

Phantom 2021 Limited - Thornbury House

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 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:	Phantom 2021 Limited
Premises audited:	Thornbury House
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:	30

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 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

Thornbury House is under ownership of Phantom 2021 Limited since December 2022. Thornbury House is one of four facilities owned by the provider and provides dementia level of care for up to 33 residents, with 30 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Southern. The audit process included a review of policies and procedures, the review of residents and staff files, observation, and interviews with family/whānau, staff, management and the general practitioner.

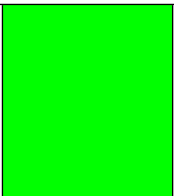
There have been no changes in key personnel since the last audit. The new owners have completed several improvements including implementation of new policies and procedures. Several environmental and equipment upgrades were made since the change of ownership. An experienced facility manager oversees the day-to-day operations of the facility. They are supported by a clinical manager and experienced caregivers.

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

This certification audit identified improvements are required related to the incident reporting, care plan interventions, and management of infection control.

The service was awarded a continuous improvement rating for implementation of meaningful activities.

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.
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Thornbury House provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples.

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 communicates with family/whānau and residents about their choices and preferences. There is evidence that family/whānau are involved and kept informed.

The rights of the resident supported by their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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Phantom 2021 Limited has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager oversees the day-to-day operations of the service. The business plan informs the site-specific operational objectives which are reviewed on a regular basis. Thornbury House has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the directors. Thornbury House collates clinical indicator data and comparison of data occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

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. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. 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 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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An admission package is available prior to or on entry to the service. The clinical manager is responsible for each stage of service provision and completes the assessments, plans, and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration.

Medication policies reflect legislative requirements and guidelines. The clinical manager and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme meets the individual needs, preferences, and abilities of the residents. The activities staff provide and implement a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Families interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan is in place.

Transfer between services is coordinated and planned.

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.

A current building warrant of fitness is in place. The reactive and preventative maintenance programme is implemented. External areas are secure, easily accessible and provide shade and seating.

Residents' rooms are of an appropriate size for the safe use and manoeuvring of mobility aids and allow for care to be provided. Lounges, dining rooms and spaces are available for residents and their visitors. Communal and individual spaces are maintained at a comfortable temperature.

The dementia unit is secure. Security systems are in place and staff are trained in emergency procedures, use of emergency equipment/supplies, and attend regular fire drills. Adequate supplies of emergency equipment were sighted. All staff have current first aid certificates.

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.

Some subsections applicable to this service are partially attained and of low risk.

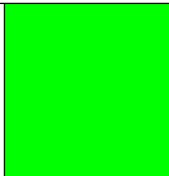
Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation 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 on in a timely manner. Comparison of data occurs.

The service has a documented pandemic and outbreak management plan in place. Covid-19 response procedures are included, and sufficient supply of protective equipment is available. The internal audit system monitors for a safe environment. There were two outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place, Chemicals are stored safely throughout the facility. 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 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 restraint coordinator is the clinical manager. At the time of audit there were no restraints used at Thornbury House. Maintaining a restraint-free environment is included as part of the education and training plan and evidence leadership commitment. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	2	1	0	0
Criteria	1	164	0	2	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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>	<p>FA</p>	<p>The Māori Health plan is documented within the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Thornbury House 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>At the time of the audit there were Māori staff. The facility manager (FM) stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce; the Good Employer policy documented the leadership commitment. The FM interviewed stated they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan 2022-2025 documents the commitment of Thornbury House to build cultural capabilities, partnering with Māori, government, 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 FM described how at a local level they have established relationships with the Māori community, local iwi, and Māori community disability services in Dunedin. The service has</p>

		relationships with Te Roopu Tautoko Ki Te Tonga Community Health & Social Services.
<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>	FA	<p>Thornbury House has a Pacific people’s policy and ‘Health of Pacific peoples in Aotearoa is everyone’s business’ which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural awareness and 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 Pasifika staff and has an established relationship with Pasifika leaders that sighted and signed the Pacific Peoples policy. Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training attended in June 2023.</p> <p>On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. The FM interviewed stated Pacific peoples’ cultural beliefs and values, knowledge, arts and identity are respected when in their care. Information gathered during assessments includes identifying a resident’s specific cultural needs, spiritual values, and beliefs. Assessments also include obtaining background information on a resident’s cultural preferences, which includes (but is not limited to), beliefs, cultural identity, and spirituality. This information informs care planning and activities that are tailored to meet identified needs and preferences. The cultural safety policy includes consideration of spiritual needs in care planning.</p> <p>The Code of Health and Disability Services Consumers’ Rights (the Code) is accessible in Tongan and Samoan. There are staff that identify as Pasifika. The FM described how Thornbury House increases the capacity and capability of the Pacific workforce through equitable employment processes as documented in the good employer policy.</p> <p>Interviews with eight staff (three caregivers, one registered nurse (CM/RN), one cook, one maintenance person, one cleaner, one activities coordinator) identified that the service provides person-</p>

		centred care.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required.</p> <p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The FM or CM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Five family/whānau interviewed reported that the service respects residents' rights. Interactions observed between staff and residents during the audit were respectful. A Code of Rights and responsibility audit completed March 2023 evidence full compliance around staff knowledge and understanding.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and objectives of the business plan. Staff received education in relation to the Health and Disability Consumers' Rights (the Code) at orientation and through the annual education (completed August 2023) and training programme which includes (but 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</p>	FA	<p>Thornbury House annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The Māori Health Plan and objectives in the business plan reflects how Te Tiriti o Waitangi is incorporated in day-to-day service delivery. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha</p>

