

Tasman Rest Home and Dementia Care Limited - Tasman Rest Home & Dementia Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Tasman Rest Home and Dementia Care Limited
Premises audited:	Tasman Rest Home & Dementia Care
Services audited:	Hospital services - Psychogeriatric services; Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 6 June 2023 End date: 7 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:	44

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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

Dementia Care New Zealand Ltd is the parent company of Tasman Rest Home & Dementia Care. The service provides dementia, and psychogeriatric level care for up to 53 residents. At the time of the of audit there were 44 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora – Nelson Marlborough. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, staff, and a nurse practitioner (NP).

The service has addressed the previous shortfalls at the partial provisional audit relating to a draft roster and secure fencing for the Ora unit.

This surveillance audit identified areas for improvement around registered nurse (RN) shortages and care plan interventions.

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.
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A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. At the time this audit was undertaken, there was a significant national health workforce shortage. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Registered nurses are responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. Electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group. The service celebrates cultural events celebrating Māori and other ethnicities. Food preferences, and dietary requirements of residents are identified at admission and the kitchen staff provides meals which support the individuals' cultural beliefs and values.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. The service has a 52-week annual maintenance plan. An approved fire evacuation plan is in place and fire drills occur six-monthly as scheduled. The units are secure.

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 type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. A pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit, and these have been well documented.

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 restraint coordinator is a registered nurse. There was one resident using a restraint and encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	20	0	2	0	0	0
Criteria	0	57	0	2	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan and policy are documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. There are no staff currently employed who identify as Māori. The operations manager stated that the service actively works towards increasing Māori capacity by employing Māori staff members when they apply for employment opportunities. The DCNZ business plan states “any barriers to the employment and recruitment of Māori staff will be identified and removed.”</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</p>	FA	<p>There is a Pacific health plan in place, and the service maintains a link with a local Pacific Island community group through Pacific staff members, in order to provide cultural support for Pacific staff and residents. At the time of the audit there were staff who identified as Pasifika.</p>

<p>tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Tasman Rest Home & Dementia Care ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan and resident care plans reviewed.
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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	Signage in te reo Māori is in place in various locations throughout the facility. The staff noticeboards contain information on Māori tikanga practice. Interviews with ten staff (one registered nurse, four caregivers, one diversional therapist, one activities coordinator, one cook, one cleaner and one educator) confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori.
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	Staff 'House Rules' are discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. A strengths-based and holistic model of care is prioritised to ensure wellbeing outcomes for all residents, including Māori. At the time of the audit, there were no residents who identified

		as Māori or Pasifika. A section of the electronic care plan captures any required Māori health and cultural information for each Māori resident when required.
<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 family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the resident receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as unable to make informed decisions (all residents at Tasman Rest Home & Dementia Care).</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The operations manager maintains a record of all complaints, both verbal and written on an electronic complaint register. There has been one complaint received in 2023 year to date and three made since the previous (certification) audit that took place in November 2021. The complaints reviewed had been acknowledged and investigated in accordance with guidelines set by the Health and Disability Commissioner (HDC). Letters of investigation and outcomes offer advocacy. There have been no external complaints.</p> <p>Discussions with relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the unit. Those making a complaint can involve an independent support person/advocate in the process if they choose to do so.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Dementia Care NZ Limited (DCNZ) is the parent company under which Tasman Rest Home & Dementia Care operates. Tasman Rest Home & Dementia Care provides dementia, and psychogeriatric level of care for up to 53 residents. On the day of audit there were 44 residents. There were 23 psychogeriatric level of care residents, including one resident under a long-term support -chronic health condition (LTS-CHC) contract, and 21 dementia care (including one respite resident). All other residents were under the age-related residential care (ARRC) agreement or age-related hospital specialist services (ARHSS) agreement.</p> <p>There is a resident focus on individualised care in small units (the service refers to them as homes) and staff are trained and have specialist dementia understanding. There are four units for residents at Tasman: Ora unit -11 bed psychogeriatric level care; Aio unit -16 bed psychogeriatric level care; Ata Hapara unit -13 bed dementia level care; and Rangī unit - 13 bed dementia level care.</p> <p>The service had applied for a reconfiguration to change the Ora unit from PG to dementia level of care. This application has not been implemented as the need for PG care has increased in the region.</p> <p>Dementia Care NZ has a corporate structure that includes two managing owner/directors and a governance team of managers, including: an operations management leader; quality systems manager; public relations and marketing manager; a clinical advisor; two regional clinical managers (north and south); and an education/mental health nurse. A new position has recently been established for a strategic communications advisor. The national educator was present during the audit.</p> <p>Dementia Care NZ has engaged a cultural advisor to advise the Board and work in partnership with Māori to ensure updating of policy and procedure within the company to enhance Te Tiriti partnership, reduce inequity and improve equality. Policies reviewed demonstrate commitment to the new Standard. The cultural advisor consults with and reports on any barriers to the senior management team, advisory Board and managing directors to ensure these can be addressed. The</p>

