

G&M Wellbeing Limited - Dominion Home

Introduction

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

The audit has been conducted by 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: G&M Wellbeing Limited

Premises audited: Dominion Home

Services audited: Dementia care

Dates of audit: Start date: 28 September 2023 End date: 29 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: 27

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

Dominion Home is part of G&M Wellbeing Limited and provides dementia level of care for up to 29 residents. There were 27 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, general practitioner, and management.

The facility nurse manager is experienced and is supported by the owner/chief executive officer (who is a registered nurse) and experienced healthcare assistants.

Feedback from family/whānau was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the Ngā Paerewa Standard.

The service was awarded continuous improvement rating on implementation of the quality system and activities programme.

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.

Dominion Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were Māori residents at the time of the audit. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that family/whānau are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints are managed appropriately.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.


G&M Wellbeing Limited, Dominion Home, has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility nurse manager, supported by the registered nurse, oversee the day-to-day operations of the service. The business plan includes a mission statement and operational objectives. Dominion Home has quality

and risk management systems established that take a risk-based approach. Staff meetings are scheduled monthly. Quality data is collated and analysed. Corrective actions are developed where opportunities are identified. Health and safety and hazard management systems are implemented.

There are human resources policies including recruitment, selection, orientation and staff training and development. There is a staffing and rostering policy which aligns with contractual requirements and includes skill mix. Human resources are managed in accordance with good employment practice. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Relevant information is provided to the potential resident and their family/whānau. The facility nurse manager and registered nurse are responsible for each stage of service provision. Medication policies and procedures reflect legislative requirements and guidelines. Annual medicine administration competencies are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist provides and implements the activity programme which includes outings, entertainment, and meaningful activities.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food control plan. There are nutritious snacks available 24 hours a day.

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 is a secured dementia unit with a secure gate and fenced perimeter with a single level building. The building is secure at night and a security camera monitors corridors and exit /entrances to ensure the safety of residents and staff. There is a current building warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy, except three rooms which are dual occupancy and are personalised.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly.

Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate.

Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. Residents can freely mobilise within communal areas. Appropriate training, information, and equipment for responding to emergencies are being provided. A staff member trained in first aid is rostered twenty-four hours per day.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors as indicated, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There was one outbreak (Covid-19) since the last audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is the facility nurse manager. There were no residents requiring restraint at the time of the audit. Maintaining a restraint-free environment is included as part of the education and training plan. Staff maintain restraint competency.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	166	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. The Māori health plan and cultural safety policies acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. The policy encourages family/whānau involvement in assessment and care planning and visiting is supported, evidenced during interviews with seven families. Dominion Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible.</p> <p>During the audit, there were residents who identified as Māori living at the facility. The Māori resident appeared settled, interacting with staff and other residents, as observed during the audit. There is a cultural assessment which links to the resident’s care plan, with documented evidence of input from family/whānau into the assessment and care planning. Documentation in the resident records reflected their individual values and beliefs.</p>

		<p>The facility nurse manager interviewed stated they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan documents the commitment of Dominion Home to build cultural capabilities, partnering with Māori, and other businesses to align their work with and for the benefit of Māori. The quality and risk plan evidence a statement on cultural safety in provision of care. The facility nurse manager described how at a local level they have established relationships with the Māori community, local iwi, and Māori community disability services in Auckland. Linkages are in place. The local marae and kaumātua are available on request.</p> <p>Dominion Home encourages increasing the Māori capacity within the workforce; the good employer policy documented the leadership commitment. Although there currently were no Māori staff on the team, the facility nurse manager confirmed that the service supports employing a Māori workforce. Staff interviewed stated that they speak te reo Māori to residents who can understand them, and such interaction was observed on the day of the audit.</p> <p>The facility nurse manager, and five care staff interviewed (one RN, three healthcare assistants, one diversional therapist) were able to describe how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Dominion Home has a Pacific people's policy. The policy notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. There is a cultural safety policy that aims to uphold the cultural principles of all residents and to provide an equitable service for all. The service has established links with Pacific organisations through their Pacific staff.</p> <p>On admission, all residents state their ethnicity. There were residents who identified as Pasifika on the day of the audit. The facility nurse manager advised that family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. The</p>