<p>experiences.</p>		<p>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 and was also confirmed during interviews with family/whānau.</p> <p>An intimacy and sexuality policy is in place with training as part of the education schedule (scheduled for October 2023). Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were three double rooms; two were shared by unrelated residents. A shared room policy is implemented. There were no married couples in the facility. 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 with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>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>The good employer policy acknowledges cultural diversity, includes how institutional and systemic racism is addressed 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 business plan 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.</p>

		<p>An abuse and neglect policy is being implemented. There are educational resources available.</p> <p>Cultural days are held to celebrate diversity. Staff completed Code of Conduct and Abuse and Neglect training, and the education encourages reflectiveness, self-awareness and thoughtfulness within the team and fosters the desire to be effective with people they come into contact with.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, available resources, and the house rules (staff code of conduct).</p> <p>Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers 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 philosophy of Thornbury House as stated in the business plan and quality assurance policy promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori.</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</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Twelve accident/incident forms sighted have a section to indicate if family/whānau have been informed (or not) of an accident/incident. There was not always a reason documented why family was not informed; for those families that were notified, the time were not always documented (link 2.2.5). Five family/whānau interviewed confirmed</p>

<p>them about their choices.</p>		<p>they are kept informed.</p> <p>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. All but one resident could speak and understand English. Staff interviewed explained how they manage to interact with the one resident who does not speak English.</p> <p>Non-subsidised residents enduring power of attorneys (EPOAs) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau and EPOA 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 Te Whatu Ora-Southern specialist services and other allied health professionals including a physiotherapist, district nurse, dietitian, speech language therapist, mental health services for older adults, and pharmacist. The delivery of care includes a multidisciplinary team and EPOA or family/whānau provide consent and are communicated with regarding services involved. The CM 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. There was documented evidence that family/whānau are invited to six monthly review meetings or have input into to care planning and review process of residents.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through emails and phone calls and an interactive closed group Facebook page and felt informed regarding events or other information. Family/whānau stated the FM, CM and staff are transparent, easily accessible, and approachable to address any questions. Staff have completed annual education related to communication with residents' cognitive disabilities.</p>
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<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 that include guidance on advance directives. Informed consent processes were discussed with family/whānau on admission. Six 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 the activated power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care. All EPOA have signed the new informed consent forms to align with the new policy implementation process.</p> <p>The admission agreement is appropriately signed by the EPOA. Enduring power of attorney documentation is filed in the residents' files and is activated for all residents. All residents had a medical certificate for incapacity on file.</p> <p>Advance directives for health care including resuscitation status had been completed by the GP. Interviews with family/whānau identified that the service informs them of any health care changes. Training has been provided to staff around Code of Rights that included informed consent.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</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 FM maintains a record of all complaints, both verbal and written, by using a complaint register. There was one low risk complaint documented for 2023 year to date and was received from Te Whatu Ora-Southern.</p> <p>The FM provided documentation including follow-up letters to demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC). The</p>

		<p>complaints register documentation evidence complaints can be allocated a theme and a risk severity rating. The FM stated they are confident in investigating and provide a root cause analysis when they do receive serious complaints. Family/whānau confirm during interview the FM 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 FM 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. 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>Thornbury House is situated in Dunedin and one of four age care facilities owned by Phantom 2021 Limited. Thornbury House provides care for up to 33 rest home dementia level of care residents across two areas (Main lodge and Cottage), with 30 residents (including one younger resident on a close to age and interest contract) living at the facility on the day of the audit. All other residents were under the age-related residential care (ARRC) contract.</p> <p>Phantom 2021 Limited is a family-owned company and took ownership of Thornbury House in December 2022. At the time of ownership, the managers (FM and CM) remained the same. There are two owners/ directors and both have experience in aged care management and working with residents with dementia. The FM stated there was a smooth transition during change of ownership.</p> <p>The FM and staff interviewed stated both owners are very involved in the operations of the facility. One director visits weekly and completes a facility walk through with the FM and maintenance person followed by a weekly face-to face meeting with the FM. The facility managers provide a monthly managers report to the directors which covers all</p>

