

Howick Baptist Healthcare Limited - Howick Baptist Home and Hospital

Introduction

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

The audit has been conducted by 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:	Howick Baptist Healthcare Limited
Premises audited:	Howick Baptist Home and Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 March 2023 End date: 24 March 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:	128

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Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Howick Baptist Hospital (HBH) provides rest home and hospital level care to a maximum of 132 residents. Howick Baptist Hospital has a board and management team made up of a selected mix of industry experts and community leaders.

This certification audit was conducted against the Ngā Paerewa Standards 2021 and the provider's contracts with Te Whatu Ora Counties Manukau. The audit process included the review of policies and procedures, the review of residents' and staff records, observations, and interviews with residents, their family, board members, management, staff and a general practitioner.

The chief executive officer (CEO) is appropriately qualified for the position, working in the sector and has recently been appointed to this role. The CEO was supported by the group manager clinical and quality, a clinical services lead and senior team leaders and a contracted Māori health and cultural advisor, all of whom have been appointed since the previous audit.

Three ratings of continuous improvement were identified. These are in relation to meeting quality inequities, policies and procedures and increased accessibility for staff, and increasing residents' mobility and independence. This audit did not identify any areas requiring improvement.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi, principles of mana motuhake and Eden Alternative.

Open communication is practiced, encouraged and interpreter services are provided as needed. Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required.

The Māori health plan in place 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. There was no evidence of abuse, neglect, or discrimination.

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.

Family/whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Processes are in place to resolve complaints promptly and effectively with all parties involved. A complaints register was maintained.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The board for Howick Baptist Hospital and management team work together to ensure older people and those with disabilities have the knowledge, care and support they need to enjoy fullness of life. The service is committed to growing as an organisation that supports the principles and values of 'The Eden Alternative' and to uphold the requirements of quality and risk management.

There are well established quality and risk management systems which meet the requirements of these standards. Risk management systems are fully implemented. All adverse events are reliably reported and investigated. Essential notifications have been made to the appropriate agency.

Staff are managed well according to policy and good employer practices. New staff have been recruited in ways that ensure their suitability for the position. Orientation is provided and staff complete the required competencies and emergency training in a timely manner. Ongoing staff education was planned. Staff attendance at all education was monitored and recorded accurately. Staff competency and performance appraisals are occurring. There are adequate staff allocated on all shifts to meet the needs of the residents.

Residents' information was accurately recorded, securely stored and was not accessible to unauthorised people. Up-to-date, legible and relevant residents' records are maintained.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

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 has developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

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 stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Te aro ki te tangata me te taiao haumarū | 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.

The building has a current warrant of fitness. All medical equipment was serviced and calibrated annually. Hot water temperatures are monitored. All bedrooms are for the use of a single occupant and are spacious. The furniture fittings and building layout are appropriate to meet the needs of older people. Rooms are personalised. Communal lounges, dining and bathing/shower areas are easily accessed. Some bedrooms have ensuite bathrooms.

Fire and emergency systems are managed effectively. There was an approved fire evacuation scheme and systems for ensuring that all staff can manage fire and emergency situations. All registered nurses have completed basic first aid and certificates were reviewed. Emergency stores and resources were maintained and checked frequently.

Residents' bedrooms and communal areas are heated in ways to provide comfort and constant internal temperatures. External areas are well maintained, and seating and shade is provided.

Security was maintained for the facility both internally and externally.

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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Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were no infection outbreaks reported since the previous audit.

The governance 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 family/whānau were familiar with the pandemic/infectious diseases response plan. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The organisation promotes elimination of restraint use. At the time of the audit 15 residents were using a restraint. Restraint was used as a last resort when all alternatives have been explored and with discussion with the restraint coordinator, the clinical lead, registered nurse, the general practitioner and the resident. Policies and procedures meet the requirements of the standards. Training was provided to all staff. Six monthly reviews are undertaken by the registered nurses as part of the interRAI reassessments and the updating of the care plans. An annual restraint compliance audit is undertaken and records were reviewed.

