

Patrick Ferry House Limited - Patrick Ferry House

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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Patrick Ferry House Limited

Premises audited: Patrick Ferry House

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 23 February 2023 End date: 24 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: 58

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 haumaru | 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

Patrick Ferry House is certified to provide hospital (geriatric and medical), and rest home levels of care for up to 74 residents. There were 58 residents on the days of audit.

This surveillance audit was conducted against a subset of the Nga Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand- Waitemata. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The service is managed by a hospital manager, who is supported by the general manager and clinical manager. There are quality systems and processes available. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction, orientation and ongoing education programme are in place to provide new staff with appropriate knowledge and skills to deliver care.

The service has addressed the improvement identified at the previous audit around documentation of data in meeting minutes.

This audit identified areas for improvement around medication management; interRAI reassessments; frequency of meetings; internal audits; staff appraisals; and registered nurse staffing.

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.

A culturally safe care policy that describes the Māori perspectives is in place for the organisation and a Pacific health plan is being developed and implemented. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by working to actively recruit and retain suitably qualified Māori staff. The management are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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

Some subsections applicable to this service partially attained and of low risk.

The governance body is working to ensure equity for all residents and is planning to address barriers in service delivery in their business plan. The service delivery supports diversity, and inclusion for all residents.

The service has a quality and risk management system in place that takes a risk-based approach. Meetings and education are scheduled, with corrective actions in place. Staff are competent to provide and deliver high quality healthcare for Māori.

There is a staffing and rostering policy documented. Human resources are managed and a corrective action plan relating to staff appraisals has been implemented. A role specific orientation programme is in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses are responsible for care planning. Resident files reviewed evidenced resident and family/whānau input into decision making. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The activities team provides and implements a wide variety of activities, which includes cultural celebrations. The programme includes community visitors and outings subject to Covid-19 restrictions, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent shift coordinators who are senior healthcare assistants are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences, dietary and cultural requirements are identified on admission. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current building warrant of fitness. There is an approved fire evacuation scheme. Fire drills occur six-monthly. The facility is secure after hours.

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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Policies include a pandemic plan. There are sufficient supplies of personal protective equipment available. Staff receive education related to the implementation of their policies and pandemic plan.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There have been two outbreaks reported since the previous audit.

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.

There are policies documented around restraint. At the time of the audit, there were residents with restraints. The restraint coordinator is the clinical manager. Maintaining a minimisation of restraint environment and managing distressed behaviour and associated risks is included as part of the mandatory training schedule and orientation programme.

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	15	0	4	1	0	0
Criteria	0	54	0	4	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	Not Applicable	<p>There is a culturally safe care policy that describes Māori perspectives. The general manager described how the service would support a Māori workforce and any suitable applicants through an equitable recruitment process and that the service is planning to include this area in policy going forward. There were no staff identifying as Māori at the time of the audit.</p>
<p>Subsection 1.2: Ola manua 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</p>	Not Applicable	<p>The service plans to partner with a Pacific organisation (or leader who identifies as Pasifika) with guidance from their Pacific staff. The service has a Culturally Safe Care policy in place. There is not currently a Pacific health plan in place. Collaboration with these relationships will assist with the development of a Pacific health plan. At the time of the audit, there were staff and residents who identified as Pasifika.</p>

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Residents receive information on The Code at residents' meetings. The service is recognising Māori mana motuhake through actively engaging residents and family/whānau in determining their own health goals. Patrick Ferry House regularly reviews their policies and service delivery to ensure inclusiveness, and to reflect residents' voices, perceptions, understandings, and experiences.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is utilised in resident activities and everyday greetings. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaiaka participation in te ao Māori. This last occurred in 2021, was scheduled for November 2022 (delayed), and is now scheduled for March 2023.</p> <p>Interviews with nine staff members (one registered nurse, three healthcare assistants (HCAs), one diversional therapist, one activity coordinator, one cleaner, one maintenance, and one lead chef) confirmed their understanding of tikanga best practice with examples provided.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>environment. Staff are encouraged to address issues of racism and to recognise own bias.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were no residents who identified as Māori. Care plans contained appropriate cultural information specific to Māori and are supported by the culturally safe care policy which references the four cornerstones of Te Whare Tapa Whā.</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>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The health and disability advocacy information, complaints management process and the Code of Rights are available in te reo Māori. The hospital manager, clinical manager and general manager interviewed stated they have a good understanding of including residents and family/whānau in decision making. This was confirmed in interviews with nine residents (five rest home and four hospital) and four family members (two rest home and two hospital).</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is equitable and provided to all residents and relatives on entry to the service. The facility manager maintains a complaints file containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the Health and Disability Commissioner (HDC) and the organisation's own policy and procedures.</p> <p>There have been six complaints (2022) since the previous certification audit in June 2021. No complaints have been received in 2023 to date and none from external parties. All complaints have been resolved, with details of acknowledgement and investigation on</p>