	<p>aspects of the service. At the time of the audit a quarterly clinical review meeting was introduced and include all facility managers, clinical managers, pharmacist and two GPs that support clinical governance for three facilities in Dunedin. The first meeting minutes held 9 August were sighted and include observations and reporting requirements of residents of concern, prescribing practices, and clinical issues of concern. Each CM provide clinical oversight of their facility. There were regular monthly facility managers meetings for 2023 where all facility managers and directors meet and discuss all aspects of the service including quarterly benchmarking.</p> <p>There is a business plan for 2022- 2025 that includes a mission and philosophy statement and operational objectives. Clear specific business goals documented to manage and guide quality and risk and are reviewed at regular intervals. The annual review of the quality assurance and risk programme will be reviewed annually by the FM, CM and directors.</p> <p>The director (interviewed) understands their responsibility in the implementation of health and disability services standard and explained their commitment to Te Tiriti obligations. The obligations 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 that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori (sighted input in policy development) and aligns with the Ministry of Health strategies.</p> <p>The directors and managers have completed cultural training. The service has acquired Māori and Pacific leaders who have input into policy, ensuring equitable services are provided to tāngata whaikaha and Māori and other residents. Training around cultural safety and the Treaty of Waitangi has been completed by all staff.</p> <p>The manager (non-clinical) is responsible for the day-to-day running of the home, implementation of the business strategy and quality plan. She has been in her role for the past four years. Clinical oversight is provided by an experienced full time clinical manager with vast experience in dementia care and in the aged care sector. They are supported by a team of experienced long-standing staff. There is</p>
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		<p>collaboration between the sister facilities for peer support.</p> <p>The facility manager and clinical manager has maintained at least eight hours annually of professional development activities.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Thornbury House 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 focussed goals documented and the progress are discussed at monthly managers meetings with the directors.</p> <p>The quality system and resident files are paper based. Thornbury House business plan documents implementation of newly acquired suite of policies. 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. There are procedures to guide staff in the management of clinical and non-clinical practices. Thornbury House have adopted the quality system and policies developed by an aged care industry leader. It is the FMs responsibility to provide document control that is site specific. The FM at Thornbury House reviewed the policies in December 2022 and a printed suite of policies are available to staff. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read policies. The swift implementation of the policies ensured that good practice reflects through all aspects of service delivery and at the time of the audit the policies were well and truly embedded.</p> <p>Quality initiatives are documented, monitored, and discussed with staff. Initiatives and implementation of activities that assist with deescalating of behaviour has been successfully implemented. A continuous improvement rating is awarded for the activities.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical</p>

	<p>indicator data that include falls, pressure injuries, behaviours that challenge, medication errors, skin tears, bruising, fractures, restraint (if any) etc. Quality data is discussed through combined staff and quality meetings and opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. Corrective action progress is reported monthly in the manager's report to the directors. Combined staff and quality meetings take place as planned to address service improvements. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Internal audits were completed for 2023 year to date.</p> <p>The communication policies document guidelines for tāngata whaikaha to have meaningful representation through family/whānau meetings, complaints management system and annual satisfaction surveys. Family/whānau interviewed confirm opportunities to provide feedback and are involved.</p> <p>The FM has an open and transparent decision management process that includes regular staff meetings and correspondence to family/whānau either when they visit the facility or through regular emails as evidenced through family/whānau interviews. Satisfaction was indicated through interviews with family/whānau, and feedback sighted from six post admission surveys.</p> <p>A health and safety system is in place. One director is responsible for overseeing the health and safety programme implementation on each site. The FM provides a monthly report to be discussed at facility managers 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 staffroom and nurses' stations 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.</p> <p>Incident reports are completed for each resident incident/accident, ethnicity is recorded, immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge, skin tears). The incident forms were not always fully completed</p>
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		<p>according to policy, and where there were two residents affected by an incident, only the primary resident incident was recorded. Opportunities to minimise future risks are identified by the CM in consultation with the staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking activities occur by doing comparisons between months; internal benchmarking between facilities occur quarterly. Results are discussed in the staff meetings and facility managers meetings.</p> <p>Staff completed cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. Quality data analysis occurs to ensure a critical analysis of Thornbury House practice to improve health equity. Facility managers meeting minutes (sighted) with the directors reflect Māori health equity considerations.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There was one section 31 notification completed in 2023 related to non- clinical event that had a risk of reputational damage.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>The Good Employer policy includes the rationale for staff rostering and skill mix to ensure staffing levels are maintained at a safe level. The aim is to ensure a safe working environment, staffing levels will be consistent with current legislation, and ensure all staff employed will be appropriately qualified. The roster sighted 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>Interviews with family/whānau and staff confirmed that staffing levels are sufficient. Rosters reviewed evidenced that staff were replaced when sick by other staff members picking up extra shifts.</p> <p>The manager works 40 hours per week, Monday to Friday, and participates in the on-call roster for any non-clinical emergency issues.</p>