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	29	0	0	0	0	0
Criteria	3	173	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Howick Baptist Home and Hospital (HBH) has a cultural policy. All applicants for positions advertised, were provided with equal opportunities for all roles. All participants are acknowledged, and information was recorded as part of the human resource management process. The chief executive officer (CEO) and the health and cultural advisor interviewed stated that Māori employees at all levels of the organisation are encouraged as part of the human resource management, with one of the aims being to retain Māori staff. Currently nine staff identify as Māori and two residents of 128 identify as Māori. Training has been provided to all staff in March 2023 on Te Tiriti o Waitangi and health equity. The contracted health and cultural advisor provided the training over two consecutive days, so that all staff could participate. The advisor interviewed stated that the Ngā Paerewa standards align closely with the Eden Alternative approach and philosophy, which was well embedded into this organisation. The staff interviewed were already appreciative of the values, delivering safe high quality equitable effective services and building relationships and partnerships with all residents including</p>

		those residents who identified as Māori.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. To improve the outcome of Pasifika people expert advice would be sought if not available from the resident and family. Cultural assessments and care plans for residents of each Pacific country are available to implement. Models of care for each are clearly documented and implemented. The service has contacts and links with a Pacific church in the community. No residents on the day of audit identified as Pasifika. Three staff members identified as Pasifika.</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>	FA	<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 gave examples of how they incorporate residents' rights in daily practice. The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed at the reception area. The Code was available in English and te reo Māori language. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>Māori residents are involved in the assessment and care planning processes to determine residents' wishes and support needs to ensure Māori mana motuhake is recognised. Residents, family/whānau or nominated representatives of choice confirmed being involved in the assessment and care planning processes and that residents' wishes were respected.</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>Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics are identified from residents and their family/whānau on admission. 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>Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Residents are supported to maintain as much independence as possible, for example carrying their own their personal cares if able. Residents can freely attend to activities of choice in their respective communities, and they are free to attend to activities in other communities in the facility. Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence, and choices.</p> <p>Te reo Māori and tikanga Māori is actively promoted throughout the organisation and incorporated in all activities. Staff have received Te Tiriti o Waitangi training. Days of the week were posted on notice boards in English language and te reo Māori. Names of location were posted in te reo Māori and English translation. Tāngata whaikaha needs are responded to as assessed. Residents are supported to participate in te ao Māori as desired. Residents who identify as Māori expressed satisfaction with the support provided in relation to their culture.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff were made aware of professional boundaries, code of conduct and abuse and neglect during the staff orientation period and in annual staff training sessions. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff understood the processes they would follow, should they suspect any form of abuse, neglect, and exploitation. Residents confirmed</p>

		<p>that they are treated fairly.</p> <p>Residents' property is labelled on admission. The clinical nurse lead stated that any observed or reported racism, abuse or exploitation would be investigated promptly. Safeguards in place to protect residents from abuse, revictimization, institutional and systemic racism include staff education, the complaints management process, residents' meetings, and annual satisfaction surveys. Residents stated that the clinical nurse lead maintains an open-door policy and residents are free to approach them when required. The Eden Alternative principles and Te Whare Tapa Whā model of care are utilised to ensure wellbeing outcomes for residents including those who identify as 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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. 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.</p> <p>Information provided to residents and family/whānau is mainly in English language. Family/whānau may assist with interpretation where appropriate. Interpreter services are engaged if required. Written information, verbal discussions and non-verbal communication methods are utilised to improve communication with residents and their family/whānau. Residents and family/ whānau expressed satisfaction with communication from the managers 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</p>	FA	<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. Appropriate</p>

