

# Howick Baptist Healthcare Limited - Gulf Views Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Howick Baptist Healthcare Limited

**Premises audited:** Gulf Views Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 15 June 2023 End date: 15 June 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:** 37

# Executive summary of the audit

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## 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 Senior Living Gulf Views provides rest home level care for up to 45 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Standard 8134:2021 and the contract with Te Whatu Ora – Health New Zealand Counties Manukau (Te Whatu Ora Counties Manukau). The audit process included the review of policies and procedures, the review of resident and staff records, observation, and interviews with residents, family, staff management, board representatives and the general practitioner. The residents and families spoke highly of the service and the care provided.

Howick Baptist Hospital Senior Living Group (incorporating two owned, one managed, and one with contracted support service aged care facilities) is governed by a board of directors. The chief executive officer (CEO) oversees owned and managed facilities including Gulf Views Rest Home. The service is managed by a nurse manager who reports to the group manager clinical and quality who reports onto the CEO.

No areas of improvement were identified at the previous audit. One identified area for improvement from this surveillance audit relates to neurological monitoring not being completed post unwitnessed falls as per the organisation's policy.

## 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.

Staff have received education on Te Tiriti o Waitangi. Māori if admitted to the facility would be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and the Eden Philosophy of Care. Care is provided in a way that focuses on the individual and considers values, beliefs, and culture. Principles of mana motuhake practice were shown in service delivery.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment.

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

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The quality and risk management systems are focused on quality service provision and care. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Te Whatu Ora Counties Manukau.

Staff coverage is maintained for all shifts. Acuity of residents is taken into consideration when planning and ensuring adequate cover. Staff employed are provided with orientation, job descriptions and receive ongoing education. All employed and contracted health professionals maintain a current practising certificate.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

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. Activity plans are completed in consultation with residents, their whānau, and with staff. Residents and whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. 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, including foods relevant to te ao Māori. Food is safely managed. Residents verified satisfaction with meals.

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

## **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 facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe and meet the needs of residents living in this rest home. The interior of the home is presently being refurbished and this is ongoing. Supplies and resources for emergency preparedness are stored appropriately and checked regularly. Security measures are in place, well implemented both internally and externally to ensure residents safety.

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

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

Subsections applicable to this service fully attained.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. It is adequately resourced.

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 and results shared with staff.

## 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.
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Policies and procedures are in place that evidenced promotion of eliminating restraint use. At the time of the audit no restraints were in use as per the restraint register reviewed. No restraints have been used since the facility was purchased approximately three years ago.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	0	1	0	0
Criteria	0	49	0	0	1	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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 Hospital Senior Living Gulf Views has a cultural policy (November 2022). The nurse manager ensures Māori applicants for positions advertised are provided every opportunity for all roles, and all applications are acknowledged and recorded as part of the human resource management process. There are staff who identify as Māori but currently no residents identify as Māori. A Māori health tikanga advisor is contracted and accessible for advice if required.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services that are underpinned by the Pacific peoples' worldview policy in place notes 'to improve the health outcomes of Pasifika people, advice will be sought if required from the resident and family. The organisation has links with Pacific organisations in the community. Additional expert advice can be sought if needed from this source.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Records of residents reviewed confirmed cultural assessments are completed by staff and values and beliefs are recognised. Appropriate services for Pacific residents are fully implemented with care plans for each Pacific descent being available. Models of care for each are available including the 'four Pou or posts', being spiritual, physical, mental and other e.g., socio-economics status, and are used appropriately.</p> <p>There were staff members who identified as Pasifika on the day of the audit. Each spoke different Pacific languages fluently.</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>The service is guided by the cultural policies and Eden Alternative Principles that outline cultural responsiveness and support of mana motuhake to residents who identify as Māori. The assessment and a Māori health care plan for Māori residents is available for use when required. Staff understood this requirement. Interviewed residents and family/whānau reported that staff respect their rights, and they were involved in planning their care.</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>There were no residents that identified as Māori on the day of audit. The service supports residents in a way that is inclusive and respects their identity and experiences. The Code of Health and Disability Service Consumers' Rights (the Code), and independent advocacy information was available and displayed in English and te reo Māori within the facility. Residents interviewed were happy with the support provided in relation to their culture. Tāngata whaikaha needs are assessed through the assessment process and identified needs are responded to as required. Staff advised this would include participation in te āo Māori. Staff were observed supporting residents in a respectful manner.</p>