	<p>The clinical manager (registered nurse) works 40 hours per week and is available for afterhours clinical support. The manager is the first port of contact afterhours and they filter clinical decisions to the CM. In the absence of the CM, clinical support will be provided by one of the sister facilities. The GP is also available to the facility till 10 pm.</p> <p>There were no vacancies at the time of the audit. Family/whānau received emails to communicate any changes in staffing. Staffing requirements and occupancy are discussed as part of the combined staff and quality meetings and monthly facility manager’s meeting. There are medication competent caregivers on morning, afternoon, and nights to perform medication administration duties. The roster is divided to ensure the two areas in the dementia unit (Main Lodge and Cottage) has a sufficient number of caregivers available to meet the ARRC staffing requirements. Six weeks of rosters reviewed (included the roster during the gastroenteritis outbreak) evidence sufficient staff were on duty each time. Staff replacements occurred in case of planned or unplanned staff absences and when acuity changed Caregivers interviewed explained the process of communication in case of clinical and non-clinical emergencies. There are at least four in the morning (three long and two shorter shifts); three in the afternoons (long shifts and two at night).</p> <p>Cleaners and kitchen staff to perform non-clinical duties. Kitchen staff are available to 7:00 pm. Caregivers perform laundry tasks seven days a week and confirm the workload to be manageable. The diversional therapist available weekdays till 4 pm.</p> <p>The clinical manager is interRAI trained. Staff are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications in Health and Wellbeing through Careerforce. There are several experienced staff who have been employed for more than 10 years. Long-term staff have several years’ experience at the facility and are deemed as NZQA level 4 equivalent and have completed previous ACE training. There are a total of sixteen caregivers; eleven have completed the relevant dementia qualifications. Four have been employed within the last eighteen months and are working towards completion. Two casual staff members has recently been employed and not yet enrolled.</p> <p>There is a documented annual training programme that includes</p>
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		<p>clinical and non- clinical staff training that covers mandatory topics. The training schedule is being implemented for 2023. Training topics and attendances were reviewed and evidence high attendance numbers. Training and education is provided monthly and includes guest speakers. Dementia specific training includes the management of behaviours that challenge. The clinical manager has access to external education through Te Whatu Ora-Southern, walking in other shoes, and completed a seven-hour workshop that includes infection control and antimicrobial stewardship training.</p> <p>The service collects resident ethnicity to inform data regarding Māori health information; this is an agenda topic at the monthly facility manager`s meetings. The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff attended cultural awareness training in May 2023. 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 caregivers and CM are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE) and moving and handling. A record of completion is maintained. Medication competencies are completed.</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, performance appraisals and complete annual wellness surveys (completed September 2023). Staff interviewed stated the FM and CM has a transparent process when making decisions that affect staff.</p>
Subsection 2.4: Health care and support workers	FA	Human resource management follow policies and procedures which

<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>adhere to the principles of good employment practice. Review of staff records confirmed the organisation’s policy is consistently implemented and records maintained. The recruitment processes include police vetting, reference checks, signed contract agreements, and job descriptions. A schedule of individual training records was kept on file. Current practising certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van held current driver licences and first aid certificates. Non-clinical staff include cleaners, a maintenance person, and kitchen staff.</p> <p>There is a documented and implemented orientation programme and staff training records show that training is attended. There was recorded evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff interviews confirmed completing this and stated it was appropriate to their role.</p> <p>Annual performance appraisals were completed for all staff requiring these.</p> <p>Staff competencies and scheduled education are relevant to the needs of aged care residents with dementia.</p> <p>Records show that staff ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HSO) requirements. Staff meeting minutes reviewed show that staff can be involved in debriefing and discussion following incidents. Support for staff wellbeing is provided as required. Staff are supported with rehabilitation and to return to work as part of staff injury management.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Residents’ records are managed in a paper-based format, while medicines are managed in an electronic system. Residents’ information, including progress notes, is entered into the resident’s record in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents’ progress notes are completed every shift, detailing residents’ response to service provision.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. The FM is the privacy officer.</p>

		<p>Staff interviews confirmed an awareness of their obligations to maintain the confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised access. Any hard copy information is locked away when not in use. Documentation containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public.</p> <p>Each resident's information is maintained in an individual, uniquely identifiable record. Records include information obtained on admission, with input from the residents' family where applicable.</p> <p>The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals. The service is not responsible for registering residents with the National Health Index (NHI).</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>An admission policy and procedures are implemented to safely guide service provision and entry to the service. The service operates twenty-four hours a day, seven days a week. All residents have a needs assessment prior to admission that identifies the need for dementia level of care required. All potential enquiries are screened to ensure the service can meet the required level of care and specific needs of the resident. An information pack is available for family/whānau at entry, with specific information regarding admission to the dementia unit. The admission information pack outlines access, assessment, and the entry screening process. Comprehensive information about (ARRC) the service is made available to referrers, potential residents, and their families. The resident agreements contain all details required under the aged related residential care contract. The six admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The facility manager is available to answer any questions regarding the admission process. The service communicates with potential residents' family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not</p>

		<p>meet the admission criteria The service is able to collect ethnicity information at the time of admission from individual residents with support from family/whānau, with the facility being able to identify entry and decline rates for Māori. The facility manager reported they have made links and are strengthening working partnerships with local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents. Staff who identify as Māori are also available to provide support for Māori residents and whānau where required.</p> <p>The service collects ethnicity information at the time of admission from individual residents. The service collates ethnicity data along with entry and decline rates. The service also has relationships with Te Roopu Tautoko Ki Te Tonga - Community Health & Social Services, which would be able to provide support for future residents and relatives who identify as 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 whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Six resident files were reviewed (including one resident on a close to age and interest contract), two of the six care plans were new admissions and as such were not yet due for six-monthly evaluations or six-monthly interRAI reassessments. There is evidence of family/whānau involvement in the interRAI assessments, and long-term care plans reviewed. Information is documented in paper-based progress notes and family contact forms.</p> <p>The residents' files have admission assessment information collected and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to behaviour, falls, pressure injury, continence, nutrition, skin, and pain. In the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan. All interRAI assessments, re-assessments, care plans and evaluations have been completed within the required timeframes. All residents have a behaviour assessment and a behaviour plan, with associated risks and supports needed and includes strategies for managing/diversion of behaviours. Short-term care plans for issues such as infections, weight loss, and wounds are reviewed as per policy and incorporated into the long-term care plan if</p>