		<p>file.</p> <p>Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms are readily accessible at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are scheduled two-monthly (link 2.2.2). The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori.</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>	FA	<p>Patrick Ferry House is an aged care facility located on Auckland's North Shore. There are 74 dual purpose rest home and hospital level beds: 39 on the ground floor and 35 on the upper floor. On the day of the audit there were 58 residents. There were 11 rest home level residents, including four on a short-term interim care contract, and 43 hospital level residents. All residents apart from the interim care were on the ARRC contract.</p> <p>Patrick Ferry House is the trading name of Patrick Ferry House Limited - a privately owned company with four directors. There is a general manager (also a director) that provides operational oversight for Patrick Ferry House and one other aged care site under its governance.</p> <p>The general manager (GM) attends the integrated management meetings and provides the link between management and governance. The 2022 business plan has been reviewed and the 2023 plan is documented. A mission, philosophy and objectives are documented for the service. The hospital manager completes a weekly report for the general manager and then meets at least fortnightly to review the day-to-day operations and to review progress towards meeting the business objectives.</p> <p>The managers and directors work with mana whenua (external contacts) in business planning and service development to improve outcomes, address barriers and achieve equity for Māori; and to identify and address barriers for tāngata whaikaha for equitable service delivery. The service has links with Awataha marae. The annual resident survey evidenced improved outcomes and equity for</p>

		<p>tāngata whaikaha people with disabilities.</p> <p>The directors and management have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending similar training as Patrick Ferry House staff.</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>	PA Low	<p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are subject to an ongoing corrective action plan, as they have not been fully completed as per the 2022 internal audit schedule. Any corrective actions identified are used to improve service delivery and are being signed off when resolved and discussed at staff meetings. Quality data is collected, analysed, and discussed at staff meetings; however, no monthly staff meetings were held between June – December 2022, and this is also the subject of an ongoing corrective action plan. Meeting minutes prior to this, and for the 2023 meetings, evidence discussion of quality data and trend analysis. The previous finding (NZS 8134:2008 criteria #1.2.3.6) has been satisfied.</p> <p>Resident/family satisfaction surveys are completed annually. The surveys completed in July 2021 and 2022 reflect overall satisfaction of the service.</p> <p>Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>Each incident/accident is documented in the electronic resident management system. Accident/incident forms reviewed for February 2023 indicated that the forms are completed in full, signed off by the clinical manager, and contain documented opportunities to minimise risk. Incident and accident data is collated monthly and reported in the staff meetings held.</p> <p>Health and safety meetings occur as part of the integrated staff/quality meetings. Hazards are documented and addressed. Staff received education related to hazard management and health</p>

		<p>and safety at orientation and annually.</p> <p>Discussions with the hospital manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT of pressure injuries stage III and higher, change of hospital manager, and registered nurse shortages. There had been two outbreaks documented since the last audit (Covid-19). These were appropriately notified, managed, and reported to Public Health.</p> <p>The service has provided training, health literature resources, and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. The service improves health equity through critical analysis of the organisation's practices, through benchmarking and an ongoing review process of their mission, philosophy, and annual business planning.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site for some occasions (varying days) for the afternoon and night shift for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration) as senior HCAs, acting as night shift duty leads on site, with the clinical manager providing on-call support.</p> <p>The registered nurses, a selection of HCAs and the activities team hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The clinical manager, hospital manager and general manager are available to staff for advice after hours.</p> <p>Interviews with HCAs and registered nurses confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, and meeting minutes.</p> <p>There is an annual education and training schedule which covers all mandatory training, as well as a range of topics related to caring for</p>

