

Annie Brydon Complex Limited - Te Mahana Resthome

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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Annie Brydon Complex Limited
Premises audited:	Te Mahana Resthome
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 February 2023 End date: 14 February 2023
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:	14

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

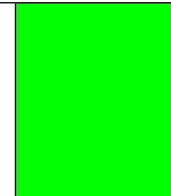
Te Mahana Rest Home (Te Mahana) provides rest home and respite care for up to 25 residents. There were 16 residents in the facility on the day of audit, 14 rest home residents and two boarders. The facility is owned and operated by two directors in a building leased from a community trust.

This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard 2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Taranaki. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, managers, staff, and a general practitioner.

Improvements have been made to quality and risk management processes, care planning and the activities programme, addressing those areas requiring improvement at the previous audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

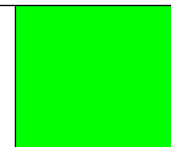
The directors of Te Mahana Rest Home work collaboratively with staff, residents, and the local community to support and encourage a Māori world view of health in all aspects of service delivery. Fifty percent of the workforce at Te Mahana identify as Māori. All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

Residents and relatives confirmed that they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The service is governed by the two directors of the company who lease the buildings from the local community trust. The directors work with the facility's nurse manager who is a registered nurse to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals.

There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data, including adverse events, are analysed to identify and manage trends. All incidents are being reliably reported and recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents, workforce planning is fair, equitable, and respects input from staff. The nurse manager has the required skills and experience for the level of care provided. Staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Staff are suitably skilled and experienced, competencies are defined and monitored, and staff performance is reviewed. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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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On admission to Te Mahana Rest Home residents receive a person-centred and family/whānau-centred approach to care. The service conducts routine analysis of entry rates, this included specific data for entry rates for Māori.

Residents and their family/whānau participate in the development of a pathway to wellbeing, through timely assessment that is planned, coordinated, and reviewed to address resident's needs. Care plans are individualised and demonstrate wellbeing outcomes for all.


The activity programme encourages community initiatives that support Māori and their family/whānau.

Medicines are safely managed and administered by staff who are competent to do so. All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau have menu options that are culturally specific to te ao Māori.

A discharge or transition plan is developed in collaboration with the resident and their family/whānau.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised. Spaces were culturally inclusive, suited to the needs of the resident groups and reflect cultural preferences. The building warrant of fitness is current.

Fire and emergency procedures are documented, and related staff training has been carried out. Emergency supplies are available. All staff are trained in the management of fire and other emergencies. Security is maintained and hazards identified and addressed.

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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Te Mahana Rest Home 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 programme is coordinated by the nurse manager. There is a pandemic plan in place which is assessed periodically and has been tested.

Surveillance of infections is undertaken, and results are monitored and shared with all staff. Action plans are implemented as and when required.

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 service has implemented policies and procedures that support the elimination of restraint. No restraint was in use at the time of audit. Should restraint be required, there is a comprehensive assessment, approval and monitoring process for restraint requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is the nurse manager who has a defined role providing support and oversight for restraint management. Staff interviewed demonstrated a sound knowledge and understanding of restraint processes.

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	21	0	0	0	0	0
Criteria	0	54	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>	FA	<p>The directors of Te Mahana Rest Home (Te Mahana) have policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. They are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There are residents and staff at Te Mahana who identify as Māori. Staff were employed across several organisational roles, including leadership roles. The service engages with external Māori supports.</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>	Not Applicable	<p>The service has not yet developed a specific plan of care for Pacific peoples (refer criterion 1.2.3). There were no residents or staff who identify as Pasifika in the service on the day of audit.</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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Service Consumer Rights (the Code) is available in English and Māori. Residents who identify as Māori said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring Power of Attorney (EPOA)/family/whānau or the resident's representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. A Māori model of care guides health care planning for residents who identify as Māori.</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>All staff at Te Mahana have completed training on the Te Tiriti o Waitangi during orientation, toolbox training sessions and via ongoing online training. A planned in-service update on Te Tiriti o Waitangi by a kaumatua from the local Ngati Ruanui iwi, was due to be given this week, however, this was delayed due to the cyclone. Eleven of 23 care staff employed at Te Mahana identify as Māori and understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>The service is observed to respond to tāngata whaikaha needs and enable their participation in te ao Māori, however processes around this have not yet been formalised (refer criterion 1.4.6).</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</p>	<p>FA</p>	<p>The directors of the service stated that any observed or reported racism, abuse, or exploitation at Te Mahana is addressed promptly and they are guided by the code of conduct. There is nothing written in</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>policy that addresses how the service will promote an environment where it is safe to question how institutional and systemic racism is operating (refer criterion 1.5.5). There is a Māori health plan in place, and a large Māori population to advocate.</p> <p>During interview, the care staff and directors stated that a holistic model of health at Te Mahana is promoted, that encompasses an individualised approach that ensures best outcomes for all.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Eleven staff who identify as Māori, the visiting kaumatua and resident's family/whānau assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support being available when a resident had a choice of treatment options available to them. Staff have received training on tikanga best practice guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of consumer rights legislation. All residents and their family/whānau are provided with information on entry regarding the complaints process and advocacy services. Information regarding the complaints process is displayed. There have been no complaints received from Māori residents, however, there are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion. Residents and family/whānau interviewed understood their right to make a complaint and knew how</p>