	<p>required.</p> <p>Interventions were documented to be person centred and to guide staff in the management of medical conditions and in delivering care. However, when a resident health status changes, the changes are not always reflected /updated in the care plan.</p> <p>The service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>The service contracts a GP from a medical practice for weekly visits. The GP is available on call, until 10:00 pm. The GP has seen and examined the residents within five working days of admission and completed three monthly reviews. The GP (interviewed) has seen improvements in the management of residents and commented positively on the service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people, and wound care specialist nurse is available as required through Te Whatu Ora - Southern service. A physiotherapist is available when referred to.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete the progress notes every shift. Weekly progress notes are entered by the clinical manager to reflect progress on the residents' goals or when there is an incident or changes in health status. There is regular documented input from the GP and allied health professionals.</p> <p>When a resident's condition alters, the clinical manager initiates a review with the GP. The 'communication with family/whānau' forms reviewed provided evidence that family have been notified of changes to health, including infections, GP visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members.</p> <p>There were five wounds in the facility at the time of the audit. One of</p>
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		<p>these was a long-term chronic wound that the resident was admitted with. The GP is referring the resident to the vascular specialist at Te Whatu Ora – Southern. The other four wounds are related to skin tears and minor injuries. There is a documented process of assessments and wound management plans including wound measurements when there is a wound. There is access to wound expertise from wound care nurse specialist at Te Whatu Ora - Southern. Caregivers and the clinical manager interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts, bowel chart, blood pressure, weight, food and fluid charts, turning charts and blood glucose levels. Monitoring charts had been completed as applicable and as scheduled. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. These are routinely evaluated by the clinical manager. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Incident reports reviewed evidenced timely follow up by the clinical manager, and any opportunities to minimise future risks were identified and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist works 37.5 hours per week at Thornbury House, Monday to Friday. Weekend caregivers are responsible for activities provision with a range of resources available. The diversional therapist completes a comprehensive assessment and history at the resident's admission to ascertain individual needs, interests, abilities, and social requirements. There have been new initiatives to provide an increased range of opportunities for diversion and de-escalation and as an alternative to the use of pro re nata (PRN) medication.</p> <p>The service receives feedback and suggestions for the programme by regularly interaction with residents and family/whānau. Individual activity plans were sighted in resident files reviewed with each having an individualised 24-hour dementia care plan which included</p>

	<p>suggestions for diversion/de-escalation. Weekly updates, monthly progress notes and six-monthly evaluations are maintained. The individualised activities plan for residents are made in association with the clinical manager and input from caregivers and is incorporated into the interRAI assessment and care plan documents.</p> <p>The weekly activities programme is displayed on a whiteboard in the entry hallway for residents and family/whānau to see what is available. The main hallway has a display board with interesting and colourful displays and initiatives that are both colourful and interesting for visitors to look at when visiting. On the days of the audit there was information about Alzheimer's Day.</p> <p>A resident lifestyle profile and activity assessment informs the activities plan. The activities are varied and cater for all residents, either as group participation activities, or individual activities. Activities include outings, as well as indoor and outdoor activities on site. Residents' religious and cultural preferences are considered in the planning of activities. Family members interviewed expressed satisfaction with the activities programme, and said they contributed to the planning of the programme.</p> <p>The service celebrates cultural days of the residents and staff. Te Ao Māori is encouraged with Matariki, Waitangi Day and Māori Language week. Community visitors include entertainers and church services. Staff bring in their animals to visit at Thornbury House each week. All residents especially those under – 65 years residents are encouraged to maintain links to their community. The activities planner includes music therapy, entertainment, van trips, celebrations and birthdays, exercises, crossword, word build, quizzes, and crafts. One-on-one activities such as individual walks, chats, and newspaper readings occur for residents who are unable to participate in activities or choose not to be involved in group activities.</p> <p>There are numerous areas within the building where activities can occur, a lounge and dining room in the main house and cottage areas. These areas provide different spaces for small and larger group activities to occur. There are pleasant garden areas where residents can walk in and around. A continuous improvement rating has been awarded for the implementation of activities beyond the expected full</p>
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		attainment of the criteria.
<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>	FA	<p>There are policies and procedures in place for safe medicine management. The medication management system is electronic. Medications are supplied to the facility in a robotic roll sachet by the contracted pharmacy. Regular medications and 'as required' medications are administered from these sachets. Medications are checked against the electronic chart when received from the pharmacy. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Caregivers were observed administering medication following medication guidelines. Caregivers who administer medicines were assessed as competent.</p> <p>Twelve electronic medication charts were reviewed, these evidenced the recording of allergies and three-monthly reviews by the general practitioner. All medications charts sighted were current and had been reviewed three-monthly. Medications were all prescribed appropriately on the electronic system, and all had allergies documented. As required medications had prescribed indications for use with outcomes and effectiveness completed in the sample of medication charts reviewed. Over the counter medications are considered and prescribed on the electronic medication system. All eyedrops and creams have been dated on opening. The service does not use standing orders and there are no vaccines kept on site.</p> <p>Interviews with family/whānau stated that consultation with family takes place during these reviews, this was evident in the medical notes reviewed and general practitioner interviewed. There is a medication self-administration policy documented for the organisation as part of the suite of medication management policies developed by an external contractor; however, due to the nature of the service, there were no residents self-administering medications within the service.</p> <p>Internal audits were completed around medication management and corrective actions implemented when required. Medications are stored safely. The medication room and medication refrigerators are checked</p>