<p>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>best practice tikanga guidelines in relation to consent are followed. Nursing and care partners interviewed understood the principles and practice of informed consent. General consent is obtained as part of the admission process. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans and advance directives (where applicable) were completed. Staff were observed to gain consent for daily cares. Residents are offered a support person through the advocacy services when required. Communication records verified inclusion of support people where applicable.</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 complaint/compliment management policy and procedures were clearly documented to guide staff. There was a complaints flowchart developed and implemented. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code) which is the right to complain and to be taken seriously and to receive a timely response.</p> <p>Staff and residents interviewed stated that they were fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family/whānau member. Family members commented that any issues were dealt with promptly and professionally.</p> <p>There have been 21 complaints received over the past year March 2022 to March 2023. Eighteen complaints of twenty have been effectively closed out and this was evident and followed through in the complaints register. Three complaints remain open at the time of the audit, one the outcome of a coroner's case and one complaint (family input) being followed through by Te Whatu Ora Counties Manukau, and a recent complaint received over the food service. Over half of the complaints received related to the food service and this has been fully addressed with the appointment of a new service provider. No other external complaints have been received since the previous audit. The group manager clinical and quality was</p>

		<p>responsible for any external complaints and the CEO was involved with support risk, and the clinical service lead manager has input with clinical related complaints.</p> <p>The nationwide Health and Disability Advocacy Service pamphlets are located at reception along with the complaints forms and are easily accessed. Staff interviewed stated that they are fully informed about the complaints procedure and where to locate the forms if needed.</p> <p>In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of the contracted health and cultural advisor. The health and cultural advisor interviewed speaks te reo Māori, if this was required. The service already has the Code translated into te reo Māori and this was displayed around the facility and pamphlets were available. The complaints form has been translated into te reo Māori and was accessible.</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 chief executive officer (CEO) and the board chairperson were interviewed. The CEO oversees four facilities and was fully supported by the group manager clinical and quality, the clinical service lead, a clinical-operations assistant, a quality administrator, an occupational therapist, social worker and general manager property and tenancy and other health professionals and staff. Since the previous audit the CEO, the group manager clinical and quality and the clinical service lead have been newly appointed to their roles.</p> <p>The board and management team has a commitment to ensure full compliance with all legislative requirements, to meet contractual obligations with Te Whatu Ora New Zealand Counties Manukau. There is an organisational chart to provide team structure. The structure in place was appropriate for the size and nature of the service. The organisation has a mission statement, philosophy, vision, core values and a statement of purpose. This links closely with the Eden Alternative philosophy of care for life. The culture was well embedded within the organisation. The organisation has full certification to implement this programme at HBH.</p>

		<p>The CEO was based at this site. The business plan was implemented with strategic priorities clearly documented. A faith-based organisation pastoral care is an important part of service delivery therefore, there are no barriers to entry to this service except for those residents requiring specialised/secure dementia care services, as these are not provided at this facility. The board members, management and staff have completed Te Tiriti o Waitangi at the beginning of March this year with an external visit arranged to a local Marae.</p> <p>The contracted health and cultural advisor interviewed has been contracted to the service and was able to provide cultural advice on a regular basis and ensure obligations to meet the needs of Māori residents are met. The CEO (previously the general manager) registered nurses and staff ensure they maintain a good relationship with all residents, families and extended families/whānau and the local community organisations. Cultural safety was considered through all stages of service delivery and was the basis of core competencies completed by staff at orientation and ongoing.</p> <p>The service has a focus on ensuring services for tāngata whaikaha are undertaken to improve resident outcomes, and this was explicit within the business and strategic plan for Howick Baptist Home and Hospital.</p> <p>Howick Baptist Home and Hospital has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora New Zealand Counties Manukau for rest home, hospital, respite care and non-aged younger person disabled. The service provides services for up to 132 residents. On the day of the audit the occupancy was 128 residents, 96 hospital level care, 31 rest home level care, one respite care and no YPD residents were receiving services.</p> <p>A continuous improvement rating was recognised in relation to policies and procedures to meet the requirements of the Ngā Paerewa Standards.</p>
Subsection 2.2: Quality and risk	FA	<p>The organisation (HBH) has a planned quality and risk system that reflects the principles of continuous quality improvements. This</p>

