

Bima Health Limited - Sunhaven Rest Home & Private Hospital

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Bima Health Limited
Premises audited:	Sunhaven Rest Home & Private Hospital
Services audited:	Hospital services - Psychogeriatric services; Dementia care; Residential disability services - Psychiatric
Dates of audit:	Start date: 7 September 2022 End date: 7 September 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	35

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

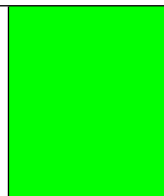
Sunhaven Rest Home & Private Hospital (referred to as Sunhaven) can provide care for up to 40 residents/consumers. There is a dementia unit, psychogeriatric unit and residential disability – psychiatric unit. The dementia and psychogeriatric areas are secure. The mental health consumers can come and go as they please. There have been no significant changes since the last audit, however a new electronic quality/client management system has been purchased and was in the process of being fully implemented.

This unannounced transitional surveillance audit was conducted against a sub-set of the 2021 Health and Disability Service Standards – Ngā Paerewa and the organisation’s contracts with their funder. Additional criteria have been included to ensure the mental health requirements have been met. The audit process included the review of policies and procedures; a sample of resident/consumers and staff files; observations, and interviews with whanau, management, staff, the owner/proprietor and visiting allied health professional, including the nurse practitioner for the residents receiving aged care services.

There were no previously identified areas of improvement to follow up from the last audit and no new areas of non-conformance identified. The organisation continues to work within a continuous improvement model of practice. The organisation is well placed to meet the 2021 Ngā Paerewa standards.

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.

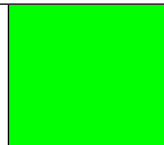


Subsections applicable to this service fully attained.

The principles of Te Tiriti o Waitangi are embedded into everyday practice. Mana motuhake is recognised and respected. Both the Māori health plan and Pacific plan refer to relevant models of health and national strategies for achieving equity and improved outcomes. Māori and Pacific representation is evident in the development of system and processes. There are two staff who are currently in an advance te reo course and staff were observed to use te reo in day to day interactions. A Māori health care plan is utilised based on te whare tapa wha. Māori and Pacific staff interviewed confirmed that service are delivered in a manner that is culturally safe. The complaints process is managed fairly, and equitably in line with consumer legislation and service policies.

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.

Responsibilities for top management are shared between the owner/proprietor and the facility manager. Services are focused on improving outcomes for residents/consumers and tangata whaikaha. The facility manager has completed Te Tiriti education and competently demonstrated an understanding of social determinants of health, disparities and equity.

Organisational performance is monitored. There is a documented and implemented quality and risk management system. Quality outcomes data is collected and analysed to improve service delivery. Quality improvements are developed, implemented and monitored.

There is a clearly documented rationale for determining staff levels and skill mix to provide culturally and clinically safe services. Staff competency requirements are defined and monitored. The orientation programme includes the essential components of service delivery. Staff ethnicity data is collected. Professional qualifications are validated. Ongoing education continues to exceed funder requirements.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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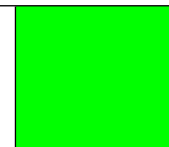
Entry and decline requirements are documented. All residents/consumers have a plan of care which is based on a strengths-based model and considers pae ora outcomes. Care plans include goals and risk. The provider works alongside the mental health team and a nurse practitioner to ensure plans and interventions are based on good practice. Plans are reviewed as and when required, including the residents/consumers degree of achievement in meeting their individual outcomes. Services are delivered in a manner that gives tangata whaikaha a voice and maintains as much independence as possible. Appropriate activities are provided. Mental health consumers are able to access the community independently.

The medication management system meets current legislation, standards and guidelines. Staff who administer medications are assessed for competency. There were no consumers self-administrating medication at the time of the audit.

Food services are implemented in line with nutritional guidelines. There is a current food control plan. Food services meet the individuals cultural and wellbeing needs.

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.

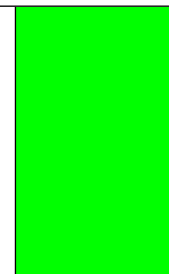


Subsections applicable to this service fully attained.