		<p>to do so.</p> <p>There have been three complaints since the last audit. Records confirmed that complaints are being managed in line with Right 10 of the Code and that two of the three had been closed to the satisfaction of the complainant. One complaint remains open on the day of audit. No complaints have been received from external sources.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Te Mahana is governed by two directors of a private company. The directors assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. There is a Māori health plan in place that guides care for Māori. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. This was supported by interviews with residents and their family/whānau, and with staff.</p> <p>The directors are aware of the need to complete education on Te Tiriti, health equity, and cultural safety but have not yet completed this (refer criterion 2.1.10). The service is currently developing policy around enabling independence for tāngata whaikaha (refer criterion 2.1.6).</p> <p>The service holds contracts with the Te Whatu Ora – Health New Zealand Taranaki for aged-related rest home services, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), day respite, care for younger disabled (under 65 years of age), and Accident Compensation Corporation Pathways (ACC). On the day of audit, 14 residents were receiving rest home services, two boarders were receiving hospitality services, and one person was receiving day care services.</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The directors are responsible for identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and board reporting documents. Ethnicity data is being consistently gathered for residents and staff. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. High-quality care for Māori is embedded in organisational practices and the efficacy of this was confirmed by Māori residents and their family/whānau.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints/compliments, all of which are analysed to identify and manage issues and trends. A sample of quality and risk and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. One corrective action identified during the certification audit (HDSS 2008: 1.2.3.6) related to the analysis and evaluation of quality improvement data and reporting these to the directors and staff have been addressed by the service and these are now closed.</p> <p>The service complies with statutory and regulatory reporting obligations. One section 31 notification has been made since the last audit in relation to an RN shortage due to the nationwide shortage of nurses; the RN shortage has now been rectified at this facility.</p>
<p>Subsection 2.3: Service management</p>	<p>FA</p>	<p>There is a documented and implemented process for determining</p>

