

North Health Limited - Lester Heights Hospital

Introduction

This report records the results of a Provisional 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:	North Health Limited
Premises audited:	Lester Heights Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 27 April 2023 End date: 28 April 2023
Proposed changes to current services (if any):	Provisional audit - total sale of the facility
Total beds occupied across all premises included in the audit on the first day of the audit:	32

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.

General overview of the audit

Lester Heights Hospital is owned by Sound Care Group. The facility provides rest home, hospital and residential disability support for up to 35 residents. There have been no significant changes to the service and facilities since the previous audit. Residents (younger and older) and whānau spoke highly about the care and support received.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the provider's contract with Te Whatu Ora – Health New Zealand Te Tai Tokerau. The audit process included review of policies and procedures, review of residents' and staff records, observations, and interviews with residents, family members, the facility manager, director, staff and a general practitioner.

The audit identified three areas requiring improvement related to staffing, the environment and developing a Pacific plan in partnership with a Pasifika community group. The prospective provider interviewed is fully prepared to manage these services and has a good understanding of the new Ngā Paerewa Standard and the contractual obligations required by Te Whatu Ora – Health New Zealand Te Tai Tokerau. The takeover date for this service is planned for 26 May 2023.

Ō tatou motika | Our rights

The cultural safety policy guides staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evident in service delivery.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever applicable.

Procedures are in place to resolve complaints promptly and effectively in collaboration with all parties involved.

The prospective provider interviewed has experience in the aged care sector and clearly understands the Code and the obligations required.

Hunga mahi me te hanganga | Workforce and structure

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and for people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

The organisation has policies supporting staffing levels and skill mix to meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

When people enter the service, a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident or family/whānau. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive assessments, and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided meets the needs of residents and family/whānau and is evaluated on a regular and timely basis.

The service is responsive to young people with disabilities accessing the community, resources, facilities and mainstream supports, such as education, public transport and primary health care services in the community. The service promotes access to family and friends.

The planned activities provide residents with a variety of individual and group activities and maintains their links with the community. Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

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

The facility is an older building; however it meets the needs of residents and was clean. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

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

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

Here taratahi | Restraint and seclusion

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit. A comprehensive assessment, approval, and monitoring process with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	27	0	2	0	0	0
Criteria	0	172	0	2	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>Lester Heights Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Manu motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori. At the time of audit there were nine residents and four staff that identified as Māori. The facility manager interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies would be employed if appropriate for the applied role.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	Policies and procedures have been provided by an external

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>contracted quality consultant to guide staff in the care of Pacific peoples. These policies reference the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020 – 2025 and other published documents. The provision of equitable services that are underpinned by the Pacific people’s worldview policy notes ‘to improve the health outcomes of Pacific people’.</p> <p>At the time of audit there were no residents and/or staff that identified as Pasifika. The facility manager has not yet developed a partnership with a Pacific group in the community. The facility manager interviewed confirmed that residents who identify as Pasifika admitted to the facility will be encouraged to participate in cultural activities in the community, and community groups will be invited to share their culture and knowledge with the care home. Residents will have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process.</p> <p>Policy states an aim to employ staff representative of the residents. The manager advised communication would occur for advice and support if this is required for individual resident care in the future.</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>Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents’ rights and gave examples of how they incorporate these in daily practice. The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed at the reception area and on notice boards around the facility. The Code was available in the English language and te reo Māori. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and in residents’ monthly meetings.</p> <p>The service recognises Māori mana motuhake by involving residents</p>

		<p>and family/whānau where applicable, and in the assessment process which determines residents' wishes and support needs. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The prospective owner is aware of their responsibilities and obligations regarding complying with the Code.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents were provided with an opportunity to share what is important to them through the admission assessment process and the diversional therapy assessment process. All residents, including young people with disabilities, are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity. Young people with disabilities have input into their own routine where applicable, and their identity, gender and sexuality are respected. These were documented in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these.</p> <p>The services provided demonstrated respect for residents' dignity, privacy, confidentiality, and preferred level of independence. Shared bathrooms and toilets had clear signage when in use. Residents' right to have intimate relationships was understood by staff and the sexuality and intimacy policy was available to guide care.</p> <p>Staff have received Te Tiriti o Waitangi training, and this was reflected in day-to-day service delivery. Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated through all their activities. Staff who identify as Māori converse with residents who identify as Māori in te reo Māori. Te reo Māori words were posted around the facility.</p> <p>Tāngata whaikaha needs were responded to as assessed, and</p>