<p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>includes the management of incidents and complaints, internal and external activities, monitoring of outcomes, policies and procedures, health and safety reviews and clinical incident management. The group manager clinical and quality was responsible for the implementation of the quality and risk system with input from the clinical team and reports to the CEO monthly. The CEO reports directly to the Board monthly. There are eight members of the board including the chairperson of the board who was interviewed. The board can request further information as needed.</p> <p>There are a range of internal audits planned for 2023, which are undertaken using template audit forms. Results are collated monthly and action plans developed as needed. The staff are informed of any results at the staff meetings. There was an expectation that all areas of service delivery would meet or exceed the quality initiatives and expectations of residents foremost and family/whānau. Feedback was sought in the form of an annual survey. Information from the survey or complaints management was used for quality improvement of service provision as needed.</p> <p>Two quality projects related to quality and risk with positive evaluations and outcomes occurring to address achieving health equity (2.2.2) and a quality initiative to review and align all policies and procedures (refer to 2.1.1) with the Ngā Paerewa Standard has been implemented. Both projects have attained continuous improvements for this audit. One staffing project was also undertaken and a new electronic system has been recently implemented as a result.</p> <p>Health and safety systems are well implemented. There was a current up-to-date hazard register. A hazardous substance register was maintained by the Group maintenance manager interviewed. A risk management plan for 2023 was reviewed with clear objectives documented. The group maintenance manager/tenancy and the group manager with their combined experience in aged residential care, identify any external or internal risks including potential risks and action them accordingly. Both understood the responsibilities of their roles and the National Adverse Reporting Policy was documented and accessible. Compliance with statutory and regulatory obligations was understood and four Section 31</p>
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		<p>notifications have been reported to HealthCERT since the previous audit for notification of a power outage, the CEO appointment, the clinical lead appointment and for one stage three pressure injury.</p> <p>Quality meetings are held monthly, and minutes of all meetings are maintained. Quality checks are disseminated to the team and 'balanced score cards' newly implemented are presented at the three-monthly staff meetings for all facilities in the group. Corrective action plans are raised as continuous improvement on the electronic system used across all services, these remain open until closed out effectively by the CEO who took over this role March 2023 and was still transitioning to the role. The CEO reports bi-monthly to the board. Benchmarking occurs three monthly both internally and externally via 'Quality Performance Systems' QPS adopted by the organisation since the previous audit. The group manager was responsible for quality across the organisation and has been assisted for the last six month by a quality consultant who undertakes responsibility for the non-clinical aspects of service delivery.</p> <p>Resident meetings are held three monthly and an open-door policy was in place to talk with management or staff if residents have any issues. A resident representative from the resident's committee was interviewed during the audit and was pleased with the care and management at this facility. The resident representative stated residents were kept well informed by management in person and through the HBH Beacon a quarterly newsletter for residents, relatives and the HBL community.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	FA	<p>There was a documented process for determining staffing levels and skill mix to provide clinically safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care required and when residents' needs changed. Care staff confirmed that there were adequate staff to complete the work allocated to them. Family interviewed supported this. The last six weeks of documented rosters were reviewed, reflected staff were replace for planned and unplanned absences. Bureau staff are used</p>