		<p>service has a Pacific health plan underpinned by Te Whatu Ora Pacific Health and Wellbeing Plan 2020-2025.</p> <p>The facility nurse manager encourages and supports any staff that identify as Pasifika through the employment process. There were staff that identified as Pasifika at the time of the audit. The facility nurse manager stated that Pacific staff cultural requirements are upheld (for example Sundays off work due to church commitments as required). Interviews with staff, families, and documentation reviewed identified that the service provides person-centred care.</p> <p>G&M Wellbeing Limited CEOs are committed to continuing to gain input from Pacific communities that will focus on achieving equity and efficient provision of care for Pacific peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Enduring power of attorney (EPOA), family/whānau, or the resident's representative of choice, are consulted and consents obtained related to residents' support needs.</p> <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility nurse manager discusses aspects of the Code with residents and their relatives on admission. The family/whānau interviewed reported that the service respects and upholds residents' rights. They confirmed that the residents are treated with respect and that their independence is supported and encouraged. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available in the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held regularly.</p> <p>Staff receive education in relation to the Health and Disability</p>

		<p>Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Dominion Home annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism and cultural competency.</p> <p>It was observed that residents are treated with dignity and respect. Interviews with family/whānau confirmed that residents and families/whānau are treated with respect. The healthcare assistants interviewed described how they support residents to choose what they want to do. Families/whānau and healthcare assistants interviewed stated the residents are given choice.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility. At the time of the audit, there were three double rooms which all had double occupancy. Privacy was maintained in the double rooms with curtains or a partition wall; consents for sharing were in place. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Staff were observed to use person-centred, and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their whānau values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission and is</p>

		integrated into the residents' records. Spiritual needs are identified, church services are held, and spiritual support is available.
<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>The good employer policy acknowledges cultural diversity, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The Māori health plan and the discrimination, racism, human rights, and sexual harassment policy reflect cultural strategies that include a goal to understand the impact of institutional, interpersonal, and internalised racism on a resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. There are educational resources available.</p> <p>The resident safety, neglect and abuse prevention policy is in place. Dominion Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. Staff complete code of conduct and abuse and neglect as part of the annual training, and the education encourage reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they encounter. Staff rules and a staff code of conduct are discussed during the new employee's induction to the service. This code of conduct policy addresses harassment, racism, and bullying.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The families/whānau interviewed confirmed that the care provided to their family members is excellent.</p> <p>Police checks are completed as part of the employment process. This document is retained in their staff file. Professional boundaries are defined in job descriptions. Interviews with healthcare assistants</p>

		<p>confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>The philosophy of Dominion Home promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori residents and staff.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an adverse event. This is also documented in the progress notes. Accident/incident forms identified that family/whānau were updated following incidents for eleven incident reports reviewed for May and April 2023.</p> <p>Information is provided to family/whānau on admission. Interviews with family/whānau confirmed that they were updated of resident needs changes. Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. Most of the residents could speak and understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. There is information available to family/whānau related to dementia care and how the facility manage behaviour that is distressing.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora Health New Zealand- Te Toka Tumai Auckland specialist services (eg, physiotherapist, district nurse, dietitian, speech-language therapist,</p>

		<p>mental health services for older adults, and pharmacist). The delivery of care includes a multidisciplinary team and enduring power of attorney (EPOA) or family/whānau provide consent and are communicated with regarding services involved. The facility nurse manager and the RN described an implemented process around providing residents with support from family/whānau, time for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through phone calls, meetings, emails, and they felt informed regarding events or other information. Regular family/whānau meetings occurred as planned, with documentation evident in the resident records. Staff have completed annual education related to communication with residents with cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>A policy that guides informed consent is in place and includes guidance on advance directives. Informed consent processes were discussed with family/whānau on admission. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by activated enduring power of authority (EPOA) for procedures such as influenza and Covid-19 vaccines. Family/whānau interviewed could describe what informed consent was and their rights around choice. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the EPOA. Enduring power of attorney documentation is filed in the residents' records and is activated for residents by a medical practitioner as indicated. Certificates of mental incapacity signed by the GP were also on file. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans.</p> <p>The service follows relevant best practice tikanga guidelines in relation</p>