		<p>participation in te ao Māori was enabled. A powhiri was held by residents and staff on the first day of the audit. Cultural support can be accessed from a kaumatua when required. Residents who identified as Māori expressed satisfaction with the cultural support provided.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe 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>FA</p>	<p>Staff have received education on professional boundaries, code of conduct, discrimination, security, and abuse and neglect, as part of the orientation programme. There was no evidence of discrimination or abuse observed during the audit.</p> <p>Strategies in place to safeguards residents from abuse, neglect, any form of exploitation, revictimisation, institutional and systemic racism include staff education, residents' meetings, satisfaction surveys and the complaints process. In interviews, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and exploitation. Residents confirmed that they were treated fairly and confirmed that they have not witnessed any abuse or neglect.</p> <p>Residents' property is labelled on admission for easy of identification.</p> <p>Te Whare Tapa Whā model of care was utilised to ensure wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p>	<p>FA</p>	<p>Residents, family/whānau, and legal representatives confirmed being involved in making informed decisions. Residents and family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures. Communication records with other service providers were maintained and documented as required.</p>

<p>them about their choices.</p>		<p>Access to interpreter services can be accessed when required. Family may assist with interpretation when required. Written information, verbal discussions and non-verbal communication methods were utilised to improve communication with residents and their family/whānau. Residents have access to phone use as desired, and internet access was provided for residents.</p> <p>Residents and family/whānau expressed satisfaction with communication from the facility manager (FM) and the clinical team's response to requests. A record of phone or email contact with family/whānau was maintained.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making.</p> <p>Appropriate best practice tikanga guidelines in relation to consent are followed. Staff interviewed understood the principles and practice of informed consent.</p> <p>General consent is obtained as part of the admission agreement. Informed consent for specific procedures had been gained appropriately. Enduring power of attorneys were activated where applicable.</p> <p>Resuscitation treatment plans were in place and advance directives where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents are supported by family/whānau, and support from advocacy services is accessed when required. Communication</p>

		records verified inclusion of support people where applicable.
<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 the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. Complaint forms and a complaint and suggestion box are at the front entrance.</p> <p>The Code, including the complaint section, is available in te reo Māori. Residents' meetings also provide opportunities for residents to raise concerns, and staff who identify as Māori are encouraged to talk to residents who identify as Māori or Māori/Pasifika. Managers confirmed they would involve whānau if a complaint is received from a Māori resident. They would also seek assistance and advice from relevant staff and associates at Rauawaawa Kaumātua Charitable Trust (cultural advisors for the organisation) to ensure cultural needs are met. The complaints management system has not been reviewed to ensure this works effectively for Māori.</p> <p>There have been 12 internal complaints in the last twelve months. These complaints were managed by the facility manager in a timely manner with evidence showing the complainants were happy with the outcomes. There were no open internal complaints at time of audit.</p> <p>There have been two complaints (received collectively in one notification by the facility) on 8 November 2021 from Te Whatu Ora Te Tai Tokerau. This investigation was closed by Te Whatu Ora Te Tai Tokerau on 7 December 2021.</p> <p>There have been three Health and Disability Commissioner (HDC) complaints. The first complaint received from the Health and</p>