		<p>the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 33 HCAs employed, with 22 having achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration (if medication competent), and moving and handling. A record of completion is maintained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training.</p> <p>Additional RN specific competencies include syringe driver and an interRAI assessment competency. There are six RNs and five are interRAI trained.</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>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files were selected for review which evidenced recruitment processes are being implemented and includes reference checking, qualifications, and annual practising certificates for RNs; however, six of the six staff files did not have a current appraisal on file. It was noted that the service was aware of this issue and had implemented a corrective action plan prior to the audit. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then as part of the ongoing education plan. The service demonstrates that the orientation programme supports RNs and HCAs to provide a</p>

		culturally safe environment to Māori. The service collects ethnicity data for employees and maintains an employee ethnicity database.
<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>The facility identifies entry and decline rates for Māori and has a process to collate this information. The service identifies and implements supports to benefit Māori and whānau. The service engages with the local marae in order to further develop meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>Five resident files were reviewed (three hospital level, two rest home level files). The files reviewed included one hospital level interim care resident. The RNs are responsible for undertaking all aspects of assessments, care plan development and evaluations. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes.</p> <p>InterRAI assessments were viewed in resident files; however, four resident files viewed did not have interRAI reassessments completed within 6 months. Two of the reviewed files had this issue identified and a further sample of six files were viewed, evidencing a further two files without interRAI reassessments in the timeframe required. The resident on the hospital level interim care contract had an interRAI assessment in place.</p> <p>Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. Outcomes of the assessments formulate the basis of the long-term care plan.</p>

		<p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans. Care plans reflect the required health interventions for individual residents. Care plans have been developed within the required timelines. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. There are currently no Māori residents. The service has a process to support Māori residents and whānau to identify their own pae ora outcomes in their care or support plan. Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Short-term issues such as infections, weight loss, and wounds are either resolved or incorporated.</p> <p>Written evaluations reviewed identify if the resident's goals had been met or if further interventions and support are required. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) meeting. Family/whānau is invited to attend MDT meetings.</p> <p>Medical services are provided by a general practitioner (GP), who visits twice a week and is available as required. The GP has an on-call service. The resident files identified the GP had seen the resident within five working days of admission and had reviewed the residents at least three-monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit stated they were happy with the communication from the RNs and there was good use of allied health professionals in the care of residents. The GP liaises with families and has been actively involved in advance care planning with staff, residents (as appropriate) and families. There are regular visits from the hospice, podiatry and Te Whatu Ora Waitemata wound care specialist. A physiotherapist is on site for four hours a week and completes initial assessments for all hospital level residents and other residents as required. There are six-monthly reviews, equipment assessment and post falls assessments (as required) also completed.</p>
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		<p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery; this was sighted on the day of audit. HCAs document progress on each shift. The GP and allied health professionals document their reviews. There was evidence that RNs added to the progress notes when there was an incident, changes in health status or to complete regular RN reviews of the care provided.</p> <p>When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>There are 18 residents with 24 wounds (reviewed across the service). This includes six residents with ten pressure injuries. There is one palliative care resident who is receiving end stage care, who has five stage III pressure injuries. The remaining pressure injuries are one stage III, two unstageable and three stage II pressure injuries. Assessments and wound management plans, including wound measurements, were reviewed. The wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is access to wound expertise from a wound care nurse specialist. HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Residents interviewed reported their needs and expectations were being met.</p> <p>Care plans reflect health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; intentional rounding; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Restraint monitoring charts and turning charts while on restraint were fully completed. Incident reports</p>
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		reviewed evidenced appropriate RN follow up; however, incidents reviewed for unwitnessed falls did not have neurological observations completed as per the policy.
Subsection 3.3: Individualised activities 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.	FA	Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included making Māori crafts, music, and learning words and phrases in Māori language. The service is actively working with staff to support community initiatives that meet the health needs and aspirations of Māori, including ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme.
Subsection 3.4: My medication 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.	PA Moderate	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All medications are stored safely. Registered nurses and shift coordinators who are senior healthcare assistants complete annual medication competencies and education. Registered nurses complete syringe driver training. Reconciliation of monthly regular and 'as required' medication is checked by an RN. Any errors are fed back to the pharmacy. Medication audits are completed.</p> <p>There were no residents self-medicating at the time of the audit. There are policies and procedures in place should any resident wish to do this. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges.</p> <p>The service uses an electronic medication system. Ten medication charts were reviewed and met prescribing requirements. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that regular medications were administered as prescribed. 'As required' medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the electronic medication system and in the progress</p>

		<p>notes. There were eye drops in the medication trolley open; however, did not have the date of when they were opened written on them.</p> <p>There was documented evidence in the progress notes that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working towards partnership with all residents, including future Māori residents, to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>The facility uses a process called nurse-initiated medication (NIM). There is an NIM policy. The policy and process are internally audited against and follow the policy. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Staff have attended training around medication management and pain management as part of their annual scheduled training programme.</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>	FA	<p>The lead chef consults with residents to gain feedback of the food services and adjusts the menu if any special requests, including cultural requests. The lead chef advised that they had planned celebrations for Matariki, including choice of cultural food choices. The lead chef assists staff with understanding Māori tapu and noa.</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</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. The residents and their families/whānau were involved in all exits or discharges to and from the service. Discharge notes and summaries are uploaded to the electronic system and</p>