	<p>service consults with whānau for input into reviewing care plans and assessment content to meet resident’s cultural values and needs.</p> <p>Dementia Care NZ has an overarching strategic plan 2021 to 2024 and a related business plan (2022-2023) that is developed in consultation with managers and reviewed annually. The director (interviewed via video conferencing) described the overall business plan which includes the vision, values and “the work we do” documented in English and te reo Māori. The organisation’s vision includes acceptance of all people with kindness and love, provision of peace, comfort and striving to achieve this vision with openness, honesty, integrity, and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside Pacific community inclusion. The strategic plan includes principles associated with rangatiratanga and human rights; Manaakitanga wellbeing; whanaungatanga social organisation of whānau, hapu, and iwi; wairuatanga spiritual comprehensive and integrated services; kaitiakitanga guidance; consistent evidence-based services; and kotahitanga unity of purpose. Business goals for Tasman Rest Home & Dementia Care include (but are not limited to) marketing; information technology system implementation; professional development; and addressing RN and GP shortages.</p> <p>The operations manager (non-clinical) has been in the role for three years and reports to the operations management leader at head office. The clinical manager has been employed in the role for two years and is supported by the regional clinical manager.</p> <p>The operations manager and clinical manager have both attended Zoom Te Whatu Ora meetings, including Covid-19 education through Te Whatu Ora - Nelson Marlborough and DCNZ. Both managers are supported by the organisational team and directors who visit the site regularly.</p> <p>The organisational management team have attended cultural training, ensuring that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Tasman Rest Home & Dementia Care is implementing a quality and risk management programme. Annual 2022 quality improvement goals have been reviewed, and the 2023 programme is documented and includes plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators. Interviews with the operations manager (OM) confirmed their understanding and involvement in quality and risk management practices.</p> <p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery and are being signed off when resolved and discussed at staff meetings. Quality data is collected, analysed, and discussed at staff meetings.</p> <p>Satisfaction surveys are completed annually. The surveys completed in 2022 reflect overall satisfaction of the service.</p> <p>Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>The clinical manager evaluates interventions for individual residents. Each incident/accident is documented electronically. Accident/incident forms reviewed for 2023 indicated that the forms are completed in full, signed off by the clinical manager and operations manager; opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the staff meetings.</p> <p>Health and safety meetings occur monthly. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. Policies reference current health and safety legislation and there is a staff representative.</p> <p>Discussions with the operations manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports completed since the previous audit in relation to police attendance for resident behaviour; a</p>
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		<p>sexual assault allegation; absconding residents; and registered nurse shortages. There had been two outbreaks documented since the last audit (one respiratory, and one Covid-19). These were appropriately notified, managed, reported to Public Health and staff were debriefed after each event to discuss lessons learned.</p> <p>The service improves health equity through critical analysis of the organisation`s practices through benchmarking on a national level against other DCNZ facilities and an ongoing review process of their mission, philosophy, and annual business planning. The service has provided training, health literature resources, and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (PM and night shifts) for psychogeriatric level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage. The shifts not covered by RNs are covered by senior caregivers who are internationally trained RNs that currently do not hold a New Zealand registered nurse practising certificate. These senior caregivers work under the supervision of the clinical manager and have ongoing support from senior clinical team.</p> <p>The operations manager and the clinical manager work full-time Monday to Friday. The operations manager is on call for non-clinical concerns and the clinical manager provides 24 hours on call for clinical matters.</p> <p>There is a specific roster documented for each of the homes, appropriate to the level of care provided. The partial attainment at the previous audit related to HDSS:2008 #1.2.8.1 has been satisfied. All caregivers are able to rotate through all the homes if required to provide cover; however, care staff and home assistants are generally allocated to one home to provide consistency of care for those residents that they get to know well. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the</p>