		<p>to consent, and welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</p> <p>Discussions with family/whānau confirmed that they are involved in the decision-making process, and in updates related to resident 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>	<p>FA</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to family/whānau on entry to the service. The facility nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. There were two main complaints received for 2023 year to date, none in 2022 and two in 2021.</p> <p>Documentation reviewed included acknowledgement, investigation, follow up, face to face meetings, and replies to the complainant demonstrating that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. The complainants were happy with the outcome and the complaints have since been closed. The complaints register documentation evidence complaints can be allocated a theme and a risk severity rating. The facility nurse manager stated they are confident in investigating and provide a root cause analysis when they do receive serious complaints. There were no external complaints received since last audit.</p> <p>Family/whānau confirm during interview the facility nurse manager is available to listen to concerns and acts promptly on issues raised. Family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility nurse manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p> <p>Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern or compliment. Family/whānau making a complaint can involve an independent support person in the</p>

		<p>process if they choose.</p> <p>The facility nurse manager stated that she addresses concerns as they arise. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</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>Dominion Home is part of G&M Wellbeing Limited and is located in Auckland. Dominion Home provides dementia level of care for up to 26 residents. There are three double rooms which had double occupancy at the time of the audit. There were 27 residents at the time of the audit, with three under the long-term support chronic health contract (LTS-CHC). All the remaining residents were on the aged related residential care contract (ARRC). There were no residents on respite care.</p> <p>Dominion Home has a business plan (2023) in place, which links to the G&M Wellbeing Limited's vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Dominion Home business plan was reviewed in January 2023.</p> <p>The service is an owner operator family business. There are two directors who work in the facility. One CEO is a registered nurse and the other is responsible for maintenance. The owners took ownership of Dominion Home December 2015 and oversee the operations of the facility from a governance, business, and risk management perspective. The CEO (RN) has extensive business experience and understands their responsibility in the implementation of the Health and Disability Services Standard and explained their commitment to Te Tiriti obligations. The obligation to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan scope and review section of the Business Quality and Risk Management Plan. The Māori health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The CEOs are supported by and work closely with the facility nurse manager to ensure management of the service is in keeping with the relevant standards and legislation. Clinical governance team includes</p>

	<p>the facility nurse manager and the registered nurse/CEO and incorporate processes and outcomes as part of the management meetings and strategies.</p> <p>The governing body has strengthened alliances with Māori stakeholders and community groups. Relationship has been built with Ngāti Whātua and NZ China Māori Culture tourism promotion association incorporated as consultation partners and fill the capability gap at governance as required. Both CEOs and facility nurse manager have completed Te Tiriti O Waitangi training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety (certificates sighted).</p> <p>The working practices at Dominion Home is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community. There is a communication policy that addresses meeting requirements and communication between management, staff, residents and family/whānau. Interview with family/whānau stated they are informed of what is happening within the facility and the care of their family/whānau through phone calls, emails, meeting, and this is well documented in the records reviewed.</p> <p>The facility nurse manager oversees the implementation of the business strategy and quality plan at Dominion Home. The facility nurse manager meets regularly with the CEOs to discuss progress updates on various topics including (but not limited to) quality data analysis, escalated complaints, human resource matters, and occupancy. The registered nurse/CEO undertakes administrative role ten hours a week. The facility nurse manager is supported by the registered nurse/CEO and experienced healthcare assistants. The registered nurse/CEO provides clinical oversight of the service provision at Dominion Home. The on-call cover is shared on rotation between the facility nurse manager and registered nurse/CEO.</p> <p>The facility nurse manager has completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person.</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>Dominion Home is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. There are quality focused goals documented and the progress are reviewed, monitored, and evaluated at meetings.</p> <p>The quality system and resident files are a combination of paper based and electronic. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Staff 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); staffing; and education; with opportunities discussed to minimise risks that are identified. Corrective action plans are identified and well documented. Staff meetings are taking place as planned to address service improvements. Quality data and trends captured in minutes are posted on a noticeboard. Internal audits were completed as per schedule and staff were informed of the outcome.</p> <p>A documentation review was completed and confirmed policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. The policies reflect updates to Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Dominion Home has adopted the quality system and policies developed by an aged care industry leader. It is the facility nurse manager's responsibility to provide document control that is site-specific. The facility nurse manager has reviewed the policies, and a printed and electronic suite of policies are available to all staff. There is documented evidence that updated and new policies are discussed at staff meetings.</p> <p>The communication policies document guidelines for tāngata whaikaha to have meaningful representation through resident, family/whānau meetings, complaints management system and annual satisfaction surveys. Family/whānau meetings had occurred as scheduled since the last audit. The 2023 family/whānau satisfaction survey results demonstrated that they were satisfied with all aspects of service</p>
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	<p>delivery. The outcomes were similar to the 2022 survey results. Results of satisfaction survey were discussed with staff and family/whānau.</p> <p>The facility nurse manager has an open and transparent decision management process that includes regular staff meetings and communication to family/whānau, either when they visit the facility, through newsletters or emails, as evidenced through family/whānau interviews. High levels of satisfaction were indicated through interviews with seven family/whānau on the day of the audit.</p> <p>A health and safety system is in place. The facility nurse manager is the health and safety officer, working alongside all staff at Dominion Home. They provide a monthly report discussed at staff meetings. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented. The noticeboards in the nurses' station keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months. Health and safety training begins at orientation and continues annually. Staff receive training related to health and safety at orientation and as part of annual training.</p> <p>Each incident/accident is documented electronically. Incident reports are completed for each resident incident/accident, ethnicity is recorded, severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in eleven accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking activities occur by doing comparisons between months. There is no external benchmarking with other facilities that occurs. Results are discussed in the staff meetings.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Quality data analysis occurs to ensure a critical analysis of Dominion Home practice to improve health equity.</p> <p>Discussions with the facility nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There was one event (missing resident) that required</p>
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		<p>notifications to HealthCERT and Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland. There was one Covid-19 outbreak in April 2022 recorded since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift.</p> <p>When the facility nurse manager is absent, the registered nurse/CEO carries out all the required duties under delegated authority. The facility nurse manager is on site Monday to Friday and provides shared on call with the registered nurse/CEO. The service employs a registered nurse/CEO who works 40 hours a week Monday to Friday.</p> <p>The number of healthcare assistants is sufficient to meet the care needs of the residents. Absences can be covered by staff working extra hours. The staff reported excellent teamwork amongst staff and great support from management. Staff turnover has been stable over the last two years, with long standing staff employed at Dominion Home. There are no current vacancies. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Family/whānau received emails to communicate any changes in staffing levels. Staffing requirements and occupancy are discussed as part of the management and staff meetings.</p> <p>There is a documented annual training programme that includes clinical and non- clinical staff training that covers mandatory topics. Training and education is provided monthly and include guest speakers. The training schedule documented for 2022 and 2023 year to date has been fully implemented.</p> <p>The registered nurse/CEO and facility nurse manager meet their training requirements through Te Whatu Ora training and training sessions held in-house.</p> <p>The service is implementing an environment that encourages and</p>