<p>services.</p>		<p>especially for the RN cover. Permanent staff cover on a regular basis and an information pack was accessible.</p> <p>The care partners have all completed relevant competencies, such as infection prevention and control, medication level 4 care partners only), restraint and cultural safety. There are 98 care partners employed at the facility and all have level three or level four qualifications after completing the recognised New Zealand Qualification Authority (NZQA) aged related care training. All registered nurses have completed first aid training.</p> <p>The group manager and other experienced members of the leadership team have attended relevant leadership and management training and other courses related to aged care. The clinical services lead (CSL) and clinical shift co-ordinators (RNs acting up on a shift) cover the after hours. If needed the group manager (RN) can be contacted. The CSL debriefs every Monday morning with staff about any issues or concerns raised.</p> <p>An occupational therapist and an occupational therapy team are employed to cover the service seven days a week providing an organised and planned activities in line with the Eden Philosophy to meet residents needs and to motivate and to 'alleviate boredom' with elders. Resources are readily available.</p> <p>Staff receive ongoing training which was planned annually. The CSL ensures the implementation of the staff training and maintains records for each individual staff member. Mandatory and elective topics of interest make up the programme reviewed with Māori health and wellbeing and other cultural topics included. The programme meets the obligations with the service providers agreement with Te Whatu Ora Counties Manukau.</p> <p>Training had been provided on cultural safety and diversity and Te Tiriti o Waitangi by the health and cultural advisor interviewed. The advisor was well informed and aware of the obligation to include high quality Māori health information in the education programme provided, and to invest in the senior staff health equity expertise.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates. The human resource recruitment manager ensures all staff records are maintained. Staff that identify as Māori can, if they wish, have their orientation and education translated into te reo Māori. Performance reviews are completed annually, and a record was maintained. Eleven of 23 registered nurses employed have current interRAI competencies. A plan was in place to enrol a further three RNs in the next intake for interRAI training.</p> <p>A comprehensive orientation and induction programme has been implemented and staff confirmed its usefulness and applicability and felt well supported. New care partners are 'buddied' to work with a senior care partner for orientation and to spend time with the CSL if needed. Additional time was provided as required. A checklist was completed and was kept in the individual personal record for each staff member.</p> <p>Staff ethnicity was being identified, along with country of birth. There are staff of different nationalities employed. Ethnicity data was collected, recorded and use in accordance with Health Information Standards Organisation (HISO) requirements and kept securely.</p> <p>A group of 10 staff were interviewed together and all spoke highly of the management and other senior staff support provided, the culture and the care provided through team work to meet the needs of residents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<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. The service is in the process of transitioning from using paper-based clinical files to electronic clinical files. Residents' information was stored securely in electronic files and in paper-based files. Staff have individual passwords to access the electronic systems.</p>

		The service is not responsible for NHI numbers. Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.
<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>Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Service Coordination (NASC) Service. 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.</p> <p>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services data is documented and analysed including specific entry and decline rates for Māori. The organisation has an appointed Māori cultural advisor who provides cultural support for Māori residents and whānau when required.</p> <p>Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. 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>	FA	<p>The registered nurses (RNs) and enrolled nurses are responsible for completing nursing admission assessments, care planning and evaluation. Care plans completed by enrolled nurses were overseen by an RN. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural training.</p> <p>Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the</p>

		<p>general practitioner, and from observations. The Māori health care plan was utilised to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own pae ora. The Māori health care plans sampled for review included Māori healing methodologies, such as karakia, rongoa, spiritual assistance, tohunga, whanaungatanga.</p> <p>The Eden Alternative principles and Te Whare Tapa Wha model of care were utilised for care planning. A range of clinical assessments, including interRAI assessment outcome scores, referral information, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. Residents' and family/whānau representatives of choice were involved in the assessment and care planning processes as confirmed in interviews.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified were addressed in the care plan where applicable.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Notations were clearly written, informative and relevant. Changes in residents' health were escalated to the general practitioner (GP). Referrals were sent to relevant specialist services as indicated as evidenced in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner for any residents' health issues and care was implemented promptly. The service has contracted a physiotherapist and an occupational therapist who supports residents regularly. A rating of continuous improvement rating has been awarded for a quality improvement initiative program to increase residents' mobility and independence. Refer to criterion 3.2.4.</p> <p>Care partners report noted changes to the RNs, as confirmed in the records sampled. Short-term care plans were completed for acute</p>
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		<p>conditions, and these were reviewed as clinically indicated. Evaluation of care included the residents' degree of progress towards the achievement of agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care. Residents' transfers and discharges were planned and managed effectively with appropriate documentation completed.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is overseen by an occupational therapist. Lifestyle team coordinators support the activities programmes in each community. Community event calendars were posted on notice boards around the facility. Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests and included normal community activities. Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. There is a wide variety of activities offered including gender specific activities. Opportunities for Māori residents and family/whānau to participate in te ao Māori are facilitated. Māori art was displayed in several areas within the facility. Some residents are able to go out to visit family/whānau and friends in the outside community independently or they are escorted by family/whānau.</p> <p>The leisure care plans were completed in all residents' files sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the residents' ability. Residents and</p>

		whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines.</p> <p>The service uses an electronic medication management system. RNs were 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 are competent to perform the function they manage and 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. Over the counter medicines and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>Medicines are supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use by dates. The medicines including controlled drugs and associated documentation were stored safely. The required stock checks have been completed. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range. Residents and their family are supported to understand their medications when required. The GP stated that</p>