	<p>needs of the residents. Relatives interviewed stated there were sufficient staff on duty when they visited.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-six caregivers are employed; with 25 having achieved a level 3 NZQA qualification or higher. Nine have achieved the required dementia standards, and seventeen are in progress within the 18-month period for completion.</p> <p>The annual training programme exceeds eight hours annually. Training is conducted via zoom and led by the DCNZ educator (also a mental health nurse). There is an attendance register for each training session and educational topics offered, including: in-services, competency questionnaires, online learning, and external professional development. All senior HCAs and registered nurses have current medication competencies. Registered nurses, HCAs, and activities team members have a current first aid certificate. There are three RNs, two of whom are interRAI trained. There is also specific training for the registered nurses. Registered nurses have attended training in critical thinking; infection prevention and control, including Covid-19 preparedness; identifying and assessing the unwell resident; and dementia, delirium, and depression.</p> <p>There is a range of competencies specific to the employee's role. There is a schedule and register in place. Healthcare assistants and registered nurses are required to complete annual competencies for cultural, restraint, and moving and handling. A record of completion is maintained on an electronic human resources system.</p> <p>Staff complete cultural safety and are provided with the learning opportunity to learn about Māori health outcomes, disparities, and health equity trends. The quality manager ensures the attendance and content of the sessions are filed. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review which evidence recruitment processes are being implemented and includes reference checking, qualifications, and annual practicing certificates for the registered nurse. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment to Māori. Staff files are held securely. The service collects ethnicity data for employees and maintains an employee ethnicity database.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The operations manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, which is shared with the regional clinical manager. Ethnicity data is recorded at admission. The information is stored in the viewing log which is accessible by head office. The service is working towards routine analysis of ethnicity data specific to entry and decline rates.</p> <p>Tasman Rest Home and Dementia Care identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. At the time of the audit, there were no residents identifying as Māori. The service continues to work alongside the local marae to enhance meaningful partnerships with Māori communities, and organisations to benefit residents and their whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	<p>PA Low</p>	<p>Five resident files were reviewed: three in psychogeriatric level of care</p>