		<p>supports culturally safe care through learning and support. Staff have completed cultural awareness training each year. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All healthcare assistants and registered nurses are required to complete annual competencies that include (but not limited to) first aid, restraint, hand washing, health and safety, and moving and handling. A record of completion is maintained. Medication competencies are completed by the registered nurses and healthcare assistants. The registered nurse/CEO is currently interRAI trained.</p> <p>There are eight healthcare assistants employed and working in the dementia unit. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Six of eight staff have completed the relevant dementia standards as per clause E4.5.f of the aged residential service agreement. The remaining staff, who have been employed within the last six months, are registered, and working towards completion of the required unit standards.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings and performance appraisals. Staff interviewed stated the facility nurse manager has a transparent process when making decisions that affect staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (registered nurse/CEO, two healthcare assistants, the</p>

<p>people in adequate numbers meet my needs. 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. 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>diversional therapist and cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, registered nurses, general practitioner, dietitian, pharmacy, podiatry). There is an appraisal policy and appraisal schedule as part of human resources and employment policies. All staff who have been in employment for more than 12 months had an annual appraisal completed.</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 when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support the registered nurses and healthcare assistants to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p> <p>Staff wellness is given priority. The facility nurse manager supports staff in their requests for time off work, including Māori staff (when employed) attending tangi for whānau. Staff interviews confirmed that they appreciate the support that is offered to them in respect of their values and beliefs.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in both electronic and hard copy format. Any electronic information (eg, meeting minutes, business plan) is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident records are appropriate to the service type and demonstrated service integration with allied health notes, medical notes and test results saved or documented in the five resident records</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>reviewed. Records are uniquely identifiable, legible, and timely. Specimen signatures is available and include the name and designation.</p> <p>Organisation related documents that are not in use are securely destructed. The facility nurse manager is the privacy officer for Dominion Home and must approve request for health information from third parties. Health Information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted). The service is not responsible for National Health Index registration.</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>Entry to the service to Dominion Home is usually a family/whānau initiated process. If a bed is available and the resident fits the services admission criteria, admission is accepted by the facility nurse manager. A copy of the NASC referral is available digitally through e-mails from the local NASC agency.</p> <p>The admission policy details the management processes for declining a resident into the service. The facility nurse manager advised that they have not declined entry to the service. The service works in partnership with Māori communities and organisations. There are no Māori staff employed in the service. The facility manager stated that Māori health practitioners and traditional Māori healers would be consulted for residents and whānau who may benefit from these interventions when required. There is a process in place around the routine analysis of entry–decline rates for Māori.</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</p>	<p>FA</p>	<p>Five dementia level care residents' files were reviewed for this audit (one resident LTS-CHC care). The facility nurse manager and registered nurse/CEO 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 the electronic progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to</p>