		<p>when requested by Māori, appropriate support and advice will be provided.</p> <p>Appropriate processes were in place to ensure residents who were self-administering medicines had this managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</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 food service is outsourced to an external provider and is prepared on site. The food service is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received required food safety training. The menu follows summer and winter patterns in a six weekly cycle and was reviewed by a qualified dietitian on 23 June 2022. Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents are offered two meal options for each meal and are provided with a choice for an alternative if they do not want what is on the menu. Culturally specific to te ao Māori food options were provided per residents' request. Residents who identify as Māori expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by Ministry for Primary Industries. The current food control plan will expire on 30 January 2024.</p> <p>Mealtimes were observed during the audit. Residents received the</p>

		support they needed and were given enough time to eat their meal in an unhurried fashion. Residents expressed satisfaction with the variety of the meals.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is 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. An escort is provided for transfers when required. Residents are 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 resident's progress notes.</p> <p>Residents are supported to access Kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed where required as evidenced in the records sampled.</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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose.</p> <p>There was a current building warrant of fitness which expires 4 March 2024. Calibration of equipment and testing and tagging of any electrical resources was current and up to date last reviewed 28 January 2023. The hoists are checked annually each November.</p> <p>Family interviewed were happy with the environment being suitable for their family member's needs. There are well maintained garden areas around the facility. There were several courtyards with tables and chairs and shade provided. These areas provided sun, privacy and quietness.</p> <p>The business plan includes a commitment to ensuring the environment reflects the identity and aspirations of Māori. There was te reo signage and some cultural artwork displayed around the facility. There was a historic Māori artifacts special display, outside</p>

		<p>the lounge for the day stay residents to enjoy.</p> <p>No new building or renovations were taking place at the time of the audit. Residents have their own individual rooms. There was a main dining room in each of the households and lounges which are spacious to accommodate residents and family. There was a large recreational lounge available and a gymnasium.</p> <p>There were adequate bathrooms, showers and toilets available throughout the facility. All rooms have a handbasin and some have a toilet and vanity. Many bathroom configurations were available throughout this large facility. All bathrooms are in close proximity, to the resident's rooms and the recreational areas. Separate bathroom areas are designated for staff and visitors. All individual resident rooms have an external window which can be opened. Handrails are situated in the hallways and the bathrooms, to increase safety and mobilisation for residents. Independence was promoted and encouraged for residents by staff, and residents interviewed appreciated maintaining their independence.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There was a fire evacuation plan in place approved by Fire and Emergency New Zealand (FENZ) on 29 September 2014. A fire evacuation drill was last conducted 20 March 2023. A list of current residents/elders and their individual abilities/needs in the event of a fire or other civil defence emergency was sighted.</p> <p>Security was managed by the staff by checking doors and windows on the afternoon and night shifts. A contracted service provider provided checks the building in the evening, and throughout the night. There are close circuit television security cameras in place (CCTV) and signage was in place. A backup for the security computer was in place. Staff wear name badges for identification.</p> <p>Emergency resources and equipment was checked regularly and was accessible. Designated drivers are available for the three vans used for residents. Vans with seven, eight and ten seats are accessible. Warrant of fitness and registrations are maintained and recorded. The service provides transportation for activities,</p>

