

# Tranquillity Bay Care Limited - Tranquillity Bay Care

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by HealthShare Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Tranquillity Bay Care Limited

**Premises audited:** Tranquillity Bay Care

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

**Dates of audit:** Start date: 10 October 2023      End date: 10 October 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:** 31

# Executive summary of the audit

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## Introduction


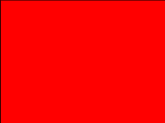
This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

### Key to the indicators

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

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

## General overview of the audit

Tranquillity Bay Care provides rest home level care for up to 34 residents. There were 31 residents on the day of the audit. This unannounced surveillance audit was conducted against Ngā paerewa Health and disability services standard NZS 8134:2021, and the provider's agreement with Te Whatu Ora Northland. There have been no changes to the facility since the last audit. The only significant change to the organisation has been the loss of administration support, which is now shared between one of the owners/managers and the clinical nurse manager.

The audit included a review of policies and procedures, interviews with management, staff, residents, family/whānau members and a general practitioner. Staff and resident records were sampled.

The provider continues to demonstrate their commitment to Ngā paerewa and the provision of equity based services. One area of improvement was identified during the audit. This related to the management of controlled drugs.

## Ō tātou motika | Our rights

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

Subsections applicable to this service are fully attained.

The organisation is aware of their responsibilities under Te Tiriti o Waitangi and endeavours to enact the principles into everyday practice. Mana motuhake is respected and te whare tapa wha is utilised in all support planning. Pasifika policies and procedures are aligned with national strategies embracing world views, cultural and spiritual beliefs.

The organisation maintains a socially inclusive and person-centered service which is aligned with the Code of Health and Disability Services Consumer Rights (the Code). Information is communicated in a manner that enables understanding and promotes informed choice. Consent is obtained where and when required. Whānau and legal representatives are involved in consent processes that complies with the law. Residents and family member/whānau confirmed that they are treated with dignity and respect at all times. There was no evidence of abuse, neglect, or discrimination.

The complaints process aligns with consumer rights legislation.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service are fully attained.

Governance representatives are cognisant of their responsibilities regarding compliance. Strategic goals are defined and monitored. The required resources are made available to support the quality and risk management system. The organisation

actively works towards reducing barriers and improving equity. Quality and outcomes data is collated and analysed. Corrective actions are implemented and monitored. Organisational risks are monitored.

There is a sufficient number of suitably qualified staff on site at all times. Back up and on-call support is available. All staff are orientated to the essential components of service delivery and maintain the required competencies. Staff performance is monitored.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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The registered nurses and the general practitioners (GPs) assess residents on admission. The care plans demonstrated appropriate interventions and individualised care. Residents' needs are reviewed regularly and referred to specialist services and to other health services as required.

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

A holistic approach to menu development is adopted ensuring food preferences, dietary needs, intolerances, allergies and cultural preferences are undertaken in consultation with residents, family/whānau and legal representatives where appropriate. Residents verified satisfaction with meals.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

There have been no changes to the facility since the last audit. There is a current building warrant of fitness.

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

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

Subsections applicable to this service are fully attained.

The infection prevention programme is approved by the directors and appropriate to the size and scope of the organisation. Infection rates are monitored and reported to the directors. The surveillance programme provides sufficient information to effectively monitor and analyse infection rates. All staff receive education regarding infection prevention.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The organisation has no history of restraint use. All staff receive training on restraint minimisation and the management of behaviours of concern.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	46	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has embedded a Māori model of health into their care planning process. Care plans are based on te whare tapa wha. The principles of Te Tiriti o Waitangi are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with a resident who identified as Māori.</p> <p>A third of the workforce identified as Māori. These staff confirmed that services were provided in a culturally safe manner. Staff reported they have input into how services are developed and delivered. Their advice is sought and considered. A Māori resident reported that their mana is protected and that they are treated with dignity and respect. The resident stated that they are not afraid to speak up if they feel their world view had not been fully considered. Any feedback is respected and appreciated.</p> <p>The organisation continues to increase the amount of te reo Māori spoken in everyday practice and the inclusion of te ao Māori in daily activities.</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</p>	FA	<p>The organisation has a Pacific Peoples policy which identifies Pasifika world views. There have been no Pacific people accessing the rest home, however all residents and staff interviewed confirmed culturally safe care</p>