<p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>(including one LTS-CHC) and two in dementia level of care (including one respite).</p> <p>A registered nurse is responsible for conducting all resident's assessments, care planning and evaluation of care. There is evidence of EPOA, family/whānau consent and involvement in the interRAI assessments and long-term care plans reviewed. This is documented in progress notes and all communication is linked to the electronic system. Initial care plans and interRAI assessments are developed within the required timeframe and interRAI assessments are reviewed six-monthly or as needs of the resident change.</p> <p>The individualised long-term care plans (LTCP) are developed with information gathered during the initial assessments and the interRAI assessment. Initial assessments and cultural assessments are completed for residents. Outcomes of risk assessments formulate the long-term care plan; however, four of five care plans did not have interventions documented to the detail to guide staff in the management of resident needs related to pressure injury management, falls risk and resistive behaviour.</p> <p>The operations manager and clinical manager confirmed that registered nurse shortage led to an inability to ensure that long-term care plans were kept updated with current interventions and as residents needs changed (link 2.3.1). A quality improvement plan (sighted) was commenced in October 2022 and remains open as the registered nurse vacancy situation has not improved yet.</p> <p>Care evaluations reviewed were completed six-monthly and included written progress towards care goals. Short-term issues such as infections, weight loss, Covid-19 and wounds were documented in short-term care plans. There were no current residents who identify as Māori. The clinical manager and RNs (interviewed) explained the cultural supports and assessments undertaken for residents who identify as Māori and how resident specific goals (pae ora outcomes) would get interwoven into care planning and delivery of care.</p> <p>The staff interviewed described supporting all people with disabilities by providing easy access to all areas and supporting residents (where appropriate) and EPOA/family/whanau to maintain individuality through involvement in their care plan and decision making.</p>
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	<p>All residents in the psychogeriatric and dementia units had behaviour assessments, and monitoring charts completed as indicated.</p> <p>All residents had been assessed by a general practitioner (GP) or nurse practitioner (NP) on admission and at least three-monthly or earlier if required. The GP or NP visit twice a week and more often if required and record their medical notes in the integrated resident records. The GP practice provides on-call service during working hours; thereafter the medical injury centre provides on call up to 10pm and staff can refer to the local hospital emergency department for overnight on-call support. The service undertakes a monthly multidisciplinary meeting (MDT) which includes the inhouse GP, clinical manager, Older Person's Mental Health team of psychogeriatrician, psychiatrist (as indicated) and nurses. Families/whānau are invited to attend the MDT meetings six-monthly. The NP (interviewed) commented positively on the care, communication, clinical skills, responsiveness, and the clinical skills of the staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly. Hospice and wound care specialist nurse services are available 'as required' through Te Whatu Ora- Nelson Marlborough. The physiotherapist is contracted to attend to resident's fortnightly. The psychogeriatrician or one of the team visits monthly.</p> <p>The caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Caregivers document progress notes on each shift and as necessary by the GP or NP and allied health professionals. There was documented evidence the RN has added to the progress notes when there is a change in health status or following assessment. Registered nurses record an update on each resident regularly. When a resident's condition alters, the RN initiates a review with the GP or NP.</p> <p>Contact details for family/whānau are recorded in the resident files. Family/whānau/EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health status, including infections, accident/incidents, GP and NP visits, and medication changes, and this was consistently documented in the resident's records.</p>
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		<p>The service currently has two wounds (from two residents), including one stage II pressure injury. Both wound management plans, including wound measurements, were reviewed. The wound register has been maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the wounds reviewed; however, not all of the wound charts were completed fully. There is access to wound expertise from a wound specialist, district nursing and the GPs as required. The RNs and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts evidenced completion as scheduled. The behaviour monitoring chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Incident/ accident reports evidenced timely RN follow up and investigation of incidents. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Effectiveness of 'as required' medication is documented in progress notes. The records reviewed have sufficient interventions recorded in the activities/DT plan to guide staff in the management of behaviour over 24 hours.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Tasman Rest Home & Dementia Care employs a lead diversional therapist who works 30 hours a week and four part-time activity coordinators who facilitate the activity programme. Activities are provided seven days per week across all areas.</p> <p>Residents participate in a range of activities that are appropriate to their cognitive and physical capabilities. The service engages and maintain links with the local community and include entertainers, children from local school, kapa haka groups, churches, and visitors. Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included poi making and learning words and phrases in te reo Māori. Residents visited a school to view kapa haka</p>

		<p>group activities.</p> <p>The diversional therapists confirmed on interview that although there are no current Māori residents, the service has processes in place to ensure Māori residents are supported to embrace their culture.</p> <p>All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</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>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided with the last training completed on 4 May 2023. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and blister packs for 'as required' medications.</p> <p>Medications were appropriately stored in the two facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked on delivery against the prescription and signed on the pack. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP or NP. Ten electronic medication charts were reviewed. All medication charts reviewed identified that the GP or NP had reviewed them three-monthly, and each medication chart had photo identification and allergy status identified. The service does not use standing orders and there are no vaccines kept on site. The effectiveness of 'as required' medication have been documented in the medication system. There were no residents self-administering medications.</p> <p>The clinical files included documented evidence that the</p>

		EPOAs/family/whānau are updated about medication changes, including the reason for changing medications and side effects. The registered nurses and management described an understanding of working in partnership with Māori whānau to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.
<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 cook oversees the on-site kitchen. A resident dietary profile is developed for each resident on admission, which identifies dietary requirements, likes, dislikes and any cultural considerations; this is provided to the kitchen and updated as the resident needs change. The cook interviewed stated they can implement menu options for Māori residents when required and consult with residents on the food and their choices. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks are available 24 hours a day in all units. Kitchen staff are trained in safe food handling.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents' families/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and</p>	FA	<p>The building holds a current warrant of fitness which expires July 2023. Maintenance requests are submitted through an electronic register which is reviewed by the operations manager daily, who then</p>