		<p>daily to ensure they were within the required temperature range. Education around safe medication administration has been provided with the last training completed in May 2023. The clinical manager has completed syringe driver training.</p> <p>The clinical manager provides information, support and advice around medications and potential side effects with all family/ whānau when they are not able to attend the GP review, or where required or requested. The clinical manager reported they would apply the same to any whānau within the service.</p> <p>The clinical files included documented evidence that EPOAs, family/whānau are updated about medication changes, including the reason for changing medications and side effects. The clinical manager described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes</p>
<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>	<p>FA</p>	<p>The meals at Thornbury House are all prepared and cooked on site. The service employs a full-time cook who has years of experience and a level four food service qualification. The cook works Monday to Friday, and there are caregivers who cook on Saturday/Sunday. The kitchen was observed to be clean and well organised, and a current approved food control plan (expiry 31 January 2024) was in evidence. There is a four-week seasonal menu that is designed and reviewed by a registered dietitian. The cook receives resident dietary information from the RN and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The cook (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. There are 24/7 snacks, including fruit and sandwiches, available for residents. On the day of audit, meals were observed to be well presented.</p>

		<p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. These are all within safe limits. Meals are plated in the kitchen and immediately served to the residents in the dining room. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, are available for residents to maintain independence with meals. Caregivers interviewed are knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes.</p> <p>There is a café style area at the servery in the dining room – it includes a drink stand where there is always fresh water available. Food is available at the hatch from the kitchen staff – residents can come to the hatch area and the kitchen staff will provide them food and this includes sandwiches, cakes – whatever they request. Through family interviews this was confirmed as being enjoyable for residents as it makes them feel like they are getting “served” at a café.</p> <p>The residents and families/whānau provide feedback on a one-to-one basis and through the six-week survey</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures to guide exit, discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) yellow envelope - transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and GP clinic records. The families/whānau were involved for all exits or discharges to and from the service. There were two residents who had been recently transferred to and from hospital; their discharge notes are saved in the resident folder and updated discharge instructions are incorporated into either short or long-term care plan. Family/whānau are advised of hospital transfers and transfers to the</p>

		<p>emergency department.</p> <p>Family/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required</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>There is a current building warrant of fitness that expires 28 June 2024. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a full-time maintenance person with a trades background who works Monday to Friday and divides their time between Thornbury House and a sister facility. This role undertakes maintenance of the site, contractor management and gardening. 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. The 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. Checking and calibration of electrical and medical equipment, hoist and scales were completed. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care. An environmental safety and van audit has been completed in July 2023.</p> <p>Hot water temperatures are monitored with a process in place to ensure prompt action is taken in the event of anomalies. A review of recorded hot water temperatures and interview with the maintenance person confirmed that temperatures have been maintained at the recorded safe temperature.</p> <p>The building is single level and there are 33 beds across two areas (Main lodge and Cottage). The residents can freely move between the two areas; however, the areas can be managed separately. Each area has a separate dining room and lounge.</p> <p>All resident areas can be accessed with mobility aids. The external</p>

		<p>paths provide a circuit around the facility. The facility doors to the garden area are not locked during the day to allow residents to go outside if they wish. External areas are secure and have outdoor seating and shade accessible by residents and their visitors.</p> <p>There are adequate numbers of accessible showers, hand basins and toilets throughout the facility with communal toilet/bathing facilities and visitors' toilets. Communal toilets have a system to indicate vacancy and have disability access. All shower and toilet facilities have call bells, sufficient space, approved handrails, and other equipment to facilitate ease of mobility and to promote independence.</p> <p>There are three shared rooms, two of these are shared and have privacy curtains in place. Other residents have their own room, and each is sufficient size to allow residents to mobilise safely around their personal space and bed area with mobility aids and assistance. Residents are able to bring in their own possessions and are able to decorate their room as they wish. All residents' rooms and communal areas accessed by residents have safe ventilation and at least one external window providing natural light. Resident areas in the facility are heated in the winter. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed in interviews with relatives and staff.</p> <p>Flooring is appropriate for ease of cleaning and is a mix of carpet and vinyl. There are encased flowing soap and hand sanitizer accessible throughout the facility.</p> <p>A number of refurbishments and environmental improvements since the previous audit have occurred with the repainting, new furniture and renewing the flooring in resident rooms.</p> <p>There are no plans for new buildings, however the management and the owner report they would be open to consultation with Māori representatives to ensure the Māori aspirations are upheld.</p>
Subsection 4.2: Security of people and workforce	FA	Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation

<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>requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 25 February 2002. Fire evacuation drills have been completed every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is back-up generator available (not on site) and gas for cooking. There are adequate supplies in the event of a civil defence emergency, including 1100 litres of water stores water stores to provide residents and staff with at least three litres per person per day for a minimum of three days. Emergency management is included in staff orientation and training plan. There is an up-to-date register with residents' photos to ease in an event of an emergency. A minimum of one person trained in first aid is always available in the facility and for resident van outings.</p> <p>There are call bells in the residents' rooms, communal toilets, bathrooms, and lounge/dining room areas. Sensor mats are available to residents when required.</p> <p>The building is secure after hours and staff complete security checks at night. The facility has CCTV in the communal areas. The facility outdoors is always secure with entry to the unit being by pressing a doorbell with staff opening for visitors and exit is by entering a number combination on a keypad. Visitors and contractors are instructed to sign in and complete visiting protocols. Staff are easily identifiable.</p>
<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</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Thornbury House business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health, Te Whatu Ora- Southern and Southern community laboratories. Infection control and AMS resources</p>

<p>of IP and AMS programme governance. 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>		<p>are accessible.</p> <p>There is a facility infection control committee as part of the combined staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the support team, the GP, and the Public Health team. There is a documented communication pathway for reporting infection control and AMS issues to the directors.</p> <p>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 linked into the quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the external contractor that developed the policies in collaboration with the FM and CM who is the infection control coordinator. The annual review is due for December 2023.</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. 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. 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 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, the FM and the infection control coordinator. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora - Southern.</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 an online training in infection control and has access to a network of professional aged care peer support within Dunedin when required. The infection control programme was reviewed in January 2023.</p> <p>The infection control coordinator described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and</p>

	<p>facility tour staff were observed to adhere to infection control policies and practices. Staff interviewed understand their responsibilities in an event of an outbreak and how to report infections, symptoms, and reporting when needlestick injuries occur. The infection control internal 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 (PPE) were sighted and these are regularly checked against expiry dates. 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. The infection control coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and 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 and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Meeting minutes (sighted) evidence a clear process of involvement required from the infection control coordinator when any refurbishments are required.</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 hand hygiene, personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails and an interactive closed group Facebook page.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near</p>
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		point of care. Handbasins all have flowing soap.
<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 use policy and procedure. A report on the usage of antibiotics or antimicrobials (if any) is collated. The infection control coordinator includes the type of antibiotic, duration of treatment and effectiveness in the data collated as evidenced in the monthly infection control data reviewed for 2023. Antimicrobial use is included in the monthly report provided to the directors. The monitoring process includes evaluation and monitoring of medication prescriptions, and antibiotic use through the electronic medication system. The infection control coordinator communicates with the GP if she has any concerns. As per the infection criteria there is no antibiotics prescribed for prophylactic use. The infection control coordinator verifies the prescription with laboratory results, and resident clinical symptoms. The infection control coordinator described a review process for antibiotics use required for more than 10 days.</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 methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>Infection surveillance is an integral part of the infection control programme and is described in the Thornbury House 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 infection summary. This data is monitored and analysed for trends and patterns, benchmarking between the sister facilities is completed quarterly. Infection control surveillance is discussed at combined quality and staff meetings. 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 graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a HAI.</p>

		<p>The service receives information from the local Te Whatu Ora - Southern for any community concerns. There have been two outbreaks documented (Covid-19 in March 2023 and gastroenteritis outbreak in July 2023) since the provisional audit. There was no evidence of daily outbreak meetings and a complete review after each outbreak as required by the pandemic outbreak management plan.</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 is documented policy and processes for the secure storage and management of recycling, waste, infectious and hazardous substances. Appropriate signage is displayed. Staff received training by external supplier of chemicals and cleaning products. Waste is collected at scheduled intervals by contractors and the local council. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Material safety datasheets are available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. Posters provide a summary about the use of chemicals on site. Posters and sharps boxes are in the medication room. Personal protective equipment is readily available.</p> <p>There are policies and procedures to provide guidelines regarding safe and efficient laundry services. There is clear separation of a clean and dirty area. All personal clothing, and linen are processed on site by the caregivers. There is a designated cleaner for seven days a week. The cleaners' chemicals were always attended and are stored safely when not in use. All chemicals were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked with good quality linen. The infection control coordinator is overseeing the implementation of the cleaning and laundry audits and 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. The washing machines and dryers are checked and serviced regularly. Staff completed chemical safety training. The cleaner interviewed demonstrated a very good knowledge of infection control and the importance of cleaning high touch areas. The cleaner could describe in detail cleaning practices required during</p>

		an outbreak.
<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>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Thornbury House will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility continues to be restraint free with no residents using restraints. The clinical manager (restraint coordinator) confirmed that Thornbury House is committed to providing services to residents without use of restraint thus maintaining a restraint free environment.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the EPOA, GP, restraint coordinator and cultural advisor (if required).</p> <p>The use of restraint (if any) would be reported in the combined quality and staff meetings. Challenging behaviour training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation. Dementia training was last completed by staff in February 2023. Staff restraint competencies were all up to date. Non-restraint environmental audit was completed and demonstrated compliance with expected standard.</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 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA Moderate</p>	<p>There is policy documented to guide the management and documentation of adverse events. The CM described the expectations in relation to incident form completion and management. Twelve incident report forms were reviewed that include eight incidences of altercations/incidents (two related to sexual behaviour and six related to physical altercations) between residents another four incidents related to witnessed and unwitnessed falls. Incident report forms are completed at the time of the incident. There was evidence that the RN or manager (after hours) is notified of incidents. The manager will escalate clinical incidents to the CM after hours. The GP practice is available till 10 pm.</p> <p>Incident forms reviewed evidence staff encircle yes or no if residents' family/whānau</p>	<p>(i)Where altercations/ incidents involve two residents only the primary resident and not the secondary resident is identified; therefore, (a) no incident report form in the secondary resident's file evident;(b) No evidence that the secondary resident's family/whānau were notified.</p> <p>(ii)Where family were not notified it was not evident on the incident form or progress notes the reason for not notifying.</p> <p>(iii) Where family were notified, it was not evident in five incident report forms when they were notified (time) or who were</p>	<p>(i-iii) Ensure the incident process and family/whānau notification process is managed as per policy.</p> <p>90 days</p>