<p>enjoy good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>and a culture of inclusiveness. Te whare tapa wha based care plans identify the cultural and spiritual needs of the resident. Evidence of inclusiveness and adaptability to the residents needs were observed during the audit and confirmed in resident interviews.</p>
<p>Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff receive training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and in ongoing annual training, as was verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and te reo Māori were posted on notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights during the admission process and explanation provided by staff on admission. Residents confirmed that services were provided in a manner that complies with their rights. Residential service agreements include the rights and responsibilities of both parties.</p>
<p>Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are part of the orientation topics discussed with all new staff. These are documented in the employee handbook. In interview, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation.</p> <p>Residents, family/whānau and staff stated that they have not witnessed any abuse or neglect. Residents, family/whānau stated that they are treated fairly, and they feel safe. There was no evidence of discrimination or abuse observed during the audit.</p> <p>Residents are encouraged to have a comfort fund that is kept safe in the office, and they can access their money as desired. Money transaction records were maintained. Residents' property is labelled on admission.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	Residents and their family/whānau or their legal representatives were involved in the informed consent process in line with organisational policies and the Code. Informed consent was obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Specific consent was obtained for special procedures as required.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	The complaints process complies with consumer rights legislation and works equitably for Māori. All residents are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed. Residents and family/whānau confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or family/whānau complaint they may receive. There has been one documented complaint since the last audit. Records confirmed that the complaint was managed in line with Right 10 of the Code and had been closed to the satisfaction of the complainant. It was reported that there have been no complaints reported or investigated by external authorities.
<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>	FA	There have been no changes in governance since the last audit. The directors have been working in the aged care industry for many years and maintain current knowledge of the industry. They have completed New Zealand Aged Care Association Ngā paerewa training and maintain their knowledge of legislation, contractual and regulatory requirements. The

<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>director/facility manager demonstrates an ongoing commitment to leadership and the quality and risk management system. The clinical manager is an experienced registered nurse and provides clinical governance.</p> <p>The strategic direction for the organisation is documented. The mission statement is documented and displayed in both English and te reo Māori. The mission reflects an inclusive and family/whānau centered commitment. The business plan is current and identifies key operational goals for the organisation, including implementation of Ngā paerewa. Actions from the business plan are being monitored. Organisational performance is monitored through a number of activities, including weekly management meetings with the clinical manager and the directors.</p> <p>Mechanisms are in place to gather equity data and improve outcomes. This includes the collation of ethnicity data, engagement with Māori, the frequent use (and display) of te reo Māori and the use of te whare tapa wha during the support planning process. The organisation actively works to reduce any barriers to access ensuring the entry process is equitable.</p> <p>The organisation is certified to provide up to 34 rest home level beds. On the day of audit there were 31 residents, two of whom were respite residents. Occupancy is steady at 90%. Tranquillity Rest Home currently hold two agreements with the Te Whatu Ora Northland. These include the aged-related care contract (ARC) and a respite contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our</p>	<p>FA</p>	<p>The organisation applies a risk based approach to quality management. A range of quality related activities are implemented. Services are monitored through feedback, resident surveys, review and analysis of adverse events, surveillance of infections, health and safety reports and implementation of an internal audit programme. Corrective action plans are documented when required, with evidence of closure. Records of meeting minutes sampled confirmed that quality data is discussed and communicated throughout the organisation. Resident surveys include questions regarding cultural safety to ensure Māori needs are met. Surveys sampled confirmed satisfaction.</p> <p>An organisational risk management programme is in place. The risk management programme covers the scope of the organisation including</p>