There have been no changes to the facility since the last audit. The building warrant of fitness is current. Emergency and security have been maintained. The fire evacuation plan is approved, and trial evacuations are conducted routinely. The environment has been well maintained and is frequently monitored. Cultural requirements are respected with consideration given to personal needs. Te reo is displayed throughout the facility.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The pandemic plan has been developed in line with current Ministry of Health and Te Whatu Ora guidelines. There is a sufficient supply of personal protective equipment (PPE). There is Māori representation at the staff/quality meetings to ensure that infection prevention strategies remain culturally safe. Surveillance methods are defined and appropriate to the size and scope of the organisation.

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.

The provider actively works to reduce any use of restraint. There were no restraints in use at the time of the audit. The required policies and procedures are documented, as are emergency processes for the management of escalating behaviours. All staff receive education in de-escalation, calming, behaviour management and restraint use.

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	22	0	0	0	0	0
Criteria	1	56	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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>The existing Māori policy and procedure and the Māori Values procedure refer to te Tiriti o Waitangi, Māori models of health, and barriers to access, equity and national health strategies. The new policy includes the Nursing Council of NZ Māori health action plan. The provider is currently reviewing this plan to ensure it reflects the size, scope and kaupapa of the organisation.</p> <p>Individual Māori health plans are documented for residents/consumers who identify as Māori. These are based on te whare tapa wha Māori model of health, documented in te reo and were sighted in relevant resident/consumer records. In interview, the facility manager reported that the organisation has access to a community Māori support person, who is available to provide support to the residents/consumers as required.</p> <p>The organisation retains a multicultural workforce. There are Māori staff who provide ongoing support and feedback to management and</p>

		other staff regarding the delivery of culturally appropriate services.
<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>	FA	The Pacific policy, and related health plan, references Pacifica models of health and current national strategies. The policy/plan was shared with staff who identify as Pacifica for their input, considering their Pacific voice. The organisation also has access to a Pacific representative, from a local church, who visits the facility and provides support to both staff and residents/consumers. Pacific staff and residents interviewed reported satisfaction with the way Pacific needs are respected and considered during service development and delivery.
<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	Staff were aware of the Code of Health and Disability Services Consumers' Rights (the Code) and were able to describe methods used to actively embed and enact Te Tiriti in day to day service delivery. This includes recognising mana motuhake. Cultural safety training includes mana, dignity and respect. Māori care health plans are utilised. Residents/consumers, staff and whanau confirmed that the service is mana enhancing and supports residents/consumers cultural preferences and needs. Respecting residents/consumer rights is included in the satisfaction survey process. Records of surveys confirmed overall satisfaction with the services provided.
<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</p>	FA	Management and staff were observed using te reo when communicating with residents/consumers. Signage throughout the facility is displayed in both English and te reo. The facility manager and diversional therapist have been learning te reo and are now in an advanced class. The facility manager has also recently completed Te Tiriti o Waitangi training and is sharing the learnings with staff. Mandatory cultural safety training includes Te Tiriti in terms of service delivery. Staff provided examples of how they complete personal cares and day to day activities whilst respecting the principles of partnership, protection and participation. Examples included the

experiences.		correct pronunciation of te reo and specific care taken regarding areas that are considered tapu. Specific needs of tangata whaikaha are considered and captured in the development of Māori health plans.
<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>	FA	Māori staff reported that the kaupapa of the organisation ensures their safety if they wanted to report any concerns regarding institutional racism. To date this has not been required. Wellbeing outcomes for Māori are fully documented using te whare tapu wha which identifies individual strengths. This was evident in Māori health plans sampled. The incident and reporting process is easily accessible and available to all staff and residents/consumers. There have been no reported incidents or complaints directly related to abuse or neglect.
<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	Clinical files confirmed that mental health consumers and the Enduring Power of Attorney (EPOA)/whanau of the dementia residents were able to make informed choices that reflected best practice tikanga guidelines. This was confirmed during interview with mental health consumers and whanau of the dementia residents. The provider has access to Te Whatu Ora Health New Zealand Taranaki Māori Health unit to provide support and guidance if required.
<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</p>	FA	The complaints process meets the requirements of Right 10 of the Code. Staff, resident's whanau and mental health consumers interviewed confirmed their knowledge of the complaints process. The complaints process works equitably for Māori and Pacific residents/consumers and whanau. There has been one formal complaint since the last audit. Notification of the complaint was