		<p>The organisation promotes te reo Māori and tikanga and guides staff practice to support residents to participate in te ao Māori when required, however the facility is yet to fully promote te reo Māori and tikanga Māori within the service and their activities.</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 understood the service's policy on abuse and neglect, including what to do should there be any signs of this. Residents reported that their property is respected. Professional boundaries are maintained. Te Whare Tapa Whā model of care is available to use for Māori residents when required.</p> <p>Residents and whānau interviewed confirmed satisfaction with the support being provided.</p> <p>There are monitoring systems in place, such as residents' family satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents from any form of exploitation, including systemic and institutional racism.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>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. Nursing and care staff interviewed understood the principles and practice of informed consent and tikanga best practice. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. Residents and whānau interviewed confirmed that staff seek consent appropriately.</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. 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. 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. Howick Baptist Hospital Senior Living Group has their own Māori health advisor and resident advocate.</p> <p>Management and staff interviewed stated that they are fully informed about the complaints procedure and where to allocate the forms if needed. Paper based records are currently being transitioned to electronic records. The families interviewed were pleased with the care provided to their family members. They also clearly understood their right to make a complaint or to provide feedback to improve service delivery, or to act on behalf of their family member if needed. The family members commented that they can speak directly to the nurse manager (NM) if they have any issues and that these issues are dealt with swiftly and professionally. The NM is responsible for complaints management and maintaining the reviewed complaints register. Complaints are reported to the group manager clinical and quality monthly.</p> <p>There have been two compliments received since the previous audit and feedback was provided to the staff at the staff meeting. Four of five complaints received have been fully addressed with one complaint received 12 May 2023 not closed out as the complainant was currently overseas. No complaints have been lodged or received via the Health and Disability Commissioner's (HDC) office, Te Whatu Ora or the Ministry of Health (MoH) or any other agencies since the last audit.</p> <p>In the event of a complaint from a Māori resident or whānau member the service would seek advice and assistance of a te reo Māori interpreter (the Māori health and tikanga advisor) if this was required. The organisation is in the process of translating the complaints form into te reo Māori.</p>
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<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>Howick Baptist Hospital (HBH) Senior Living Gulf Views provides aged related residential care (ARRC) for rest home level care residents. One resident has recently been reassessed for hospital level care. HealthCERT has responded to communication reviewed and has granted hospital level care be provided for the next three months to this individual resident. Howick Baptist Hospital Senior Living Group Trust Board oversees this service. The chairperson and a board member of the Board of Directors was interviewed in person for the Howick Views audit one month ago. The chairperson when interviewed, stated that the Trust Board is totally invested in the implementation of the Ngā Paerewa standards, and that the health and safety of residents is a priority. Each board member contributes in different ways and participation is voluntary. HBH Senior Living Group is recognised as an accredited employer and now has full accreditation to recruit internationally. The board members have completed a course in Te Tiriti o Waitangi. The chief executive officer (CEO) recently appointed and interviewed reports directly to the board of directors monthly. The CEO is supported by a group manager clinical and quality who oversees owned and managed facilities in the group.</p> <p>The nurse manager previously managed another of the ARRC facilities that is contractually managed by the company and has recently transferred to HBH Senior Living Gulf Views. The nurse manager has previously attended training on Te Tiriti but is yet to complete training on equity. The service provider endeavours to provide equitable services for Māori as documented in policy and aims to reduce any barriers for those residents who identify as Māori and those with disabilities. However, the nurse manager is yet to review services, to ensure that they improve outcomes and achieve equity for Māori. An organisational survey for residents and families to participate in, is due to be completed in June 2023 as planned. The 2022 survey results reviewed provided mostly positive feedback about service provision.</p> <p>The board and management staff ensure they maintain a good honest relationship with the residents, families and extended families/whānau and local community organisations. Core competencies are completed</p>
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		<p>by staff as part of the orientation process.</p> <p>The number of beds total 45 with 37 occupied on the day of the audit. The service has contracts with Te Whatu Ora Counties Manukau for rest home level care, one hospital bed should one resident's condition deteriorate, respite care and primary options for acute care (POAC). On the day of the audit 35 residents were receiving rest home level care and one resident had been re-assessed for hospital level care, this was granted by HealthCERT as per the letter reviewed. No residents were currently under the POAC contract as one resident had recently changed from this contract to mental health respite and an extension of stay was provided.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has a planned quality and risk management plan and system in place that reflects the principles of continuous improvement. This 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 nurse manager is responsible for implementation of the quality and risk system with input from the HBH group manager clinical and quality, providing advice and policy review for the organisation. A new documentation control system is being introduced to the service and was in the transitional phase of implementation.</p> <p>There are a range of internal audits documented on the audit schedule reviewed and undertaken using template audit forms. The service prioritises those related to key aspects of services and resident and staff safety. Any issues are addressed with corrective action requests as needed. The staff are informed of any results.</p> <p>Health and safety systems are implemented. There was a current up to date hazard register and a hazardous substance register.</p> <p>A risk management plan 2023, with aims and objectives and ambitions being documented, was in place.</p> <p>A resident survey was undertaken in June 2022 with positive response. A further survey is due to be completed in June 2023, along with one</p>

