

Prasad Family Foundation Limited - Brylyn Residential 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:	Prasad Family Foundation Limited
Premises audited:	Brylyn Residential Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 September 2023 End date: 15 September 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:	23

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Brylyn Residential Care provides hospital (geriatric and medical), and rest home care for up to 41 residents. At the time of the audit there were 23 residents.

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

The facility manager is supported by a nurse manager, and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The areas for improvement identified at the previous audit relating to care plan interventions, medication management, and dietitian review of the resident menu have been satisfied.

This surveillance audit identified an area for improvement related to registered nurse staffing.

Ō tatou motika | Our rights

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

Subsections applicable to this service are fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Brylyn demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

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 are partially attained and of low risk.

Brylyn has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The 2023-2024 business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. 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.

A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The registered nurses are responsible for each stage of service provision. The care plans reviewed evidence assessment, planning and review of residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner, nurse practitioner, and visiting allied health professionals.

All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

Residents' food preferences, dietary and cultural requirements are identified at admission. There is a current food control plan.

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 are fully attained.
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The building holds a current warrant of fitness, and all equipment has been tested, tagged, or calibrated.

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 are fully attained.
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All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been one outbreak recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The facility is committed to the elimination of restraint use. Annual education takes place and staff have completed restraint competencies. On the day of audit, the service had no residents using restraint.

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	17	0	1	0	0	0
Criteria	0	49	0	1	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori health plan is documented for the service, which Brylyn utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit there were Māori staff and residents who confirmed in interview that mana motuhake is recognised.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and	FA	The Ola Manuia Pacific Health and Action Plan is the chosen model for the Pacific health plan and Mana Tiriti Framework. At the time of the audit there were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Brylyn.

equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager (interviewed) demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights.</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>Brylyn's policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Brylyn are trained in, and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff interviewed (five HCAs, head chef, cleaner) demonstrated an understanding of professional boundaries.</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>	FA	<p>There are policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with two family/whānau (one rest home, and one hospital), and four residents (one hospital and three rest home) confirmed their choices regarding decisions and their wellbeing is respected.</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>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 provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to the facility manager who is based at reception.</p> <p>Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been no complaints made in 2022, and one in 2023 year to date following the previous audit in February 2022. There have been no external complaints.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The nurse manager and facility manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</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</p>	FA	<p>Brylyn Residential Care is owned and operated by the Prasad Family Foundation Limited. The service provides care for up to 41 residents. All beds are dual purpose with the service able to have up to 15 residents requiring hospital level of care at any given time. On the day of the audit there were 23 residents in total; 17 rest home, including one resident on a</p>

<p>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>long-term support chronic health contract (LTS-CHC), and six hospital level. All remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>Brylyn Residential Care has a well-established organisational structure, including a nurse manager who provides guidance to the Board and clinical governance that is appropriate to the size and complexity of the organisation. The directors were knowledgeable around legislative and contractual requirements and are experienced in the age care sector. A business plan and a quality and risk management plan are in place. The business plan identifies scope, direction, and goals of the service. There are two directors who maintain at least weekly contact with the facility manager and nurse manager.</p> <p>Brylyn's current business plan identifies annual goals. The structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha; aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve in order to identify and address barriers to equitable service delivery.</p> <p>The service has a facility manager who has been in post since July 2023. They have an extensive background in administration, and business management. The facility manager is supported by a nurse manager who has been in the role for five years.</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</p>	FA	<p>Brylyn continues to implement the quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly combined staff meetings, and monthly management meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions</p>

<p>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>documented where indicated to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Quality data and trends in data are held in a folder which is easily accessible to staff. Corrective actions are discussed at the monthly meetings to ensure any outstanding matters are addressed with sign-off when completed. The resident/relative satisfaction survey completed in November 2022 showed a high level of satisfaction in clinical care. Survey results analysis resulted in corrective action plans around food service provision, and upgrades to flooring.</p> <p>Brylyn has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed in hard copy, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via memos.</p> <p>Hard copy forms are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in 10 accident/incident forms reviewed. Results are discussed in the monthly combined staff meeting and at handover.</p> <p>Discussions with the facility manager and nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of changes in management, and registered nurse shortages. There was one previous Covid-19 outbreak in May 2023 that had been notified to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is</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 hospital level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage.</p> <p>It was noted that the service has attempted to mitigate the risk of this</p>