<p>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>received from the office of the Health and Disability Commissioner (HDC) in May 2022. The provider has responded to the request for information made by the HDC and has not yet received a response. A summary of the complaint, and all related records, were included in the complaints register.</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>There have been no changes to top management since the last audit. The owner/proprietor is the sole owner and has been working in the health and disability sector since 1973. Top management responsibilities are shared between the director and the facility manager, who are both actively involved in the strategic direction of the organisation.</p> <p>Top management continue working towards improving equity and outcomes for Māori and tangata whaikaha. The facility manager is attending an advanced te reo class and attended a Te Tiriti o Waitangi workshop in August 2022 and has achieved compliance with Te Tiriti requirements in Ngā Paerewa Health and Disability Standards provided by the Ministry of Health in June 2022. The facility manager and clinical manager also attend manager meetings for aged care providers hosted by the portfolio manager, who is arranging for a local Māori Te Whatu Ora representative to provide any additional support if required. A local Māori health provider is actively involved with the mental health consumers, who are mostly Māori, and identify as such. This is supporting the organisation to identify any potential barriers to equitable service delivery. All staff meetings in the psychiatric unit (Mental Health) are opened and closed with a karakia, facilitated by the facility manager and there is a Māori consumer who is involved in activities which require, or would benefit from, Māori input.</p> <p>There are 40 beds in the service. The provider has agreements with the funder for the provision of aged residential care – dementia and psychogeriatric care (both secure units) and residential mental health under a long-term support contract. The residential disability – psychiatric service provides eight non-secure beds. There were seven consumers in the residential disability – psychiatric unit during the audit. There are 20 psychogeriatric beds, 16 of which were occupied,</p>

		and 12 dementia beds, all of which were occupied. The rest home also has a contract for respite and day care through the funder. There were no residents/consumers requiring respite during the audit.
<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>The provider is fully versed in their statutory and regulatory requirements. This includes Section 31 reporting regarding registered nurse cover, compliance with aged residential care requirements, legal and financial obligations, health and safety requirements and supporting health practitioners to maintain their professional requirements under the Health Practitioners Competency Act. Performance monitoring reports are forwarded to the funder quarterly, there is a current food control plan and management has maintained compliance with COVID reporting and education.</p> <p>A new electronic quality and risk management system has been purchased. The system has been designed to meet the new requirements of this standard and the provider is in the process of implementation. Quality related data and outcomes are collated, analysed and shared with staff at regular quality/staff meetings. There is a process to measure achievement against the quality improvement plan. Quality meetings occur every two months and are attended by representatives throughout the organisation. Meeting minutes confirmed that quality related data is discussed, including quality improvements and business plans, complaints, compliments, adverse events, quality improvements, staffing, service delivery, restraints, hazards, risks, internal audits and maintenance. A risk and hazard management plan is documented. Risks are identified, analysed, monitored and discussed regularly between the facility manager and owner. Issues impacting of business are included in the annual business plan. High quality healthcare for Māori is measured through the evaluation of clinical outcomes and results of satisfaction surveys. The previously identified continuous improvement rating has remained and been extended.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	FA	<p>The management team consists of the owner/proprietor, the facility manager and the clinical manager. Succession planning is in place to ensure management roles are delegated in the absence of a team member. The process for determining staffing levels and skill mix is</p>