		<p>were/ were not notified. It was not clearly identifiable in the progress notes, next of kin contact form or on the incident form the reason why family/whānau were not notified on seven incident reports or when (time) the family/whānau were notified of the incident if they were contacted.</p> <p>Caregivers interviewed could describe the management of incidents. Training records reviewed confirm staff completed adverse event reporting and falls management training in May 2023 and another session is scheduled for October 2023. Three incidents related to unwitnessed falls (same day) with injuries were appropriately clinically managed and residents were transferred to hospital in a timely manner. Incident reports evident timely RN follow up, investigation and completion of neurological observations when required.</p> <p>The family/whānau interviewed felt involved in the care of their family/whānau.</p>	notified(name).	
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment</p>	PA Low	<p>Paper based resident files include assessments that address needs, values, individual preferences, and beliefs of residents however, not all interventions were fully implemented in the residents' care plans.</p>	<p>Four of six residents' files reviewed did not have updated interventions for bowel management, recent weight loss, decreased mobility and changes to behaviour.</p>	<p>Ensure care plan interventions are updated as the residents' needs change</p> <p>90 days</p>

<p>includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 5.4.4 Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely</p>	<p>PA Low</p>	<p>The clinical manager is the infection control coordinator. There is a pandemic and outbreak management policy that guide staff in the management of an outbreak. There have been two outbreaks documented (Covid-19 in March 2023 and gastroenteritis outbreak in July 2023) since the provisional audit. Both reviews were appropriately</p>	<p>There was no documented evidence of daily outbreak meetings, or a completion of an outbreak review (lessons learned) as required by policy.</p>	<p>Ensure debrief meetings and outbreak reviews occur. 90 days</p>

<p>manner.</p>		<p>notified. Daily email correspondence was sighted between public health officials for the gastro enteritis outbreak. The manager explained a process of how family /whānau are notified of outbreaks. The manager confirmed at the last outbreak there were a delay in communication due to unforeseen circumstances that were explained to family/whānau.</p> <p>Staff could explain the implementation of the pandemic/outbreak plan. Sufficient PPE was sighted. There were outbreak kits readily available and sighted. The managers interviewed explain information was shared at the time of handover and by text. There was no evidence of documented daily outbreak meetings or a complete review of each outbreak and lessons learned after each outbreak as required by the pandemic outbreak management plan.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<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>A continuous improvement is awarded to the service. Quality initiatives are beyond the expected full attainment of the criteria. Incidences of challenging behaviours within the dementia community were identified occurring mostly during transition into care period with ongoing sundowning behaviours in the late afternoon leading to the potential for weight loss and behaviours that challenge. Quality goals were established to ensure the transition period into care is effectively managed through effective communication with family/whānau and provision of meaningful activities/de-escalation techniques. The service has conducted small projects where a review process has occurred, including analysis and reporting of their findings for the management of challenging behaviour. There is evidence of action taken based on the analysis of challenging behaviour within the dementia community. The project includes working with the all the Thornbury House team;</p>	<p>The continuous improvement rating focusses on initiatives related to the activities. Several improvements have been made in the facility, these include repainting of the hallways, a drinks station with a café sign at the hatch of the servery, developing the sitting areas in the facility and enhancing the quiet spaces that Thornbury has.</p> <p>A sensory area has been developed in the lounge. The sensory area is intended to provide opportunities for the redirection of residents with sundowning or those escalating to behaviours that challenge. Staff have been trained to utilise this before progressing to an “as required”, PRN medication. A large mural has been painted in a small conservatory, the mural includes a waterfall, butterflies, and native birds. The way the mural has been painted it looks three-dimensional so it can provide sensory stimulation as well as visual.</p>

		<p>facility manager, clinical manager, diversional therapist, care workers and includes family/whānau feedback.</p>	<p>A bright noticeboard area has been developed in the main hallway which is passed each time residents go to or from the dining room and family/whānau pass it when they enter/exit the facility. Over the past two months displays have included a Daffodil Day display and Alzheimer's month information. The displays are bright, and eye catching and include photos and information of interest.</p> <p>These areas provide residents with visual cues and reminiscence tools. Residents and family/whānau were observed stopping and looking at the displays utilising the sensory area. Staff described residents accessing extra food and a hot drink at the hatch. Family/whānau at interview commented on the areas and the benefits they bring to the Thornbury residents and their family/whānau.</p> <p>Evidence was provided where residents were interactive. Staff interviewed confirm to be knowledgeable around new residents' routine and habits. There was evidence of post admission surveys feedback completed for six residents six weeks post admission in 2023 that evidence family/whānau satisfaction related to a smooth transition process to Thornbury House.</p>
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End of the report.