		<p>Disability Commissioner (HDC) dated 18 January 2022. Information was provided by the facility as requested on 8 February 2022. At the time of audit this complaint remains open and is awaiting a response from the HDC.</p> <p>The second complaint was dated 19 April 2022, in relation to one of the above complaints identified by Te Whatu Ora Te Tai Tokerau. The facility responded to the HDC complaint on 13 May 2022. At the time of audit this complaint remained open and was awaiting a response from the HDC.</p> <p>The third complaint received from the Health and Disability Commissioner (HDC) dated 14 April 2023. The facility is currently completing its investigation. At the time of audit this complaint remains open. The facility manager interviewed stated that the information requested by the HDC will be provided by 2 June 2023.</p> <p>No complaints have been received from the Ministry of Health (MoH) since the last audit.</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>The director and management team are using expertise from an external Māori consultant, residents and staff that identify as Māori to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured.</p> <p>Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. The service organisation philosophy and strategic plan reflects a resident-centred approach. Performance is monitored and reviewed at planned intervals. A sample of meeting minutes showed adequate information to monitor performance, including clinical and quality aspects, which is also provided to the director.</p> <p>The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated</p>

		<p>approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.</p> <p>The facility manager (registered occupational therapist) and director confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within the field. The facility manager attends all staff meetings.</p> <p>The facility manager works Monday to Friday and is available on call for non-clinical issues after hours alongside the acting clinical manager. There are four registered nurses and one casual registered nurse including the acting CM, who hold current practicing certificates and are experienced in aged care. Of those five registered staff, three RNs and the clinical manager are interRAI trained. The facility manager, director, acting clinical manager and staff have attended cultural safety trainings specific to Te Tiriti o Waitangi and equity. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated. Interviews with residents and families confirmed that they are very happy with the cultural aspects of care and support provided.</p> <p>There were 32 residents at the time of audit. The service holds contracts with Te Whatu Ora Te Tai Tokerau for rest home and hospital level of care which includes Age Related Residential Care, Long Term Chronic Health Conditions (LTCH), Whaikaha – Ministry of Disabled People and individual Accident Compensation Corporation (ACC) contracts.</p> <p>Of the 32 residents, 15 residents were assessed as requiring hospital level care. At the time of audit there were no residents admitted and assessed as requiring rest home level care. 14 residents were admitted under the Whaikaha – Ministry of Disabled People, two of those 14 residents were admitted under respite care and four of those 14 residents were admitted under the Long -Term Chronic Health Conditions contract. Three residents were admitted under individual ACC short term contracts. One of those three residents was admitted as a young person with disabilities requiring hospital level care and two of the three residents were admitted requiring hospital level care. There were no boarders.</p>
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		<p>Prospective provider interview:</p> <p>The prospective provider- North Health Limited - is an established aged care provider currently operating with one facility in the Te Tai Tokerau district of Whangarei. All contracts held are under Te Whatu Ora – Health New Zealand Te Tai Tokerau. This proposed acquisition will add one further facility. The prospective provider understood the requirements for the service type and clearly understands ARRC agreement obligations.</p> <p>The acquisition plan for Lester Heights Hospital is led by the director/quality manager who is experienced in health care management, and who is responsible to the owner to ensure the transition is planned and seamless for the organisation and the residents and families. The senior team will be changed as the prospective provider has advised that they will be bringing with them their existing general manager (a registered nurse experienced in aged care), who will become Lester Heights Hospital facility manager and be based at the facility. The existing facility manager and clinical manager based at North Health Limited facility Hummingbird House is expected to support with clinical aspects. It is expected that the remaining existing staff will transfer with the prospective provider.</p> <p>The takeover date is currently set as 26 May 2023. The settlement date is subject to HealthCERT approval and the transfer of contracts. All required documentation has been completed with the funder and an application has already been forwarded to HealthCERT. Te Whatu Ora Te Tai Tokerau is also aware of this provisional audit being undertaken.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus</p>	<p>FA</p>	<p>Lester Heights Hospital has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient, and staff satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections. Residents (young and older), whānau and staff contribute to quality improvement which occurs through day-to-day conversations, regular</p>