<p>to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>defined in policy and considers the layout of the facility and levels of care provided. Staff rosters are developed by the facility manager, with input from the clinical manager and confirm that there is sufficient staff coverage on each shift, in each area, with shift gaps covered in the event of a temporary absence. Additional staff are available in the event a resident/consumer requires one on one support. Staff state that they can call for assistance after hours, with the manager and owner available at all times. There are additional designated staff for cleaning and laundry duties and a 'lounge' staff member in the high need's dementia area. The clinical manager is rostered on weekdays, and shares on call duties with the other registered nurses. There is a registered nurse in charge on each shift. It was reported that registered nurse cover has been a problem during the pandemic with many Section 31 notifications forwarded to the Ministry of Health during this time, however two registered nurses have been recently recruited with one additional nurse commencing duties from October 2022.</p> <p>Competency requirements are defined. The three current registered nurses have completed the required interRAI training and competencies. Medications are administered by registered nurses and healthcare assistants who have been assessed as competent. Two of the staff working on the residential disability – psychiatric unit have completed the mental health diploma and are receiving ongoing support/input from the mental health team. Staff have completed the required dementia training or are enrolled. Kitchen staff, cleaners and the activities coordinators have all received the required relevant education. All staff have cardiopulmonary resuscitation (CPR) training and hand washing competencies.</p> <p>The organisation continues to exceed funder requirements with regarding to annual training, however, to achieve a further continuous improvement rating additional education in equity will be required. A training plan is documented and implemented annually with regular monthly training sessions provided. Staff confirmed they have access to a wide variety of both internal and external education opportunities and are fully remunerated when attending ongoing education. Māori expertise is accessed to ensure cultural safety training ensures high</p>
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		<p>quality health information.</p> <p>People with lived experience participate in service planning. This was evident in service developments and improvements which have been suggested by consumers. For example the group barbeques in the mental health unit. The consumer voice is heard when involved in care planning and completing satisfaction surveys. The provider works closely with the mental health team, mental health advocates and peers (NZS 8134:2021 additional mental health specific criterion 2.3.9, 2.3.10 and 2.3.11).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Staff records sampled included an employment agreement, evidence of current qualifications, practicing certificates and a position description. Registered nurses are fully supported to maintain the education hours required for their annual practicing certificate and professional development. All staff receive an orientation and participate in ongoing refresher education. Staff interviewed reported that the orientation programme is comprehensive, supportive and prepares them well for the tasks required. Completed orientation records were sighted in staff files sampled. Staff information is current, accurate and secure. Staff ethnicity data is captured on the initial application form. This was added to the application form in 2021.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>The clinical manager and the facility manager advised that persons eligible for the service are not declined admission unless a bed is unavailable. Ethnicity data is recorded pertaining to all residents/consumers admitted to the service. There is an auditable trail, through email correspondence, of persons declined to the service because of bed unavailability. The provider has a meaningful partnership with a community Māori health provider that provides guidance and support to ensure the care provided to residents/consumers benefits Māori individual and whānau needs.</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		
<p>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>Resident's/consumers have individualised support provided that meets the physical, cultural, spiritual, and social dimensions and aspirations of their wellbeing. A registered nurse completes the resident's/consumer assessments (including interRAI) to inform and develop the care-plan. The clinical manager (or a registered nurse in the absence of the clinical manager) liaises with the nurse practitioner (NP) to ensure residents/consumers receive the appropriate medical services. Clinical files demonstrated that assessments of the resident's/consumers holistic wellbeing were undertaken on admission and included for example skin integrity, pain assessment, falls risk, sleep patterns and behaviour. Care plans in the dementia unit were developed in consultation with the resident's EPOA/whanau, and addressed all indicators raised by the assessment process. Short term care plans were developed and monitored where required.</p> <p>Dementia residents' interRAI assessments and resultant documented care-plans are prioritised and completed within a timely manner appropriate to the resident's needs. All interRAI assessments were up to date at the time of the audit. The interventions to address the resident's identified needs had been implemented, and this was evidenced in the resident's progress notes, by observation during the audit and during interview with the resident's family/whanau.</p> <p>Mental health consumer files contain a documented care-plan and risk management plan which had been developed by the mental health provider in collaboration with the consumer and their whanau. This was verified during interview with consumers and whanau</p> <p>The provider has recently introduced an electronic clinical record management system, and at the time of the audit, transition from a paper-based system to a fully electronic system was occurring. The clinical record held the documentation of the Nurse Practitioner (NP) pertaining to three-monthly assessments, and there was evidence that</p>

