and the chapel. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There are adequate equipment storage areas in each wing. Resident rooms, the nurses' stations, kitchen, and sluice areas have free flowing soap and paper towels.</p> <p>The building is appropriately heated and ventilated. There is plenty of</p>
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		natural light in the rooms.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, January 2018. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored across the premises for easy staff access. In the event of a power outage there is a large backup generator on-site. There is emergency battery backup for emergency lighting and gas cooking is available. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with 20 litres per day, for a minimum of seven days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and bathroom facilities, communal toilets, and lounge/dining room areas. The call bells link to the nurses' stations care calls system. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. There is safe access to the building with a ramp and steps.</p> <p>The building is secure 24\7 and staff complete security checks at night. Visitors are instructed to press the main entrance doorbell for assistance. The facility is a secure facility with access through reception. All visitors and contractors sign in and out. Staff have access through a keypad pin number system.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The FM is the infection prevention coordinator (IPC). The FM has completed education on infection prevention and antimicrobial use. Management and staff meetings include discussions regarding any residents of concerns, including any infections. These meetings are attended by the owner/director who remain fully informed. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>There was a pandemic outbreak plan in place. The IPC has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted. Additional support and information are accessed from the infection control team at the local DHB, the community laboratory, and the GP, as required. The IPC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The Māori health plan ensures staff is practicing in a culturally safe manner.</p> <p>The infection prevention (IP) and antimicrobial stewardship (AMS) were developed in alignment with the strategic document and approved by governance and linked to a quality improvement programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a documented infection prevention and control programme that is reviewed annually. A review of the programme is completed by the FM who is the infection prevention coordinator (IPC). A position description for the IPC was in place and this was sighted on the audit day.</p> <p>The service has guidelines in place to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Policies and procedures are documented and reviewed regularly. Staff is advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for</p>

		<p>COVID-19. Most residents and all staff have been vaccinated for COVID-19 and influenza. Completed records were sighted in all files sampled.</p> <p>Information and resources to support staff in managing COVID-19 have been regularly updated. Visitor screening and residents' temperature monitoring records depending on alert levels by the MOH were documented. COVID -19 rapid antigen tests (RATs) are being conducted for staff and visitors when indicated before coming on-site.</p> <p>There was an exposure event due to Covid-19, in March 2022. Twenty-nine residents and fifty-eight staff members were affected, and this was managed according to policy. The facility was closed to the public, with GP, EPOA/whānau /family, residents, and relevant authorities notified promptly. Documented evidence of meetings with DHB, staff, and EPOA/whānau /family notifications was sighted.</p> <p>The infection control policy sighted was updated to include COVID-19 and disinfection/decontamination of reusable medical devices. Documented policies and procedures for managing both manual and automated decontamination of reusable medical devices were reviewed. The FM reported that there are documented appropriate decontamination procedures in place for medical equipment and devices used in the delivery of care. Internal audits are completed three times a year and all corrective actions are documented and verified at the audit. The FM interviewed reported that cultural advice is accessed through the DHB and other linkages in the community.</p> <p>The service has documented policies and procedures in place that reflected current best practices. Policies and procedures are accessible and available for staff in the nurse's station, and these were current. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good handwashing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The FM is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infections rates information is shared promptly. The IPC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through the district health board, the medical laboratory, and the attending GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate that is recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP was informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. There was an infection outbreak in March 2022 which was</p>

<p>with an equity focus.</p>		<p>managed according to policy and MOH requirements.</p> <p>The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>The service policy describes safe and appropriate storage and disposal of waste, infectious or hazardous substances, including storage and use of chemicals. Material safety datasheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on-site. The FM, CC, cook, and care staff interviewed demonstrated awareness of safety and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff were observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on-site or by family members if requested, in the well-equipped laundry which has a clear separation of clean and dirty areas. The resident and family/ whānau interviewed expressed satisfaction with the laundry management and the clothes are returned promptly. The staff demonstrated a sound knowledge of the laundry processes. There is designated laundry and cleaning staff. Staff received appropriate training in chemical safety training annually and infection control, including COVID-19. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the locked storeroom. There is one cleaning room where all cleaning trolleys are kept locked and two sluice rooms. Safety datasheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted</p>

		<p>upon. Cleaning of frequently touched areas and accessed areas was increased due to COVID-19. The residents and family members interviewed reported that the environment was clean and was satisfied with laundry services.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Manor Park is committed to a restraint-free environment and this was reflected in the policy and during interviews with the FM. The owner/director is kept informed about any use of restraint and during interview confirmed the service was committed to maintaining a restraint-free environment. There are policies around restraints including definitions. The facility manager is the restraint coordinator. There were no restraints in use during the audit. In the event restraint use is considered, this would be as a last resort when all alternatives have been explored and requires discussion with the resident and/or whānau/EPOA, GP and the nursing team.</p> <p>Staff receive training around restraint minimisation and managing challenging behaviours as part of the annual mandatory training. The service focuses on de-escalation techniques and one-on-one activities to maintain its restraint-free environment.</p> <p>The provider is developing plans to report ethnicity, type and frequency of restraints and data analysis to the owner/director should they be used in future.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	The service is also certified to provide Dementia care and Hospital services - Geriatric services, however these services are not currently being provided. Therefore the service does not have enough staff currently employed to meet the requirements of those services including meeting the Aged Residential Care contract (ARC).	The service is currently not providing dementia or hospital-geriatric level care. (i). Therefore there is no transition plan in place that identifies the staffing required for those levels of care that also considers the increased bed numbers. (ii). Staffing is not in place to cover dementia and hospital-geriatric level care.	<p>(i). Ensure a transition plan is in place around increasing bed numbers and service types. (ii). Ensure adequate staff are in place that meet the requirements of the ARC contract prior to the introduction of dementia and hospital-geriatric level care.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit. Outcomes of PRN medicines were not consistently documented for effectiveness, this included medicines	Ten of sixteen medicine charts sampled did not have consistent evaluation of the administered PRN medication	<p>Ensure outcomes of PRN medicines are consistently documented for effectiveness</p> <p>90 days</p>

		such as: laxatives, pain relief, anti-anxiety, and medicines to regulate blood glucose levels		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.