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. At least one staff member on each shift has a current first aid certificate.</p> <p>Staffing for the facility comprises RN cover over 40 hours per week provided by the Nurse Manager (NM). The NM is also available on call as required. The NM is supported by caregivers, one senior medication competent caregiver and two other caregivers in the morning; one senior medication competent caregiver and two other caregivers in the afternoon; and one senior medication competent caregiver on night shift. The caregiver on night shift has the support of an on-call caregiver who lives nearby, or the NM if assistance is needed. Domestic (cleaning and laundry) and food services are carried out by dedicated staff seven days per week.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training topics such as medication management, infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of emergencies and civil defence response, manual handling and safe transfer, resident cares, and residents' rights. The service has also embedded cultural values and competency in their training programmes, including information on equity, cultural safety, Te Tiriti o Waitangi, and tikanga practices.</p> <p>Māori related information is shared in the organisation through policy and procedure, the care planning process, and through communication with residents and their families/whānau. All staff who administer medicines are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of</p>
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		the provider's agreement with Te Whatu Ora Taranaki. The NM maintains interRAI competency.
<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>Human resources management policies and processes are based on good employment practice and relevant legislation. Records are kept confirming that all regulated staff and contracted providers have proof of current practising certification with their regulatory bodies (e.g., the NZ Nursing Council, the NZ medical council, pharmacy, physiotherapy, and podiatry board). All new staff engage in a comprehensive orientation programme tailored for their specific role, which includes being 'buddied' with a peer. Staff interviewed confirmed that the orientation programme prepared them for their role.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Te Mahana is operating in a Māori community that is supportive of the services provided.</p> <p>The service carries out routine analysis of entry and decline rates, this included specific data for entry and decline rates for Māori.</p> <p>Te Mahana has developed meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau, including support from and regular visits by a kaumatua from the local iwi Ngati Ruanui, Māori healthcare organisations, Māori healthcare practitioners, and traditional Māori healers.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Te Mahana works in partnership with the resident and their family/whānau to support the resident's wellbeing. Five residents' files were reviewed. Files included residents who identified as Māori, residents who had recently been admitted to an acute facility, after experiencing a relapse, residents who had several long-term chronic conditions and residents who had behaviours that challenge. There were no residents at Te Mahana at the time of audit with pressure injuries. Files reviewed verified a care plan is developed by the NM following an interRAI assessment, and a comprehensive assessment which included consideration of the person's lived experience, cultural needs, values, and beliefs, and considering wider service integration, where required. Residents who identified as Māori had a Māori health plan in place using te whare tapa whā model of care.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes met contractual requirements.</p> <p>The management of any specific medical conditions was not always well documented or sufficiently detailed to guide the care required in three of the five care plans reviewed. This was identified as requiring corrective action at the previous audit and remains open (refer HDSS 2008: criterion 1.3.5.2). Evidence was sighted of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or their family/whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability. A previous corrective action (HDSS 2008: criterion 1.3.4.2) that identified bowel charts, and wound care assessments not being consistently completed has been addressed.</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. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme sighted supports community initiatives that meet the health needs and aspirations of Māori and their whānau. Care staff provide the programme. Residents who identify as Māori are encouraged to connect or reconnect with their communities. Recent activities include joining in the local Waitangi Day celebrations in the local park, celebrating Matariki, kapa haka groups entertaining residents, and staff enabling residents to access local seafood of their choice. With a high number of staff identifying as Māori, the local community is being recognised for Māori song and residents and staff are encouraged to participate in te ao Māori. Residents of Te Mahana are enabled to access community events, visit the local medical centre and shop locally. All residents at Te Mahana have access to Wi-Fi.</p> <p>A previous corrective action (HDSS 2008: criterion 1.3.7.1) identified that residents did not have assessments completed to identify their interests, hobbies and abilities. This has been addressed and an assessment was sighted in all five files reviewed.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy at Te Mahana was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks were completed. Medicines are stored within the recommended temperature range.</p>

		<p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Te Mahana.</p> <p>Self-administration of medication is facilitated safely when requested. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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 menu respects cultural values and protocols around food. Māori and family/whānau have menu options culturally specific to te ao Māori. Evidence was sighted of residents being provided with hangi, boil up and mussels. The cook is familiar with meeting the nutritional needs of the residents who identify as Māori.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from Te Mahana is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. The resident and family/whānau interviewed in regard to a transfer to an acute facility reported being kept well informed during the transfer of their relative.</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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, maintained and that they meet legislative requirements. The building warrant of fitness for the facility is current, expiring on 31 August 2023. Spaces promote independence and safe mobility and are culturally inclusive and suited the needs of the resident groups with smaller spaces for the use of residents and their visitors. Residents, and their family/whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>There are no plans for further building projects at Te Mahana, the directors are aware of the requirement to consult and co-design with Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 17 May 2017. The scheme requires fire cell evacuation, and this was carried out on 1 February 2023.</p> <p>Residents and staff were familiar with emergency and security arrangements. Staff wear identification badges. Appropriate security arrangements are in place. External doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building.</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</p>	<p>FA</p>	<p>The NM at Te Mahana is the infection prevention and control coordinator (IPCC) and is responsible for overseeing and implementing the IP programme with reporting lines to the directors.</p> <p>A pandemic preparedness plan is in place, and this is reviewed at</p>

<p>navigate and messages are clear and relevant. 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>regular intervals. Sufficient infection prevention resources including personal protective equipment (PPE) was sighted. The IP resources are readily accessible to support the pandemic preparedness plan if required.</p> <p>The visiting kaumatua and staff who identify as Māori participate in the programme to ensure culturally safe practices acknowledge the spirit of Te Tiriti, and provide resources that are understandable and accessible to Māori accessing services.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections Te Mahana is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Surveillance data collected, does not include ethnicity data.</p> <p>There are culturally safe processes for communicating between service providers and people receiving services who develop an HAI.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The directors of Te Mahana are committed to a restraint free environment and the service has been restraint free since November 2022. Prior to this restraint use was very low with only one resident using restraint in 2022 for a brief period. The restraint coordinator (RC) is a defined role undertaken by the NM who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Documentation confirmed that restraint is discussed by the NM with the directors at Te Mahana and shared with staff at quality and staff meetings</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.

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.

No data to display

End of the report.