		<p>residents were seen by the NP more frequently if required. The paper based clinical records held reports of letters from health professionals from other health and disability services who had provided input into the resident's/consumer's care. The progress notes documented the resident's/consumers daily activities and any observed changes in the resident's/consumers health status or behavioural changes. Early warning signs and triggers are documented including those in the behaviour management plans.</p> <p>Monthly vital signs and weights of residents were documented. Where progress is different to that expected, or the resident shows signs or symptoms of illness, vital signs are repeated, further assessments are performed as appropriate, and the NP is notified. The NP was interviewed and confirmed residents were seen and assessed three monthly, and if the residents condition changes a registered nurse or the clinical manager notifies the NP for medical review. The NP stated that the care provided to the dementia residents reflect the Frailty Care Guides Ngā aratohu maimoa hauwarea.</p> <p>The provider engages with a Māori community service provider and tāngata whaikaha to enable input into service development. Mental health consumers are supported to identify their own pae ora outcomes. Whanau of dementia residents are included in determining pae ora outcomes for their loved ones. Files sampled of Māori residents/consumers confirmed that cultural preferences were incorporated into the care plan. Māori consumers interviewed stated that care was provided in a manner that respected their mana, and that access to support persons was encouraged.</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</p>	FA	<p>The diversional therapist (DT) was interviewed and confirmed that the provider supported the employee to enrol and participate in a te reo programme. The DT stated that ongoing education in te ao Māori, was planned, following completion of the te reo programme. The activities programme includes traditional Māori crafts for example creating a paper korowai which now hangs on a consumer's bedroom wall. Flax work has been included in the programme, but COVID has restricted the ability of the community volunteers/facilitators to attend the facility regularly. Mental health consumers participate in te ao Māori, by</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>attending a community-based activities programme as desired, including marae visits.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management system reflects current recommended best practice. There is an electronic programme for prescribing and recording the administration of medication. Medications are dispensed by the pharmacy using a pre-packaged system. The pharmacy delivers medications as required and disposes of unwanted medications. A registered nurse checks the medications upon delivery. Medication administration is performed by registered nurses or care assistants with a New Zealand Qualifications Authority (NZQA) level four certificate and who have completed an in-house medication competency programme. A medication round was observed with staff demonstrating competency with administration.</p> <p>The medication room is locked, and temperature is monitored. During the audit no medications were observed to be out of date. Eye drops, ointments and creams had a documented opening date. Controlled medications were stored appropriately and documentation of these reflected legislated requirements. There is a medication fridge that is temperature controlled and monitored.</p> <p>All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The NP had consistently reviewed the medication chart at least three monthly. Standing orders, self-administration of medications, or over the counter (OTC) medications are not used in this service. There were no residents/consumers who self-administered their medication.</p> <p>Mental health consumers, including Māori consumers and their whanau, are supported to understand and access their medications and this was confirmed by consumers and their whanau during interviews. The EPOA/whanau of dementia residents are advised of the medications the resident is being given and provided any additional information they want to know.</p> <p>Medication incidents are rare, however when an incident does occur the clinical manager reviews the factors that contributed to the</p>

		incident and implements a corrective action. The NP interviewed stated that the medication systems and processes used were safe and appropriate to the service, and that reviews include analysis of the need for the medications prescribed, and where it is determined that some medications are no longer required, these are stopped.
<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>	FA	<p>The chef in charge of the kitchen was interviewed and expressed a commitment to preparing kai that ensures it's nutritional and cultural values are respected. One night per week residents/consumers choose their own evening meal, which the chef prepares and cooks. The mental health consumers spoke positively of and enjoyed this initiative. The chef discussed the boil up that is prepared monthly and confirmed that access to the appropriate ingredients and food is available (refer to continuous improvement rating in criteria 2.2.2). Rewēna bread (Māori bread) is made as an accompaniment to some meals.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they 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>There is a transfer and discharge policy that guides the staff member/s facilitating the residents/consumers transfer or discharge from the facility. A clinical file sampled confirmed that the resident's transfer out of the service and return to the service was documented and included an assessment and risk mitigation strategy, and that a plan was developed in collaboration with the accepting service provider. The resident and the whanau were aware of and involved in the planning of the transfer, and this was confirmed during family/whanau interview.</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</p>	FA	<p>There have been no changes to the facility since the last audit. The building was purpose built and separation between the secure areas and the mental health unit was completed in January 2019. The current building warrant of fitness is displayed. A contracted company completes the certification of compliance requirements through</p>