<p>achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>situation by utilising a senior caregiver or enrolled nurse acting as night shift duty lead on site when this occurs. The nurse manager provides on-call clinical support in this scenario. The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Te Whatu Ora-Waikato, and hospice. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. These resources create opportunities for the workforce to learn about and address inequities.</p> <p>All HCAs are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluid, and interRAI assessment competencies. There are four RNs, and one enrolled nurse (EN) in the facility (plus the nurse manager), and four RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including Covid-19 preparedness).</p>
Subsection 2.4: Health care and support workers	FA	Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where

<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>required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. All staff employed for 12 months or more have a current annual appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five resident files were reviewed, three rest home (including one LTS-CHC) and two hospital level. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms.</p> <p>The service completes a nursing assessment and an initial support plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments, long-term care plans, reassessments and care plan evaluations were all completed within expected timeframes. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans were well utilised for infections, weight loss, and wounds.</p> <p>The care plans reviewed contained detailed interventions relating to residents' health needs, and accurately documented cultural requirements. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2008 #1.3.5.2 has been satisfied.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a specialist eldercare medical service and a regular GP provides once weekly visits. The service also provides a nurse practitioner (NP) who visits once</p>

		<p>weekly. The GP service also provides out of hours cover. Specialist referrals are initiated as needed. The facility utilises a physiotherapist as required, and a podiatrist visits regularly. There is a contracted dietitian, and the wound care specialist nurse is available as required through Te Whatu Ora-Waikato.</p> <p>HCA's interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by caregivers. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family/whānau interviewed reported the needs and expectations regarding their family were being met. When a resident's condition alters, the nurse manager/RNs review the resident, or there is a review initiated with the GP or NP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed. The service has no residents with a pressure injury. The wound nurse specialist had documented input into chronic wound management. Wound dressings were being changed appropriately and a wound register is maintained. HCA's interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>HCA's and the RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury.</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</p>	FA	<p>There are policies documented around safe medicine management that meet legislative requirements. The RN's, EN, and medication competent HCA's who administer medications have annual medication competencies and annual education around safe medication practices.</p> <p>The facility uses robotic packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>supplying pharmacy.</p> <p>Medications were appropriately stored in a medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops in use have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that medication charts had been reviewed at least three-monthly, have photo identification and allergy status identified. No standing orders are used, and there were no residents self-administering medication. However, the service does have robust policies and processes to ensure safe management of self-administration should this be required. Staff interviewed could accurately describe these measures, including the need for safe storage. The partial attainment at the previous audit relating to HDSS:2008 #1.3.12.5 has been satisfied.</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 service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs. Food preferences, dietary needs, intolerances and allergies are all assessed and documented. The food control plan expires 7 January 2024. The menu was reviewed by a registered dietitian in May 2022. The partial attainment at the previous audit relating to HDSS:2008 #1.3.13.1 has been satisfied.</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</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>

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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for use and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 20 September 2023. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot water temperatures are tested regularly, with corrective actions carried out for any temperatures outside the accepted range. Essential services are on call 24 hours a day. The environment is inclusive of peoples' cultures and supports cultural practices.</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 infection, prevention, and antimicrobial programme and procedure that includes the pandemic plan. This links to the overarching quality programme and is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE).</p>
Subsection 5.4: Surveillance of health care-associated infection (HAI)	FA	Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the management and

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>directors. Monthly infection control data is presented and discussed at the monthly combined staff meetings, and to the directors via monthly management meetings.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register. Surveillance of all infections (including organisms) are monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs internally.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There has been one Covid-19 outbreak since the previous audit. This was well documented, managed, and reported to Public Health.</p> <p>The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</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>Brylyn is committed to the elimination of restraint use and this is actively monitored by the nurse manager. There are currently no restraints in use. Restraint use (if any) would be reported to the Board monthly.</p> <p>The designated restraint coordinator is the nurse manager who ensures staff have annual training around least restrictive practices, safe use of restraint, alternative cultural-specific interventions, and de-escalation techniques. Restraint is also part of the orientation package. Staff complete annual restraint competencies.</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)
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Low	As per the ARRC contract with Te Whatu Ora – Waikato, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site overnight from 1700 hours for hospital level care residents at times. It was noted that the service has attempted to mitigate the risk of this situation by utilising an enrolled nurse, or senior caregiver acting as night shift duty lead on site and having comprehensive on-call cover.	The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.	Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i. 90 days

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, 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

End of the report.