<p>on achieving Māori health equity. 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>meetings and support from external agencies in regard to decision making, access to technology, aids and equipment. The acting clinical manager, along with the support of the clinical management team, are responsible for implementation of the quality and risk system with the assistance of the registered nurses.</p> <p>The facility manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. There are a range of internal audits that are completed as per a yearly schedule and corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The resident satisfaction survey in November 2022, of which 12 residents responded, acknowledged overall that residents were satisfied with the care and services provided. Residents were happy that meals meet their cultural needs, but there was reduced satisfaction around the food in general and temperature of meals when delivered. A corrective action was implemented and as the result of a meeting with kitchen staff and commencement of a new cook at the time, meal satisfaction has improved. In regard to the temperature of food, residents interviewed have confirmed that this has also improved. The facility manager is looking at equipment and trialling options.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Staff are advised of quality and risk information via the staff meetings and at handover of shifts. Meeting minutes showed evidence of good discussions regarding infection prevention, training topics, hazards, incidents, policy, and procedure changes.</p>
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		<p>Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.</p> <p>Lester Heights, as a service, is yet to complete a critical analysis of their practices aimed to improve health equity within the facility. This is due in June 2023. All staff, including the management team, have completed training in Te Tiriti o Waitangi, health equity and support of tāngata whaikaha.</p> <p>There have been 18 section 31 notifications since the previous audit. These section 31 notifications relate to registered nurse shortages, pressure injuries and change in management.</p> <p>The prospective provider interviewed stated that the policies and procedures currently in use will be changed to the policies and procedures that Hummingbird House is using, which also comply with the Nga Paerewa Standard requirements, although they are provided by a different external consultant. The annual quality plan and quality and risk management plans will also be replaced with an electronic quality management system. A general manager will be responsible for the employment of staff.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes 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 whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and two staff are medication competent.</p>

<p>services.</p>		<p>There has not been a registered nurse available and rostered on every shift to provide clinically safe services (see criterion 2.3.1). Residents and whānau interviewed confirmed staff meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.</p> <p>The previous clinical manager resigned 6 April 2023. The group clinical manager for Sound Care is currently the acting clinical manager and is living on the same grounds as Lester Heights Hospital in an attached apartment. The facility manager and acting clinical manager work Monday to Friday 8.30 am to 5.00 pm and both take responsibility for on-call.</p> <p>In the previous surveillance audit dated 23 and 24 November 2022 it was acknowledged that there has not been a registered nurse rostered on every shift to provide clinically safe services (see criterion 2.3.1). Residents and whānau interviewed confirmed staff meet the cultural and clinical needs of residents. This corrective action remains open with Te Whatu Ora Te Tai Tokerau. The due date for evidencing that all actions have been met is 6 September 2023. The facility is actively recruiting for registered staff. One registered nurse following completion of their competence assessment programme (CAP) is due to commence in June 2023.</p> <p>A registered nurse is rostered Monday to Sunday 7.00 am – 7.00 pm and is supported on site Monday to Friday by the acting clinical manager. There is no registered nurse available to work 7.00 pm – 7.00 am. On weekends and public holidays, the acting clinical manager is available via phone along with the clinical management team. The RN is supported with three health care assistants (HCAs). Two staff work from 7.00 am to 3.00 pm and 7.00am to 1.00 pm. The four staff and RN are supported by a ‘floating’ staff member. In the</p>
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	<p>afternoon there are four HCAs, two staff work from 3.00 am to 11.00 pm and two staff from 4.00 pm to 8.00 pm. There are two senior and experienced HCAs that support the night shift from 11.00 pm to 7.00 am.</p> <p>The onsite kitchen is supported by two cooks who between them work Monday to Sunday 7.00 am to 3.00 pm and 4.00 pm to 6.00 pm. The laundry and cleaners have dual roles (three staff in total). One cleaner works Monday to Sunday 9.00 am to 2.00 pm and a second cleaner who works on a Friday 7.15 am to 5.00 pm.</p> <p>The activities co-ordinator supports the residents covering Monday to Friday 9.00 am to 2.30 pm.</p> <p>The acting clinical manager and three registered nurses are interRAI trained.</p> <p>A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery. Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Te Tai Tokerau with two health care assistants maintaining level two, five staff at level three and six staff having obtained level four New Zealand Qualifications Authority (NZQA) qualifications.</p> <p>Staff reported feeling well-supported and safe in the workplace. Staff have access to the employment assistant programme if required. Sound Care maintains an open-door policy.</p> <p>The prospective provider, general manager and director are fully</p>
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		<p>aware of the current situation in relation to RN hours and skill mix. The director confirmed understanding of the required skill mix to ensure the residents' needs are met and recognises the contractual obligations to be met for the nature of this service. The organisation has a facility manager to oversee all clinical care of residents and the director has discussed plans and the availability of registered nurse cover inclusive of 24/7 cover of this facility.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals.</p> <p>Orientation and induction programmes are fully utilised, and staff confirmed their usefulness and felt well supported. Education included training to support physical disability and young people with physical disabilities. Staff performance is reviewed and discussed at regular intervals.</p> <p>Staff interviewed confirmed they felt well supported especially in relation to the national COVID-19 pandemic. Any incidents requiring a debrief are discussed, and all staff are encouraged to contribute.</p> <p>Sound Care as a group is collecting and recording staff's ethnicity.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity</p>	FA	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are held securely and available only to</p>