<p>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>monthly inspections, maintenance and reporting procedures. Electrical equipment is tagged and medical devices are calibrated. Maintenance is addressed in a routine and ongoing manner. Records of maintenance requests are maintained and confirmed that they are addressed. Generalised wear and tear of the building and floor surfaces is monitored and addressed. Health and safety requirements are maintained, including hazard identification. Environmental health and safety is monitored through internal audits of the premises each month. The safety checklist covers the entire facility and corrective actions are implemented. The residents cultural values are considered with design and development, with frequent use of te reo displayed throughout the facility.</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>There is an approved fire evacuation plan. The plan was updated when the mental health unit was opened in 2019. Trial evacuations are completed every six months. Records of fire drills confirmed good staff attendance, including night staff. Fire equipment is displayed and maintained. Emergency evacuation procedures are displayed throughout the building. There are smoke alarms in each area. The sprinkler system is routinely checked.</p> <p>There are call bells in each bedroom, bathrooms and toilets. These are routinely checked during environmental internal audits. There are security lights outside the building and security cameras inside in public places. The dementia area is secure, with large outdoor areas for the residents to wander. Staff conduct security checks each evening. During the pandemic, visitors are by appointment only.</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>	FA	<p>Infection control policies and procedure recognise Te Tiriti and te whare tapa wha. The pandemic plan is current and developed in line with national guidelines and funder requirements. The plan has successfully helped the organisation navigate through the COVID pandemic with one outbreak at the facility in May of this year. The funder and Public Health Unit were kept fully informed and provided with a comprehensive report regarding COVID management. Sufficient amounts of PPE are available and have been provided by the funder. This includes masks, gowns and gloves. Visitors are able to visit by appointment only which ensures the required monitoring is</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>maintained. Māori staff actively participate in staff/quality meetings where the infection prevention programme is developed, discussed and monitored. This enhances /facilitates cultural safety.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance processes are fully documented using standardised surveillance definitions and are appropriate to the size and scope of the service. Infection information is collated, analysed and displayed in graph form for all staff to see. Surveillance includes ethnicity data. Corrective actions are identified where necessary. For example increased fluids to prevent urinary infections and ongoing hand hygiene competencies. Infection reports sighted confirmed that there is a very low infection rate amongst residents/consumer with three infections reported during the worst of the winter months.</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>The owner/proprietor was interviewed and confirmed a commitment to maintaining a restraint free environment within the service. This commitment is demonstrated by the implementation of policies and procedures that support a restraint free environment. The restraint committee links with the quality committee, of which there is a member who identifies as Māori and represents te ao Māori. The restraint co-ordinator is a registered nurse, with a line of report to the director of the service via the clinical manager and the facility manager. At the time of the audit there were no restraints in use, the last restraint was used five months prior to the audit. There are processes in place to ensure that the type and frequency of any restraint used is reported to the owner/proprietor, and that analysis occurs to monitor and ensure the health and safety of residents and staff. The NP was interviewed and confirmed a commitment to the maintenance of no restraints being used. All staff received training in the management of behaviour and de-escalation. Behaviour management plans are in place for those are need them.</p> <p>The voice of those with lived experience is considered in the development of de-escalation and behaviour monitoring processes.</p>

		Consumers confirmed their understanding and knowledge of their early warning signs and what interventions are best implemented to avoid triggers and maintain a stable mood (NZS 8134:2021 additional mental health specific criterion 6.1.2).
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The organisation continues to implement a variety of continuous improvement activities. A register of quality improvements is maintained. There has been 12 quality improvements initiated since the last audit. Any change or improvement is being documented using a quality improvement cycle and is managed by the clinical manager and the facility manager. Recent quality improvements have included the introduction of community barbeques for the mental health consumers. Invites are extended to friends, whanau, mental health support workers and staff. Consumers interviewed reported that these events aid in their recovery, independence and improve relationships. Medical care guidance forms have been successfully implemented for residents who are assessed as not competent to complete an advance directive. These are developed with whanau and are achieving a reduction in hospital admission for those in the last stages of life. Meals of choice have been implemented every Friday and have included input from Māori staff who are now providing boil-up on a regular basis for all residents with very</p>	<p>The organisation continues to implement quality improvements which result in improved outcomes for residents/consumers.</p>

		positive results and increased engagement with mealtimes. The organisation has also enrolled to access the third age group of specialist general practitioners (GP's) to ensure ongoing GP support services, following a period of difficulties in accessing services during the COVID pandemic. This is a specialist service which required funder approval.	
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End of the report.