<p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>arranges for appropriate trades people to complete the required maintenance. The operations manager then signs off the maintenance work when completed to the expected standard. The service has an annual maintenance plan. Testing and tagging of electrical equipment has been completed. Medical equipment, hoists and scales are next due for checking and calibration in October 2023.</p> <p>Management advised that any future development would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p> <p>The Ora wing which accommodates psychogeriatric residents has access to an outdoor space with appropriate walkway, seating, and shaded areas. The space is fully fenced off and secure for the residents. The previous audit shortfall HDSS:2008 # 1.4.2.6 related to outdoor areas of the Ora unit not being secure, has been addressed.</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>Emergency management policies and procedures, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency.</p> <p>A current fire evacuation plan is in place. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The last fire drill was held February 2023.</p> <p>The building is secure after hours, and staff complete security checks at night. The dementia and PG units are secure and entry to the units is by a press button and exit by a keypad. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and</p>	FA	<p>The service has an infection prevention and control manual and a pandemic plan, which includes a Covid-19 response plan that provides guidelines and communication pathways in an event of an outbreak. Staff received training in infection control practices and management of an outbreak. There are outbreak kits readily available and sufficient supplies of personal protective equipment. These are checked</p>

<p>navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>regularly. The service provides te reo Māori information around infection control for Māori residents. The clinical manager provides guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection control.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the integrated quality improvement/staff meetings, and infection control meetings. The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</p> <p>There have been two outbreaks since the previous audit (respiratory in December 2021, and Covid-19 in July 2022). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with EPOA/family/whānau and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks and families/whānau were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of</p>	FA	<p>The restraint policy includes the definitions of restraint, which aligns with Ngā Paerewa. The policy includes restraint procedures. The governance body includes objectives around restraint minimisation. The facility is committed to providing services to residents with minimal use of restraint. There was one resident assessed as PG using arm restraint at the time of the audit. All assessments, monitoring records and monthly reviews were completed. Episodic restraining was done during care provision and the duration</p>

<p>restraint in the context of aiming for elimination.</p>		<p>documented in the progress notes and restraint monitoring record.</p> <p>The restraint coordinator is the clinical manager (registered nurse) who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The restraint coordinator interviewed discussed that staff are aware of restraints in use through handover, and during clinical/quality improvement meetings. The restraint coordinator collates the hours of use of the arm restraint and discusses this with the GP and EPOA and reports the data to head office where restraint use across all Dementia Care NZ facilities is benchmarked and analysed. Restraint minimisation, de-escalation and disengagement training is included as part of the mandatory training plan and orientation programme. Last training was completed by staff in February and March 2023. Internal restraint audit completed in March 2023 demonstrated compliance with expected standard.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>The service has been unable to provide a registered nurse on site 24/7 in the psychogeriatric homes, as per the specialist hospital services contract. It was noted that the service has attempted to mitigate the risk of this situation by utilising an on-call process with the regional clinical manager. The shifts not covered by RN's are all covered by senior caregivers who are all overseas registered nurses awaiting their New Zealand registration.</p>	<p>The service does not have sufficient numbers of registered nurses to have an RN on duty at all times in the PG wing as per ARHSS contract D17.3 and D17.4.</p>	<p>Ensure a registered nurse is on duty 24/7 to meet the requirements of the ARHSS contract.</p> <p>90 days</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 are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>The registered nurses are responsible for the development of the support plan on the electronic resident management system. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss, wandering and pressure injury risks. The registered nurses interviewed understand their responsibility in relation to care planning and the service has a quality improvement plan in place since October 2022 for care plan documentation. However, due to the shortage of registered nurses, the quality improvement plan remains open as the standard cannot be met yet as the service is still short of registered nurses. The service has employed overseas trained nurses whom they are supporting with registration process and once registered, will be trained with care planning development. There are comprehensive policies in place related to assessment and support planning; however, not all resident care plans reviewed provided sufficient information related to assessed risks, interventions, and care planning to demonstrate compliance.</p> <p>Caregivers are knowledgeable about the care needs of the residents and the families/whanau interviewed were complimentary of the care provided. The findings related to care planning relates to documentation only.</p>	<p>(i). There were insufficient interventions documented in the care plan and wound care chart for a resident at PG level of care with a current pressure injury.</p> <p>ii). One PG level of care resident and one dementia level of care resident who were identified as high falls risk had insufficient falls prevention strategies.</p> <p>iii). There were no individualised behaviour management strategies documented for one PG resident with identified behaviours.</p>	<p>i).- iii). Ensure long-term care plans and wound care plans are current with detailed interventions to manage and guide the care of the resident.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.