		<p>for staff.</p> <p>Comprehensive minutes of all meetings held are maintained and were reviewed. Staff meetings are held regularly, continuous quality improvement meetings are monthly, resident meetings three-monthly and resident representatives fortnightly, registered nurse meetings weekly, infection prevention and control meetings are held three-monthly. Additional meetings for restraint management committee, household team (6-monthly), lifestyle team (activities), Eden community (two-weekly) and CQI leadership team are held monthly.</p> <p>Relevant resident and facility quality and risk issues including any hazards, training, staffing adverse events, complaints/compliments, residents'/family feedback and changes in process/systems, including those related to infection prevention are discussed. The nurse manager reports monthly to the group manager clinical and quality. Staff interviewed confirmed they feel well supported. While there was satisfaction with services provided there is not yet a critical analysis of organisational practices at the service level aimed to improve health equity within HBH Senior Living Gulf Views. The care staff understood the Māori constructs of Pae Ora and have completed cultural competencies and endeavour to ensure Māori residents receive culturally appropriate care.</p> <p>The nurse manager is familiar with essential notification reporting requirements. Two section 31 notifications have been forwarded to HealthCERT since the previous audit, one in relation to the changeover of the nurse manager from one facility to another, and recently on 5 May 2023 a notification was made for a rest home level care resident, who had been reassessed as hospital level care, to stay at this facility. Approval was granted by HealthCERT in writing for three months until 15 September 2023. This arrangement will require further review should this arrangement be required after this date.</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>	FA	<p>There is a documented process 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 and when residents' needs change. Care staff confirmed that</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>there were adequate staff to complete the work allocated to them. Bureau staff were rarely used. No shifts were left uncovered. Family members and a friend of a long-term care resident interviewed supported this. There are three registered nurses plus the nurse manager. One registered nurse is a new graduate, and one registered nurse and the nurse manager are interRAI competent. One enrolled nurse (EN) employed is fully overseen by the registered nurses but completes wound care and medication administration competently.</p> <p>All staff employed have completed the relevant competencies at commencement of employment, including fire evacuation, emergency management, health and safety, restraint, infection prevention and control and medication if relevant to the role. Staff have been provided with training on cultural safety and aspects of Te Tiriti. Work is yet to be undertaken to develop the competencies of care partners and registered staff, to be able to meet the needs of people equitably, and to be able to include high quality Māori health information in the education programme and to further invest in the staff health equity expertise at all levels.</p> <p>The care partners, 13 in total, have completed or are enrolled in recognised New Zealand Qualification Authority (NZQA) aged related courses. Six have completed level 4, three level 3 (one of whom is now completing level 4), three have completed level two and one is at entry level one. Level four care partners have all completed medication competencies to administer medicines and the level three care partners are trained to check medication, with a medication competent staff member as needed.</p> <p>Each shift is covered by at least one staff member with a current first aid certificate. Records of training are maintained and were verified. The nurse manager covers the service Monday to Friday and is supported by the administrator who also works Monday to Friday. The EN covers registered nurses on the morning and afternoon shifts as needed. The lifestyle coordinator overseen by an occupational therapist from HBH, works five days a week and an activities assistant works four days a week. Cleaners (two staff per day) cover Monday to Friday and weekends Saturday 9.30 am to 12 midday and Sunday 7 am until 1.30 pm. Laundry staff cover seven days a week 7.45 am to 3 pm daily.</p>
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		<p>The cook/catering manager works seven days a week 8.30 am to 5.30 pm and is supported by kitchen assistants in the morning 9.30 am to 1.30 pm. In the afternoon a kitchen assistant is employed 4.30 pm until 8.30 pm Monday to Sunday.</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 resource management policies, procedures and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates.</p> <p>A comprehensive orientation and induction programme is implemented, and staff interviewed confirmed their usefulness and applicability and felt well supported. New care partners are 'buddied' to work with a senior care partner for orientation and spend time with the registered nurses. Additional time is provided as required. A checklist is completed. Staff records were randomly selected and evidenced commencement date of employment for each individual staff member, that they receive a job description for their role, education records/certificates are kept on records sighted and police checks are being performed.</p> <p>Staff ethnicity is being identified, along with country of birth. There are staff of different nationalities employed. Ethnicity data is collected, recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and is kept securely and confidentiality is maintained.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>The admission policy for the management of inquiries and entry to HBH Senior Living Gulf Views is in place which includes guidance regarding cultural support. This includes access to the organisation's cultural adviser, support from a local marae and asking residents and whānau what existing supports/services they have in place and whether they would like these supports to continue.</p> <p>The service collects ethnicity data on entry and decline rates for Māori, with this data being regularly analysed.</p>

focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.		
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. The care planning process supports residents and whānau to identify their own pae ora. The service has yet to identify barriers that prevent tāngata whaikaha and whānau from independently accessing information or services and identify strategies to manage these. The nurse manager will review how this best occurs.</p> <p>Assessment is based on a range of clinical and medical assessments and includes resident and whānau input. Management of any specific medical conditions were well documented with evidence of early intervention, systematic monitoring, and regular evaluation of responses to planned care which include the degree of achievement against the person's agreed goals and aspirations as well as whānau goals and aspirations. Where progress is different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau, and specialist referrals are implemented as required. Residents and whānau confirmed active involvement in assessment and the care planning process.</p> <p>It was observed in three resident records reviewed, that neurological monitoring had not been completed as per policy, by staff post each of these residents having an unwitnessed fall.</p> <p>The resident files interviewed included a resident receiving respite care and a resident under the 'close-in-age' contract.</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</p>	FA	<p>The two lifestyle coordinators provide an activities programme that supports residents to maintain and develop their interests that include their cultural beliefs within the facility and in the community and was suitable for their ages and stages of life.</p> <p>There were no residents that identified as Māori on the days of the</p>

<p>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>audit. The lifestyle coordinators interviewed stated that opportunities for Māori and whānau to participate in te ao Māori would be facilitated if admitted to the facility. Plans are underway to celebrate Matariki, with opportunities available for residents to attend additional celebrations at a nearby community centre. The lifestyle coordinators are in the very early stages of including te reo Māori in activities with the days of the week displayed in English and te reo Māori throughout the facility and are working to expand the use of te reo Māori in day-to-day activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit, along with a paper-based medicine management system for the resident receiving respite services. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews of resident medications by the GP were recorded. There is space for documenting resident allergies and sensitivities on the medication chart and in the resident's record. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked regularly, and medication room temperatures are monitored. Medications were stored securely in accordance with requirements. Vaccines are not stored on site.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering both regular and pro re nata (PRN) controlled drugs. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders are not used. There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this would be managed in a safe manner if required, and staff understood the requirements.</p>

		<p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage; current medication competencies were evident in staff files. There is evaluation of the effectiveness of pro re nata (PRN) medicines. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Resident photographs on the medication chart were dated and demonstrated good likeness to the applicable resident.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them, including the understanding of their medications. The clinical leader interviewed confirmed that this support would also be offered to Māori. Ten medication charts were reviewed comprising nine electronic and one paper based. The medication policy described use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over-the-counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their whānau and examples were sighted.</p> <p>There was an implemented process for comprehensive analysis of medication errors and corrective actions 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 personal food preferences, any special diets and modified texture requirements are assessed as required and accommodated in the daily meal plan. The menu was reviewed by a qualified dietitian in May 2021. The menu was under review at audit. The current template food control plan expires in August 2023.</p> <p>The catering manager interviewed confirmed that if a resident was admitted to the facility who identified as Māori, they would have menu options that would be culturally specific to te ao Māori and that whānau would have the opportunity to bring culturally specific food for their relatives. Karakia is undertaken before meals in the dining room. Consenting residents take turns to do the pre-meal blessing.</p> <p>Evidence of resident satisfaction with meals was verified by residents</p>

		and whānau interviews.
<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 whānau. The exception sighted is being followed up via the complaints process (refer to 3.2). The reasons for transfer were documented in the transfer documents reviewed. Whānau interviewed reported being kept well informed during the transfer of their relative. The GP interviewed confirmed staff consult with the on-call GP prior to transfer decisions being made or referral for reassessment of a resident's level of care. The yellow envelope process is used to ensure appropriate information is shared at the time of transfer to acute care services as verified in sampled resident records.</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 their purpose.</p> <p>There is a current building warrant of fitness which expires 9 March 2024. Electrical testing and tagging last occurred 16 March 2023 and calibration of equipment checks were current and up to date.</p> <p>Whānau/family interviewed were happy with the environment being suitable for their family members' needs. There are well maintained gardens at the sides and rear of the property. The entrance way to the facility is close to the road, so minimal garden areas are evident at the front of the facility. Shaded areas are provided at the rear of the property.</p> <p>The interior of the rest home is currently being painted and decorated. When this is fully completed, new carpet will be installed as planned. There is te reo Māori signage displayed around the facility. No new building is taking place at the present time. The business plan includes a commitment to ensuring the environment reflects the identity and aspirations of Māori. There is one main lounge which is well designed and spacious, and small lounge areas are also available downstairs for</p>