<p>data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>authorised users.</p> <p>Residents' files are integrated hard-copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents were sighted for data collection and included ethnicity data.</p> <p>Lester Heights Hospital is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The facility manager (FM) and the registered nurses (RNs) assess suitability for entry to services according to the levels of care provided. The entry criteria were clearly communicated to prospective residents, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local needs assessment and coordination service (NASC). Assessment confirming the appropriate level of care and NASC authorisation were held on file.</p> <p>The entry to services policy and procedure were documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity were respected. Enquiry records were maintained. Work is in progress to implement routine analysis of entry and decline rates, including specific rates for</p>

		<p>Māori. The service has established links with Māori communities and organisations to benefit Māori residents and whānau when required. A kaumatua visits the residents in the facility at least twice per week. The general practitioner (GP) stated that cultural support for Māori traditional/complimentary medicine use can be accessed per resident's request.</p> <p>Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</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 registered nurses complete nursing admission assessments, care plans and care evaluation. The initial nursing assessments sampled were developed within 24 hours of an admission. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or enduring power of attorney (EPOAs) where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>Te Whare Tapa Whā model of care was utilised to ensure tikanga and kaupapa Māori perspectives permeate the assessment and care planning process and support Māori residents and whānau to identify their own pae ora. Māori healing methodologies, such as karakia, mirimiri and rongoā, were documented where applicable. Tāngata</p>

		<p>whaikaha and family/whānau were involved in the care planning process to ensure their choices and wishes were respected. The service enables accessible services by encouraging strength-based approaches to promote engagement. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified, and strategies to manage these include accessing cultural advice when required. Staff understood the process to support residents and family/whānau. Interviewed residents, family/whānau and EPOAs expressed satisfaction with cultural support provided by the service.</p> <p>Young people with disabilities had a quality-of-life plan in place that addresses their special needs with the goal of increasing access, participation, and integration into the community. Strategies to support, maintain and strengthen relationships with family/whānau and advocates were documented including development and learning support to encourage residents' interests.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Care plans were individualised and included wellbeing and health needs of residents. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring, and regular evaluation of responses to planned care. Identified family/whānau goals and aspirations were addressed in the care plan, where applicable. Appropriate equipment was provided, and processes were implemented for pressure injury management.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. On call services were provided as required.</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</p>	<p>FA</p>	<p>The activities programme was overseen by a trained diversional therapist who was assisted by the activities assistant. A monthly activities programme was posted on notice boards around the facility.</p>