<p>whānau to support wellbeing.</p>	<p>manage these are documented in the resident's care plan. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan when there are Māori residents. The Māori health plan includes provision of equitable outcomes for Māori health.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All initial assessments and care plans were signed and dated. InterRAI assessments were completed within the stated timeframes of the contract (inclusive of the LTS-CHC resident). Six-monthly reassessments were completed on time. Electronic long-term nursing care plans had been completed. Care plans had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. The care plan is holistic and aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs and recorded in electronic monitoring format. There is specific cultural assessment as part of the social and cultural plan. All residents had evidence of a specific individualised 24/7 activities plan in place on the day of audit. The initial care plan, assessments, and long-term care plan were completed, and documented support required to maintain physical and medical needs and assistance with communication and involvement in managing own daily routine.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the general practitioner reviews each resident at least three-monthly. There are general practitioner visits weekly as and more often when required. There are afterhours GP on-call services. The facility nurse manager and registered nurse/CEO is available for clinical on call and advice. When interviewed, the GP expressed satisfaction with the standard of care and quality of proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The physiotherapist attends as required. A podiatrist, dietitian, speech language therapist, occupational health therapist, continence advisor and Te Whatu Ora -Te Toka Tumai Auckland wound care specialist nurse and Mental Health team/ Geriatric services are available as required.</p>
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	<p>Healthcare assistants interviewed performed a verbal and physical inspection of the resident at the handover at the beginning of each duty that maintains a continuity of service delivery (sighted). Progress notes are written daily by the healthcare assistants. The facility nurse manager and registered nurse/CEO further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Relatives interviewed reported the residents needs and expectations were being met. When a resident's condition alters, the facility nurse manager and registered nurse/CEO initiates a review with the GP. Family/whānau or EPOA were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There was one resident with a sutured facial laceration wound at the time of the audit. The registered nurse/CEO could describe the wound management process. Wound assessments and reviews were completed in a timely manner, and documentation shows that the wound is healing. The GP and family had been notified.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; intentional rounding; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy. Family/whānau were updated following incidents reviewed. Opportunities to minimise future risks are identified by the registered nurse/CEO, in consultation with the staff.</p> <p>Short-term care plans are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan.</p> <p>A range of equipment and resources were available and suited to the level of care provided and in accordance with the residents' needs. The residents and family/whānau interviewed were very happy with the</p>
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		care provided and the support they received.
<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>	FA	<p>Dominion Home employs a full-time diversional therapist (DT) to deliver the activities programme five days per week. Saturdays and Sundays have healthcare assistants facilitating activities that have been pre-prepared by the DT.</p> <p>The DT was interviewed and discussed the weekly programme that included a range of activities suitable for the residents. Planned outings to the community occur for shopping and/or sightseeing and these are scheduled weekly.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Residents who do not participate regularly in group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and staff. The Mount Roskill Chinese community group celebrated Moon festival by dancing and singing on the day of audit and the second day the Universal Church Kingdom of God (Pacific group) presented song and dance to the residents. The programme encompasses all cultural groups of residents.</p> <p>Each resident has a 24-hour individual-activities care plan which contains strategies for diversion and de-escalation should these be required. The activity plans sampled were comprehensive and had been reviewed at least six-monthly. The DT confirms there is one-to-one activities with the residents.</p> <p>Themed days such as Matariki, Waitangi Day, and ANZAC Day are celebrated with appropriate resources available. Cultural-themed activities include the use of Māori music, language and TV/film. The use of te reo Māori for everyday use is encouraged. Families/whānau interviewed spoke positively of the activity programme.</p> <p>The service has been awarded a continues improvement rating for the continuous improvement of the activities programme.</p>
Subsection 3.4: My medication	FA	There are policies and procedures in place for safe medicine