		residents to sit and enjoy the sun and have privacy or quietness. The dining area is large, to accommodate residents with disabilities or those using walking aides.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There is a fire evacuation plan in place that has been approved by Fire and Emergency New Zealand (FENZ) previously New Zealand Fire Service. The plan was dated 28 April 1998 as per the Fire Service Act – Section 21a for HBH Senior Living Gulf Views. The date of the last fire drill was 25 January 2023. The fire evacuation procedure manual was reviewed 21 March 2023.</p> <p>A list of current residents and their individual abilities/needs in the event of a fire or other civil defence emergency was sighted.</p> <p>Security is managed by staff by checking all external doors and windows on the afternoon and the night shifts. The front door of the facility is locked in the evening. A contracted service provider checks the facility and provides night security for the staff. There have been no security breaches of any kind reported. Staff wear name badges for identification.</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>	FA	<p>There is an outbreak/pandemic plan in place. There were sufficient infection prevention (IP) resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required. The outbreak plan was last tested in December 2022 during an outbreak of COVID-19 in the facility. Residents and whānau are informed of applicable components.</p> <p>Tikanga guidelines and Māori residents' care guidelines provide guidance on culturally safe practices in IP to acknowledge the spirit of Te Tiriti. The group clinical and quality manager advised that the organisation's cultural adviser has been reviewing infection prevention policies and procedures to incorporate cultural practices. These documents are in draft and require review and approval by the HBH clinical governance group.</p> <p>The nurse manager reported that residents who identify as Māori will</p>

		<p>be consulted on IP requirements as needed.</p> <p>Educational resources in te reo Māori were available. Hand-washing posters in te reo Māori and English were posted around the facility.</p> <p>Liquid soap and linen towels are present at the handbasins in resident rooms. Disposable towels are available in communal and staff areas. Disposable bedpans are used if required. Waterless hand gel is readily available throughout the facility.</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. 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 hospital-acquired infections (HAI's) is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the infection prevention and control (IPC) programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and actions plans are implemented. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Culturally safe processes for communicating healthcare-associated infections were provided as required. The interviewed residents and family/whānau expressed satisfaction with the communication provided. Ethnicity data was included in surveillance records.</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 is a commitment from governance in the restraint policy toward eliminating restraint. There were no residents requiring the use of restraint on the day of the audit. No restraint has been used since this facility was purchased approximately three years ago. Monthly reporting is provided by the registered nurse restraint coordinator and discussed at the quality and safety meeting. The restraint coordinator attends monthly restraint committee meetings with representatives from the other facilities owned by HBH. Restraint management is communicated to staff during orientation and as part of the ongoing education programme reviewed.</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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally</p>	PA Moderate	<p>A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. The Māori health care plan is available for use when required and includes the four corner stones of Māori health (Te Whare Tapa Whā model of care). Staff advised traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia would be accessed/utilised if requested/appropriate. The care planning process supports residents, including residents who identify as Māori, and whānau to identify their own pae ora.</p> <p>Assessment is based on a range of clinical and medical assessments and includes resident and whānau input. Timeframes for the initial</p>	Neurological monitoring post unwitnessed fall has not occurred at the frequency identified in policy for five out of five applicable resident falls sampled. This included two residents on anticoagulants.	<p>Ensure neurological monitoring of residents post unwitnessed falls occurs as detailed in organisation policy.</p> <p>60 days</p>

<p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>assessment, general practitioner (GP) 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 a general practitioner (GP) and from observations. There is one GP who visits weekly, and the GP practice has a designated GP on call 24/7. Staff communicate changes in resident condition via a written communication with the practice and a phone call depending on the urgency.</p> <p>Management of any specific medical conditions were well documented with evidence of early intervention, systematic monitoring, and regular evaluation of responses to planned care which include the degree of achievement against the person's agreed goals and aspirations as well as whānau goals and aspirations.</p> <p>While neurological monitoring is occurring post unwitnessed falls, this is not occurring at the frequency identified in organisation policy for five out of five applicable events sampled. This included two residents on anticoagulation medications. The group clinical and quality manager stated education is scheduled to occur with staff in relation to this issue.</p>		
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# Specific results for criterion where a continuous improvement has been recorded

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

No data to display
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End of the report.