<p>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>Residents' activity needs, interests, abilities, and social requirements were assessed as part of the admission process. The diversional and recreational care plans were completed for all residents. The activities programme is reviewed regularly in residents' meetings to help formulate an activities programme that is meaningful to the residents. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan evaluation, and when there was a significant change in a particular resident's ability.</p> <p>Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests, identity and included normal community activities. Residents were supported to access community events and activities where possible. Individual, group activities, and regular events were offered. The activities on the programme include quizzes, indoor bowls, craft, music, external entertainers, walks and birthday celebrations.</p> <p>Opportunities for Māori residents and family/whānau to participate in te ao Māori were facilitated. Māori art was displayed in several areas within the facility. Residents were supported to go out to visit family/whānau and friends where applicable. Some residents were able to go out to visit family/whānau and friends in the community independently. Family/whānau can visit residents in the facility as desired. Visitors were observed visiting residents on the days of the audit.</p> <p>Young people with disabilities were able to participate in a range of education, recreation, leisure, cultural and community events consistent with their interests and preferences.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope and size of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>uses an electronic medication management system. An RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines, and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Over-the-counter medicines and supplements were documented where applicable. Standing orders were used, and appropriate documentation was completed.</p> <p>The service uses pre-packaged medicine packs. The medicine and associated documentation were stored safely. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks, and accurate entries. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication room sampled were within the recommended ranges. Residents and their family/whānau are supported to understand their medication when required. The GP stated that when requested by Māori, appropriate support and advice for Māori treatment can be accessed.</p> <p>Appropriate processes were in place to ensure residents who wish to self-administer medicine, including young people with disabilities, would be managed in a safe manner when required. There were no residents who were self-administering medicine at the time of audit.</p>
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<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>Food is prepared on site and is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements were assessed on admission to the service in consultation with the residents and family/whānau. The dietary forms identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements.</p> <p>Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a four-weekly cycle and was reviewed by a qualified dietitian on 1 June 2022. Meals were served in the dining room and residents who chose not to go to the dining room had meals delivered to their rooms. Residents expressed that they were offered an alternative if they do not want what was on the menu. Food options culturally specific to te ao Māori were included on the menu. Residents who identified as Māori expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal complied with current legislation and guidelines.</p> <p>The current food control plan will expire on 28 May 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Mealtimes were observed during the audit. Residents received the</p>

		<p>support they needed and were given enough time to eat their meal in an unhurried fashion. A space was available for residents to prepare their own hot drinks when required. Residents expressed satisfaction with the variety of the meals provided.</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 the service was planned and managed safely with coordination between services, and in collaboration with the resident and family/whānau or EPOA. Residents' family/whānau reported being kept well informed during the transfer of their relative. The RN reported that an escort is provided for transfers when required.</p> <p>Residents were transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the residents' progress notes.</p> <p>Residents were supported to access kaupapa Māori agencies where indicated or requested.</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>PA Low</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) meet legislative requirements, however not all equipment observed was fit for purpose. A current building warrant of fitness with an expiry date of 1 December 2023 was on display in the main corridor. Testing and tagging of electrical equipment was current as was the calibration and safety checks of biomedical equipment. Hot water temperatures were safe, and a maintenance schedule is upheld.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive and easily accessible with areas identified internally and externally suited the needs of the young and older</p>

		<p>resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. The facility manager and director are aware of the need to consult and co-design buildings and the surrounds to reflect the aspirations and identity of Māori. The prospective new owner is not planning any major changes to the environment but is aware of the required remedial action (refer 4.1.2).</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. A fire evacuation trial was last completed on 8 March 2023. The fire evacuation plan has been approved by the New Zealand Fire Service on 21 July 2001. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond to call bells.</p> <p>Appropriate security arrangements are in place. Residents (young and older) and staff were familiar with emergency and security arrangements. Security checklists were sighted as signed off for each shift. Staff ensure that the building is locked, and windows are closed during the afternoon and night duties, with rounds occurring regularly. The front door is locked at sunset and anyone wanting to enter the building has access to a doorbell and a phone number. The main entrance and corridor are monitored by a surveillance camera and signage was observed.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the director and management team. The infection prevention programme and policies and procedures link to the quality improvement system and are reviewed and reported on</p>