<p>health care and support workers.</p>		<p>potential inequalities. Risk levels and mitigation strategies are documented. There is evidence that actions are being implemented, monitored and updated as required. Health and safety policies and procedures are documented along with a hazard management programme. Business and fiscal sustainability are closely monitored.</p> <p>The process for managing adverse events mitigates the likelihood of repeat events occurring. The adverse events management system supports learning and improvement opportunities. The owner/manager is aware of situations in which the organisation would need to report and notify statutory authorities. Essential notifications are made as and when required.</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 sufficient number of care givers on duty at all times. There are three care givers rostered on the morning shift, Monday to Friday and two on the weekends. Two care givers on the afternoon shift seven days per week and two care givers rostered overnight. Rosters sampled confirmed that any temporary absence was replaced. Registered nursing cover is available 24 hours a day, seven days per week, with one nurse on site Monday and Friday. Care giving staff complete all laundry duties and there is a designated cleaner seven days per week. The manager is on site Monday to Friday and available on call. Both nurses share on call duties.</p> <p>A registered nurse was not available on site during the audit. One of the registered nurses was on planned annual leave and the other had contracted COVID-19, however, they were both available via phone for staff and the auditors. There was a senior care giver on site who had the designated responsibility and authority for leadership in the onsite absence of a registered nurse.</p> <p>A number of staff have achieved the New Zealand Qualifications Authority (NZQA) Certificate in Health and Wellbeing. All new staff are encouraged to commence the training. Rosters are developed in a manner which ensures there is a staff member on site with a first aid certificate. One of the registered nurses has had interRAI training and maintains the</p>

		<p>required competencies.</p> <p>Staff described the competencies they were required to maintain. These included medication administration, manual handling, hoists, infection prevention and the management of challenging behaviours. Records of medication competencies, including a competency renewal quiz were sighted in staff records.</p> <p>There is an ongoing in-service education programme. Monthly quizzes are required to be completed by staff. These include a wide range of topics such as food handling, fire safety, health and safety, cultural safety and infection prevention. The cultural safety training includes Te Tiriti O Waitangi. Quizzes are then reviewed by one the registered nurse who provide additional support if required. Records of learning and staff competence are maintained. The clinical manager actively promotes health literacy amongst staff, which in turns helps staff with their understanding of health equity.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Staff position descriptions include key accountabilities, responsibilities and person specifications. Professional qualifications are validated and copies of practicing certificates are held for those who require them. A master spreadsheet of qualifications is maintained.</p> <p>The orientation process covers the essential components of service delivery. Staff receive their orientation in stages which requires them to complete three comprehensive workbooks. One new staff member stated that the orientation process prepared them sufficiently for their role and that they were well supported. Orientation records are maintained.</p> <p>Performance reviews were being completed annually for all staff members. Staff goals and achievements are discussed and documented during the review process. Staff confirmed that the performance review process was useful, positive and supported their learning.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate with the resident's consent. The service uses assessment tools that includes consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural safety training. InterRAI assessments were completed within three weeks of an admission.</p> <p>Cultural assessments include use of traditional healing methodologies such as rākau rongoā, mirimiri, and karakia. Identified needs were documented where applicable. Staff understood the process to support residents and whānau. A resident who identified as Māori confirmed satisfaction with the processes in place.</p> <p>Long-term care plans were developed within three weeks of an admission using te whare tapa wha model of care. A range of clinical assessments, including interRAI, referral information, and the needs assessment served as a basis for care planning. Residents and family/whānau representatives of choice were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The long-term care plans sampled identified each residents' strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evident in the</p>
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		<p>residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care implemented promptly.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed every three months and included members of the multidisciplinary team. Up to date medical records were seen in the sampled files.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs, this was confirmed in the records sampled. The long-term care plans were reviewed at least six-monthly following interRAI reassessments. Short term care plans were completed for acute conditions and reviewed as clinically indicated. Care evaluation included the degree of progress towards residents' agreed goals and aspirations. Whānau goals and aspirations were documented where applicable. Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines.</p> <p>There is a safe system for medicine management using a paper-based system observed on the days of audit. A health care assistant was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicine allergies and sensitivities were documented on the resident's</p>