		<p>appointments and the day care programme.</p> <p>The general manager (GM) procurement, property and tenancy interviewed stated that he reports to the CQI bi-monthly meetings, and an operations report was provided monthly and annually a report to the Board. The maintenance team are responsible for all service areas. There was a maintenance book located in each community/household. More urgent requests are escalated through to the GM. Environmental audits are performed three monthly. Any trends identified are reported to the GM quality and the CEO.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The CSL and RNs interviewed have identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and has always included infection prevention as part of the quality and risk management programme. AMS was a new requirement; however, responsible use of antibiotics has always been promoted. The effectiveness of the antimicrobial stewardship (AMS) was being monitored by the infection prevention coordinator.</p> <p>Expertise was accessible for guidance for both programmes. Any infection control events and /or trends identified are addressed by the registered nurses at this service and discussed with the general practitioner. If required reported to Public Health and/or HealthCERT as necessary. The board would be notified should further strategic management be required.</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</p>	FA	<p>The clinical services lead is the infection control coordinator. They coordinate the implementation of the infection prevention (IP) programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection control coordinator (IFC) has completed external education on infection prevention in March 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the governance body and is</p>

<p>scope of our services.</p>		<p>linked to the quality improvement programme. The IP programme is reviewed annually, and it was last reviewed in January 2023.</p> <p>The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is 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.</p> <p>The IFC has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on individual basis when an infection was identified and group education in residents' meetings.</p> <p>The IFC liaises with the procurement manager for procurement of the required equipment, devices, and consumables through approved suppliers. The IFC will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, though this has not been required so far as stated by the IFC.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Infection control practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility. A Māori cultural advisor was involved in the development of IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori was available. Residents who identify as Māori expressed satisfaction with the information provided.</p>
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Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The antimicrobial stewardship (AMS) programme and implementation 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 governance body. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. A monthly infection report was provided by the laboratory. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.
Subsection 5.4: Surveillance of health care-associated infection (HAI)	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 control 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 are implemented. Ethnicity was included in surveillance data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections are 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. COVID-19 infection outbreak reported since the previous audit was managed effectively with appropriate notification completed.</p>
Subsection 5.5: Environment	FA	There are documented processes for the management of waste and

<p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>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. Cleaning products were in labelled bottles. Cleaners ensure that the trolleys are safely stored when not in use. There was a sufficient amount of PPE available which includes 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 IFC has oversight of the facility testing and monitoring programme for the built environment. The effectiveness of cleaning and laundry processes is 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>There was a commitment from the Board and management in the restraint policy toward eliminating restraint. There were 15 residents using a restraint on the day of the audit. Seven residents were using bedrails and lap belts and eight were using bedrails when on their bed. A community leader is the designated restraint coordinator.</p> <p>Restraint competencies are completed for all staff at commencement of employment and education continues on this topic annually. Health and safety measures were implemented. Topics included restraint elimination and de-escalation techniques. The health and cultural advisor had reviewed the restraint policies and procedures to ensure the voice of people with lived experience have input into the programme and that data analysis supports the health and safety for the care partners, family and the residents.</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>	FA	<p>Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Family confirmed their involvement. Access to advocacy was facilitated as necessary. Restraint was used as a last resort after all other options</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>		<p>or alternative interventions had been tried. Approved restraints only are used.</p> <p>A restraint register was maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record.</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 committee undertakes a six-monthly review of all restraint use which includes all requirements of the Standard. The outcome of the review was reported to the continuous quality improvement meetings. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced by five over the past year.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.1.1 Governance bodies shall ensure compliance with legislative, contractual, and regulatory requirements with demonstrated commitment to international conventions ratified by the New Zealand government.	CI	<p>The new policies and procedures are now located under the following headings.</p> <ul style="list-style-type: none">• Eden, Our Rights• Organisation, Workforce and Structure• Pathways to Wellbeing• Safe Environment / Health and Safety• Infection Prevention & Control• Restraint Free HBH <p>The policies and procedures are now more readily available across the organisation. Reviews and evaluations occurred to ensure content and actual implementation had occurred. The policies and procedures were also reviewed with the documentation review process pre-certification</p>	<p>Having fully attained this criterion the service can, in addition, clearly demonstrate an extensive review process of all HBH policies and procedures. In 2020 HBH implemented a new 'Quality Assurance System', which involved the replacement of all their previous policy and procedure manuals. In this new electronic system, the working documents were reviewed and aligned with the Ngā Paerewa Standards introduced in 2021. The restructuring of the organisation's policies and procedures to reflect the main business areas commenced as a project and two years later February 2023 this was completed. These documents are now located in each staff service area and are available to all relevant employees</p>