<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>management that meet current guidelines. There is an electronic medication management system in place. Ten medication charts reviewed met legislative prescribing requirements. All medication charts had photographic identification and sensitivity and allergy status documented. The GP has reviewed the medication charts three-monthly.</p> <p>The facility nurse manager, registered nurse/CEO and healthcare assistants who administer medications have been assessed for competency on an annual basis. Medications are checked on delivery by the registered nurse/CEO. All medications are stored safely. The medication room air temperature is monitored. Due to the nature of the service, there were no residents self-medicating on the day of audit; however, processes are included in the medication policy. Regular and pro re nata (PRN - as required) medications are administered by healthcare assistants with clinical follow up by the facility nurse manager and registered nurse/CEO when next on duty. All medications are checked at least monthly, and no expired medications are kept on site.</p> <p>Standing orders were not used at Dominion Home. Medication errors were reported, and follow up was completed.</p> <p>Residents, including Māori residents and their whānau, are supported to understand and access their medications, and this was confirmed by the residents and their whānau during interviews. Culturally specific medicines and over-counter medicines are considered as part of the resident's medication and, if in use, these would be documented on the resident's electronic medication management file as per policy. There were no culturally specific medicines or over-counter medicines in use at the time of the audit.</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>FA</p>	<p>There was a current food control plan expires July 2024. The current menu was approved by a registered dietitian in September 2023.</p> <p>The kitchen is situated centrally, with meals being served directly from the kitchen to the dining room. The dining room space was adequate, and all residents received their meals with dignity. Prepared food was covered, dated, and stored in the refrigerator. Cleaning records of the</p>

<p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>kitchen and its appliances were completed daily. Refrigerator and freezer temperature records were maintained, and records verified these were within acceptable parameters. Staff were observed to be wearing the correct personal protective clothing. End-cooked and or serving temperatures are taken on each meal.</p> <p>Each resident had a nutritional assessment completed by the registered nurse/CEO on admission. Individual dietary requirements were documented in the resident's clinical file, and a copy of this information was sighted in the kitchen. Supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen is run by a chef and assistance from the healthcare assistants. Staff have completed food safety training. The chef interviewed was knowledgeable about the consideration of cultural values and beliefs, including Māori practices in line with tapu and noa. There was one Māori resident residing in the service on the day of audit and hangi was on the menu every other Friday.</p> <p>A number of Chinese residents' food requirements were catered for on the menu.</p> <p>Nutritious snacks and finger foods are available for the residents at any time of the day or night. Family and whānau at times, bring food with cultural significance to a resident and residents go out with whānau for meals/kai and celebrations. The chef and staff had food handling training.</p> <p>Family/whānau interviewed spoke positively about the food service and confirmed that any feedback was accepted and implemented.</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>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The families/whānau were 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, Te Whatu Ora-Te Toka Tumai Auckland or kaupapa Māori agencies were indicated or requested. The</p>

<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>		<p>facility nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>All building and plant have been built to comply with relevant legislation. They have a current building warrant of fitness which expires on 29 September 2023. The environment is inclusive of peoples' cultures and supports cultural practices. There is one maintenance staff member and a gardener who oversee maintenance of the site. Essential contractors such as plumbers and electricians, are available 24 hours a day, every day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident's electrical equipment is completed annually. Checking and calibration of medical equipment is completed annually. Healthcare assistants interviewed stated they have adequate equipment and space to safely deliver care for dementia level of care residents.</p> <p>The secure unit comprises of 29 beds and is a single level structure. The unit has a reception, lounge, nurses' station and dining area; the kitchen is adjacent to the dining room.</p> <p>The resident rooms are single occupancy, with the exception of three which are dual occupancy with privacy provided by a partition wall; this was fully consented by family/ whānau. The rooms have space to provide cares and are suitable for disability access and manoeuvring of mobility aids. There are centralised hand basins in the facility with flowing hand soap, hand sanitiser and paper towels installed near hand basins. There are sufficient shared toilets and shower rooms. There are handrails in corridors and in communal bathrooms. All communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external</p>