<p>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>integrated into the care plan. There is evidence of referrals for re-assessment from rest home to hospital level of care.</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>	FA	<p>The building has a current warrant of fitness that expires 8 January 2024. The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures.</p> <p>There are no plans for building projects, or further refurbishments; however, if this arises, the facility is open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The facility has an approved fire evacuation plan and fire drills take place six-monthly. The last fire evacuation drill occurred recently in January 2023. Staff advised that they conduct security checks inside at night. A security camera is installed at the entrance and in corridors. Currently under Covid-19 restrictions, all visitors and contractors are required to sign in and wear a mask when in the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	<p>The service has an infection prevention and control manual and a pandemic plan which includes a Control Covid-19 response plan, that provides guidelines and communication pathways in an event of an outbreak. Staff received training in infection control practices and management of an outbreak. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>These are checked regularly. The service is working towards incorporating te reo information around infection control for any potential Māori residents. The service is able to access guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi via established external links. The staff interviewed described implementing culturally safe practices in relation to infection control.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at RN and quality/staff meetings (link 2.2.2). The service incorporates ethnicity data into surveillance methods and data captured around infections on the electronic resident management system.</p> <p>There have been two outbreaks since the previous audit (both Covid-19). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks and families/whānau were kept informed by phone or email. Visiting was restricted.</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</p>	FA	<p>The restraint policy, including acute and emergency restraint policy, confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible when restraint is considered. The service works in partnership with Māori, to promote and ensure services are mana enhancing. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant</p>

<p>restraint in the context of aiming for elimination.</p>		<p>with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation in the facility.</p> <p>On the day of the audit, five hospital residents were using bed rail restraints.</p> <p>The reporting process includes restraint data that is gathered and analysed monthly. A review of the files for the resident requiring restraints included assessment, consent, monitoring, and evaluation.</p> <p>The GP on interview confirmed involvement with the restraint approval process. Family/whānau approval was gained and any impact on family/whānau is also considered and documented.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	There is a documented quality management framework with frequencies of staff meetings to be held; however, staff and resident meetings were not held in 2022 as scheduled. It was noted that the service had a corrective action plan in place for both of these areas, and that meetings had now recommenced as per the schedule and therefore the risk has been identified as low.	(i). Only two resident and family meetings were held in 2022 rather than bimonthly as scheduled. (ii). Staff meetings were not held as scheduled between June and December 2022.	(i) & (ii) Ensure staff and resident/family meetings are held as per the documented schedule. 90 days
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Low	At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. As per the ARRC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to have at least one registered nurse	The service does not have sufficient numbers of registered nurses to have a RN on duty at all times, as per the ARC contract D17.4 a. i.	Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i. 90 days

		on duty at all times; however, the service has been unable to provide a registered nurse on all shifts (pm and night) for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising a senior caregiver acting as night shift duty lead on site, with the clinical manager providing on-call support.		
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	The service has recruitment and staff management processes implemented that include reference checking, qualifications, and annual practising certificates for RNs; however, six of the six staff files did not have a current appraisal on file. It was noted that the service was aware of this issue and had implemented a corrective action plan prior to the audit.	Six of six staff files reviewed did not have a current appraisal on file. 90 days	Ensure staff appraisals are conducted as per the annual appraisal schedule.
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Low	There is a range of risk assessment available. Outcomes of the assessments form the basis of the care plans. There is a policy that describes the timelines for interRAI assessments for residents. All resident files viewed did have interRAI assessments, however interRAI reassessments were not reviewed within 6 months. Care plans evaluated had been developed and reviewed within timeframes.	Four resident files viewed have interRAI reassessments that were not reviewed in the timeline stated in the policy. 90 days	Ensure interRAI reassessments are completed in the timeline required.
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the	PA Moderate	There is a policy that describes the management of eye drop medication. Residents individualised opened eyedrops were stored in the medication trolley; however,	Seven opened eye drop bottles did not have the date they were opened written on them.	Ensure all eye drops have the date written when the bottle was opened, so that they can be discarded after the

service.		not all were dated on opening.		identified timeframe. 60 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.