		<p>chart where applicable. A medication adverse event reported over the past year was documented, investigated appropriately and an appropriate corrective action plan was implemented. The three-monthly medication reviews were consistently recorded on the medicine charts sampled.</p> <p>The service uses pre-packaged medication packs. Controlled drugs were stored securely in accordance with requirements. Controlled drugs administration records were not completed consistently as per organisational policy requirement.</p> <p>There were two residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner. In interviews, the residents were aware of the processes in place to maintain safety of the medicine in their rooms.</p> <p>The service provider does not use standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents’ nutritional requirements are assessed on admission in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A diet profile is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet profiles were sighted in the kitchen folder.</p> <p>The service operates with an approved food safety plan and registration issued by the local council. The food safety plan will expire on 31 October 2024.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	FA	<p>There is a transfer/discharge policy and procedure to guide staff on transfer and discharge processes. Transfers and discharges are managed by the RNs in consultation with the resident, their family/whānau and the GPs.</p> <p>Transfer and discharge plans sampled included risk mitigation and current resident’s needs.</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>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>The current building warrant of fitness expires 27th May 2024. Maintenance requirements are maintained. Electrical testing and tagging and the calibration of medical equipment is current.</p> <p>The physical environment supports the independence of people receiving services. The home has adequate space for equipment, individual, and group activities, and quiet space for people receiving services and their whānau. The large grounds and external areas are well maintained. Furniture and fittings are also well maintained.</p> <p>Home decorations reflect the culture of the resident group. Resident rooms are personalised. There is a combination of art, including items which reflect te ao Māori. Art projects completed by the residents are displayed throughout.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager is the infection prevention coordinator (IPC). The IPC has full support from the owners/directors with regard to infection prevention matters. This includes time, resources and training. Weekly management meetings include discussions regarding any residents of concerns, including any infections. These meetings are attended by the owner/manager who remains fully informed.</p> <p>The organisation has a clearly defined and documented infection prevention (IP) programme that was initially developed with input from external IP services. The IP programme is approved, reviewed annually by the management and is linked to the quality improvement programme.</p> <p>Staff receive education in infection prevention at orientation and through ongoing annual education sessions. Education is provided by the clinical manager and has been more frequently provided over the past few years due to the pandemic. Staff were cognisant with hand washing requirements and the use of personal protective equipment. Staff know to</p>

		not present at work if they are feeling unwell.
<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 methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. Infections being monitored include urinary tract, skin, eyes, respiratory and any identified multi-drug-resistant organisms. Surveillance tools are used to collect infection data and standardised definitions are used.</p> <p>Regular infection prevention audits are completed including personal hygiene, cleaning, laundry, and hand hygiene and kitchen compliance. Relevant corrective actions were implemented where required.</p> <p>Staff said that they are informed of infection rates and regular audits outcomes at monthly meetings and through compiled reports. Management meetings include infection rates with a detailed analysis. Residents were advised of any infections identified as were family/whānau where required.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>There are documented processes for the management of restraint, however these have not had to be used, as there is no history of restraint interventions being used. The clinical manager is responsible for restraint management and reported that restraint is not part of the organisations culture. All staff receive training regarding restraint minimisation and how to safely manage escalating behaviour. The required policies and procedures are documented should restraint use ever be perceived as the most appropriate action.</p> <p>The clinical manager currently ensures that the director is consistently notified of the 'no restraint' status</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	<p>The medication and associated documentation were stored safely. All medications in the medication storage cupboard and trolley were within current use by dates. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>According to policy controlled drugs are required to be checked out and signed by two staff. However, this was not consistently evident in records. When the auditors questioned the process a second staff member was observed signing the register retrospectively. All recent controlled drug signing sheets were then reviewed and showed that there was inconsistency in regard to the signing of administered controlled drugs. Some administration</p>	Administration of controlled drugs has not been consistently completed as per policy requirements.	<p>Provide evidence that the administration of controlled drugs meets requirements.</p> <p>30 days</p>

		records were completed by one staff member and others by two staff members. The auditors completed a controlled drugs stock check as several medication errors related to controlled drugs administration were reported over the past three months and it was confirmed that the stock was accurate. The RNs were aware of the errors and appropriate medication investigations and a corrective action plan had been developed.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.