<p>appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>annually. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the strategic planning documents. This includes reports on significant infection events.</p> <p>Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the director and management team.</p> <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service and are linked to the quality improvement system and discussed at the monthly staff meetings. The general practitioner provides initial support and advice.</p> <p>A pandemic/infectious diseases response plan is documented and has been tested with the recent COVID-19 outbreaks. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator (ICC) was newly appointed. They were supported by the acting clinical manager to coordinate the implementation of the infection prevention (IP) programme. The infection control coordinator's role, responsibilities and reporting requirements were defined in the infection control coordinator's job description. The acting clinical manager has completed external education on infection prevention in October 2022 and has access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme is reviewed annually and was last reviewed in January 2023. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best</p>

	<p>practice. The IP policies reflected the requirements of the infection prevention standards and included appropriate referencing.</p> <p>The pandemic/outbreak management plan in place was reviewed at regular intervals. There were sufficient IP resources, including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required. The ICC has input into other related clinical policies that impact on health care-associated infection (HAI) risk.</p> <p>Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified and on a group basis in residents' meetings.</p> <p>The ICC was involved in the procurement of the required equipment, devices, and consumables through approved suppliers. A consultation process for any proposed design of a new building or when significant changes are proposed to the existing facility is in place, though this has not been required so far.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Infection prevention practices were observed during the audit. Hand washing and sanitiser dispensers were available around the facility.</p> <p>IP policies include culturally safe practices in IP to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available.</p>
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		Residents who identify as Māori expressed satisfaction with the information provided.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the director. The AMS policy in place aims to promote appropriate antimicrobial use, optimise resident outcomes, and minimise adverse consequences of antimicrobials. The prescriber has the overall responsibility for prescribing antimicrobials. Evaluation of antimicrobials used were completed monthly.</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>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans were implemented. Ethnicity was included in surveillance data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and family/whānau. A COVID-19 infection outbreak reported since the previous audit was managed effectively with appropriate notification</p>

		completed.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room, the laundry, and the cleaners' room. Cleaning products were in labelled bottles. The cleaning trolley was safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaners and laundry staff have attended training appropriate to their roles. The ICC and acting clinical manager have oversight of the facility testing and monitoring programme for the built environment.</p> <p>The effectiveness of cleaning and laundry processes was monitored by the internal audit programme. Residents confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrated commitment to this. At the time of audit, two residents were using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

		<p>There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.</p> <p>The prospective provider is experienced in the requirements of the standard, as it pertains to aged residential care and residential disability services.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and reviewed at each staff meeting and included discussions about each resident who is supported currently by a restraint. The register contained enough information to provide an auditable record.</p> <p>Emergency restraint is not used in the service. Debrief occurs as part of the care plan review process.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint co-ordinator and acting clinical manager undertakes a six-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the director and clinical management team. Any changes to policies, guidelines, education and processes are implemented if indicated</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	The registered nurses have moved from an eight-hour shift to a twelve-hour shift. A registered nurse is rostered on shift from 7.00 am to 7.00 pm. The facility is actively recruiting with no applicants coming forth. A new ‘CAP’ registered nurse is due to commence at Lester Hospital Heights in June 2023. There is no RN available and rostered on shift from 7.00 pm to 7.00 am.	There are no RNs rostered on site from 7.00 pm to 7.00 am.	<p>Ensure that any risks associated with having no RN on site for circumscribed hours, are mitigated. Continue efforts to recruit a sufficient workforce of RNs.</p> <p>180 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	Appropriate maintenance and reporting systems are in place to ensure the residents’ physical environment and facilities (internal and external) are current and meet legislative requirements. Residents and whānau interviewed confirmed that they were happy with the environment and maintenance completed. At time of audit, it was observed that some equipment and decking required maintenance, including the base stand of	Not all equipment and flooring observed was fit for their purpose or adequately maintained.	<p>Ensure that all equipment is well maintained to minimise risk of harm.</p> <p>180 days</p>

		one of the two washing machines, two nightingale tables and the base of a soaking laundry bucket. Both external decking areas required cleaning.		
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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.