		audit. The health and cultural advisor had specific input ensuring the policies and procedures meet legislative and cultural requirements for Māori. The board was fully committed to this process occurring. Staff were fully orientated to the new policies and responsibilities. All references are acknowledged.	as per their level of access.
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>There is an established, documented and maintained quality and risk management system in place for this facility, that is maintained to a high standard and reflects continuous quality improvement principles. There was comprehensive evidence that quality improvement data is collected, collated and analysed to identify any trends and improve service delivery. Documentation such as reports, registers and forms, evidenced that appropriate data collection for accident/incidents and complaints occurs. There are monthly quality/staff meetings as well as three monthly RN meetings and resident meetings. Meeting minutes reviewed demonstrated that quality and risk issues, including numbers of events are being discussed at these meetings (e.g., accident/incident, event reporting outcomes, complaints, audit outcomes, infection prevention, health and safety, restraint usage. Apart from these processes in place, the service provider wanted to allocate resources to specifically address continuous quality improvement with a focus on achieving health equity for Māori. Input from the contracted health and cultural advisor has been professional and exceptional.</p> <p>The aim of this quality initiative was to qualify the vision statement of HBH being 'Our intention, to build a community of care integrating Te Tiriti o</p>	<p>Having fully attained the criterion the service can in addition to this clearly demonstrate that improvements in the quality system to ensure health equity for Māori is able to be effectively met and these learnings will benefit Māori elders admitted to this service and give staff a better understanding of how to achieve equity.</p>

		<p>Waitangi', and to establish and identify what equity for Māori would look like and to understand from Māori, what services would be appropriate to support older Māori. This project was created in consultation with a Māori health governance team and the Tikanga Advisor to HBL, ensuring that the service can achieve health equity for Māori. The HBH board were involved from the onset and participated in a Tiriti o Waitangi workshop with Te Haua partners and a treaty vision was created. Engagement occurred with a Kaumatua via Māori staff members' whānau. This and other information gathered was measured against the requirements of Nga Paerewa Standards. After further evaluations, a stakeholder list was established and an internal Māori advisory group with whānau and kaumatua support was established and still meets regularly.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments</p>	CI	<p>A quality improvement program aiming to decrease residents' frustration with immobility and increase independence by using power chairs was implemented from June 2019 and is ongoing. The program's purpose was to progress residents from using comfort chairs to using manual wheelchairs and progress residents to use power chairs. The physiotherapist, registered nurses and care partners were involved in supporting the program.</p> <p>A range of exercises to improve posture and physical abilities were introduced. Residents were supported to attend to gym sessions consistently. Computer games were used as an incentive to gradually improve residents' position during daytime from lying to sitting position. Residents were referred to external mobility equipment providers for power chair funding donations.</p>	<p>This quality improvement initiative was successfully implemented and has resulted in improved outcomes for resident's independence and quality of life.</p>

are an ongoing process and that any changes are documented.		<p>Evaluation of the program was conducted in March 2023. Five residents who were confined to comfort chairs commenced rehabilitation exercises. Four of them qualified for the funded power chairs and one purchased their chair privately. Two power chairs were donated and the other two were fully subsidised. The five residents were able to be rehabilitated from being confined to comfort chairs to two being able to independently attend to social activities within Howick Baptist Hospital community and go out for external events. The three other residents have progressed to the stage of being approved to use the power chair efficiently within the facility. In interview these residents stated that frustration of waiting for care partners to transport them to events has been eliminated, they feel empowered, and their quality of life has improved. This program is ongoing, and more residents are now attending to the gym consistently.</p>	
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End of the report.