		<p>spaces. The external areas are secure and maintained, with seating and shade available and provide a walking loop for wandering residents. The facility has a vinyl floor surface. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and personalise their room as desired.</p> <p>The building is appropriately heated and ventilated. There are wall heaters and heat pumps throughout the facility. There is sufficient natural light in the rooms. The facility is non-smoking. The building is secure at night and a security camera monitors corridors and exit and entrances to ensure the safety of residents and staff.</p> <p>The service is not currently engaged in construction. The facility nurse manager and registered nurse (owner/CEO) described utilising their links with their Māori advisor, to ensure the designs and environments reflect the aspirations and identity of Māori.</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>	<p>FA</p>	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Dominion Home fire evacuation plan has been approved by the New Zealand Fire Service dated 18 September 2008. Fire drills are scheduled six-monthly and the last fire drill on 22 May 2023. The orientation programme and annual education and training program include fire, emergency, and security training. Staff interviewed confirmed their understanding of emergency procedures.</p> <p>Civil defence and pandemic supplies are stored in an identified cupboard. In the event of a power outage, there is back-up power available from the power company and there is a gas cooking facility. There are adequate supplies in the event of a civil defence emergency including over 350 litres of stored water. A minimum of one person with current competence in first aid is always available.</p> <p>There are operational call bells in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. Families/whānau interviewed confirmed that call bells are answered in a timely manner, and this was observed during the audit.</p>

		Staff complete security checks at night and there are security cameras monitoring communal areas and the perimeter of the building.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Dominion Home business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and antimicrobial stewardship can be accessed through Public Health and Te Whatu Ora - Te Toka Tumai Auckland. Infection control and antimicrobial stewardship resources are accessible.</p> <p>The facility infection control committee is part of the monthly staff meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. The minutes are available for all staff to access. Any significant events are managed using a collaborative approach involving the committee, the GP, and the Public Health team. There is a documented communication pathway for reporting infection control and antimicrobial stewardship issues to governance.</p> <p>The infection control coordinator and the committee oversee infection control and prevention across the service. The job description outlines the responsibility of the infection control coordinator role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is part of the strategic and quality plan. The infection control and antimicrobial stewardship programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme.</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 infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an industry leader and the facility nurse manager. Policies are available to staff.</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>The pandemic response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora - Te Toka Tumai Auckland.</p> <p>The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed training in infection control and there is good external support from the general practitioner, laboratory, external consultant, and the infection control nurse specialist at Te Whatu Ora - Te Toka Tumai Auckland. There are outbreak kits readily available and a personal protective equipment (PPE) store.</p> <p>The designated infection control coordinator (RN) is supported by the facility nurse manager, experienced healthcare assistants and the GP. The infection control coordinator was interviewed, described the pandemic plan, and confirmed how the implementation of the plan would be used during an outbreak. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection control audit monitors the effectiveness of education and infection control practices.</p> <p>The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment, were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori and other languages applicable to the resident and staff mix. The infection control coordinator and healthcare assistants work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared</p>
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		<p>and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed infection control in-services and associated competencies such as handwashing and personal protective equipment. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated as required.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are no plans to change the current environment; however, the CEO (interviewed) will consult with the infection control team and coordinator if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical reviews. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The general practitioner and registered nurse/CEO provide oversight on antimicrobial use within the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Dominion Home infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly collation of infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at the management and monthly staff</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>meetings and updates as required during handovers. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and data are available for staff. Action plans where required for any infection rates of concern, are documented, and implemented. Internal infection control audits are completed with corrective actions for areas of improvement identified. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection.</p> <p>The service receives information from Te Whatu Ora - Te Toka Tumai for any community concerns. There have been one Covid- 19 outbreak since last audit. The outbreak affected all residents and staff in April 2022. The outbreak was well managed with debrief meetings completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety, hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trays and the trays are kept in a locked cupboard when not in use. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed offsite by a contracted laundry company seven days a week. All the dirty laundry is put in leak proof laundry bags and collected by the outsourced company mid-morning. Clean laundry is delivered daily and sorted by staff. Personal laundry is delivered back to residents in named baskets each afternoon. The laundry sorting area allows for clean and dirty areas and sorting space. Linen is</p>

		<p>delivered to cupboards which have enough space for linen storage. The linen cupboards were well stocked, and linen sighted evidenced to be in good condition. Cleaning and laundry services are monitored through the internal auditing system. Staff interviewed were knowledgeable.</p> <p>The facility nurse manager is overseeing the implementation of the cleaning and laundry audits, and the infection control coordinator is involved in overseeing infection control practices in relation to the building. The infection prevention and control during construction, renovations and maintenance policy guide the input required from the infection control team.</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>	<p>FA</p>	<p>Policies and procedures meet the requirements of the standards. The restraint coordinator is the facility nurse manager, and they have a defined role. Staff have been trained in the elimination of restraint and alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education and competency programme. Staff maintain current restraint competency. Staff interviews confirmed that restraint was understood by the staff and how they uphold the 'mana' of the residents under their care. There were no restraints in use on the day of audit and the facility has been restraint free since 2015 when the current owners purchased the facility.</p> <p>The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, a review of the records for residents requiring restraint would cover the restraint assessment, consent, monitoring, and evaluation. Family/whānau approval would be sought, and any impact on family/whānau would also be considered. The owner would be informed of any restraint use in the facility.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>A quality management framework is being implemented. Clinical indicators are monitored monthly. Resident behaviours have significantly reduced following the implementation of specific and targeted resident behaviour management strategies.</p>	<p>Resident behaviours were tracked monthly and annually. There had been a noticeable increase in reported behaviours from 48 in 2021 to 53 in 2022. A multifaceted approach was put in place which looked at (but not limited to) critical analysis of each episode of behaviour (identifying clinical and non-clinical triggers); family input; holistic resident specific activities underpinned by Te Whare Tapa Whā; staff training; and multidisciplinary team involvement.</p> <p>For all behaviours presented, there was an initial rule out of clinical or organic factors, then progression to get information from family/whānau on how their family member was prior to dementia. This then evolved a resident tailored approach with activities, specialist input and ongoing evaluation of effectiveness of measures put in place. Interventions</p>

			<p>included (but not limited to) relocation of resident to another room which was less noisy; household tasks of interest; community participation; promotion of autonomy over activities of daily living; better communication; involvement in reasons behind interventions; pain management; reduction of polypharmacy; changing seating arrangements for dining area; and in the lounge during activities. Any proposed solutions were discussed at staff and at management meetings and involved family/whānau. All staff attended training on identifying behaviours and triggers and constantly engage in identifying what works.</p> <p>As a result of the strategies introduced, resident behaviour incidents reduced from 28 in the first half of 2022 to 25 in the second half of 2022, and for 2023 year to date the facility has only had 16 incidents. Resident outcomes were positive including (but not limited to) some being happier, engaging in activities, having better relationships with other residents and their families. This has reduced potential harm to residents and improvement in quality of life.</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The resident activities plan, and the program was individualised but missing a guiding principle and lacking Māori culture core values and beliefs. They chose Te Whare Tapa Whā Model for the activities plan as a guiding principle for all the "residents' plans. As they were aware that cultural safety and responsiveness is crucial to holistic wellbeing, they found this was lacking especially for the Māori and Pacific residents which for them, whānau and culture is a big identity and wellbeing.</p>	<p>The activity team have developed a comprehensive activity plan for each resident based on the core values of Te Whare Tapa Whā Model. The plans for Māori residents included tikanga best practice guidelines and cultural components that have established in their cultural evaluation and align with the resident's activity preferences. The plans are individualised twenty-four-hour plans and identify specific de-escalation techniques to reduce challenging behaviour specific to the resident. For the Samoan resident, they are working on plans that are based on the Fonofale model. In the future, the service plans to work with the Chinese residents and</p>

			<p>families to work on a holistic model of wellbeing that can be applied to their activity's programme, as they are for the Māori and Samoan residents.</p> <p>This piece of work supports the cultural policy and the new health and disability standards. The family/whānau reported observing greater enjoyment and over all sense of wellbeing with a comprehensive activities plan encompassing the elements of Te Whare Tapa Whā Model. This is the essence of a person living with dementia and what guides their wellbeing.</p> <p>Success has been measured in terms of a well-structured activity plans encompassing overall wellbeing for each resident, with comprehensive twenty-four-hour activities plans. A well-structured weekly activities plan. Activities care plan is formulated on the electronic resident management system for each resident encompassing all the elements of Te Whare Tapa Whā. There has been an increase of participation in activities. All residents and whānau/family are invited to activities. The programme is culturally responsive, appropriate, and safe activity. Data reviewed evidenced fewer challenging behaviours (48 in 2021; 53 in 2022 and 16 in 2023 year to date) and resulting in improved resident satisfaction, and family/whānau involvement. There was generalised improvement in residents' health and wellbeing as recorded in each resident's care plans. Exploring alternative nonclinical avenues for improvement in health and wellbeing.</p>
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End of the report.