

North Health Limited - Hummingbird House

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: North Health Limited

Premises audited: Hummingbird House

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 17 January 2024 End date: 17 January 2024

Proposed changes to current services (if any): Albatross Lodge (eight beds) is currently closed for refurbishment/renovation. This will reopen on completion.

Total beds occupied across all premises included in the audit on the first day of the audit: 28

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

North Health Limited – Hummingbird House (Hummingbird House) provides rest home and dementia level of care for up to 44 residents.

The director of the company is now the facility manager and has been in this role since mid-November 2023. A new clinical manager was employed in early January 2024. Kakapo Lodge (closed at the last audit for refurbishment) has opened and is providing dementia level care. Tui house (previously used for dementia care) is now being used for rest home level care.

This surveillance audit process included review of policies and procedures, review of residents’ and staff files, observations and interviews with residents, whānau/family members, the director/facility manager, other managers, staff, and a general practitioner.

Two corrective actions required from the previous audit have been addressed related to the buildings being fit for purpose and an approved fire evacuation scheme. The area for improvement related to 24-hour activity plans remains open with additional aspects related to care planning now included. Safe staffing requirements have been partially addressed. As a result of this audit new areas for improvement are raised for six additional areas; three areas involving monitoring and evaluation of data – two in relation to equity for Māori, monitoring progress against quality outcomes; risk management processes, medication management and food services.

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.		Some subsections applicable to this service partially attained and of low risk.
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Hummingbird House works collaboratively to support and encourage a Māori world view of health in service delivery. There are systems for Māori to be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

There are systems for any Pacific peoples to be provided with services that recognise their worldviews and for them to be culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints are resolved promptly, equitably and effectively in collaboration with all parties involved.

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 partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are aimed on improving service delivery and care.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care in conjunction with the multidisciplinary team.

Medicines are safely stored and administered by staff who are competent to do so. A process is in place to ensure residents self-administering medications are safe to do so.

The menu has been approved by a dietitian. Food is safely managed in line with an approved food control plan.

Residents are referred or transferred to other health services as required.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current certificate of public use is available and a planned maintenance programme ensures safety. Electrical equipment is tested as required.

A Fire and Emergency New Zealand (FENZ) approved evacuation plan was sighted.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with ethnicity data included.

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 fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	12	0	2	5	0	0
Criteria	0	41	0	3	5	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>	PA Low	<p>Hummingbird House has policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Manu motuhake is respected. Partnerships have been sought with local Māori organisations, but these have not yet been developed. A staff member who identifies as Māori is able to provide some assistance to the owner/director. There were Māori residents at the time of audit, and those interviewed felt culturally safe.</p> <p>The owner/director has not yet completed any analysis or evaluation to determine whether Māori residents' aspirations and cultural values and beliefs are being supported.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific</p>	FA	<p>On the day of the audit there were no Pasifika residents living at the facility. However, Hummingbird House has procedures to provide services that are underpinned by Pacific worldviews.</p>

<p>worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code was displayed in te reo Māori and English.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Residents receive services free of discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Staff interviewed were aware of the conduct expected of them.</p> <p>Residents reported that their property was respected. Misplaced property of residents in the secure dementia unit is usually located within a few days.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate whānau, felt empowered to actively participate in decision-making. Written consents were sighted in sampled residents' files for vaccinations. Other relevant components are included in the admission agreement.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</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>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. 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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Correspondence was respectful. A total of eight complaints had been made since the last onsite audit in May 2022. At the time of this audit all had been resolved and closed. This included one complaint in which the complainant was assisted by the Nationwide Health and Disability Services Advocate. The complaint had been acknowledged, investigated and addressed and an outcome letter, with apology, sent to the complainant. On 6 June 2023 a letter from the Health and Disability Commission requested information to assess the complaint. This was provided on 11 July 2023 and no further correspondence had been received by the day of the audit.</p> <p>The service has a process to ensure equity for Māori. Since the last audit there have been no complainants who identified as Māori.</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,</p>	<p>PA Low</p>	<p>Hummingbird House provides rest home and dementia level care in a facility which is located in two separate buildings. These comprise Tui House, a smaller building with 14 bedrooms and an office space used for administration services located underneath, and the second, a larger building, houses two 'wings' – Kakapo and Albatross. At the time of this audit the Albatross wing was closed for refurbishment.</p> <p>Hummingbird House is owned by North Health Ltd, with one director who has previously been the quality assurance officer. Since 20 November 2023 they have taken on the role of facility manager (FM) in addition to these other duties. The owner/director assumes accountability for delivering a high-quality service to users of the services and their</p>

<p>and sensitive to the cultural diversity of communities we serve.</p>		<p>whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular meetings at planned intervals. A focus on improving outcomes, was evident in monitoring through staff meeting minutes and the internal audit programme. A commitment to the quality and risk management system was evident. Members of the leadership team interviewed felt well informed on progress and risks. There was no evidence of any review or evaluation of resident outcomes overall to assess whether equity for Māori residents is being achieved.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting during the staff meetings and monitoring of resident safety and clinical indicators. A new clinical manager (CM) started in early January 2024 in a full time role. While recruitment was in progress, the CM that worked at the owners other local ARRC facility (Hummingbird Hospital) worked one day a week on site at Hummingbird House and was also available on call. Refer to sub-sections 3.2 and 3.5.</p> <p>The service has aged-related residential care (ARRC) contracts with Te Whatu Ora (TWO) – Health New Zealand Te Tai Tokerau (Te Whatu Ora Te Tai Tokerau) for rest home (14 certified beds) and dementia level care (30 certified beds), long term services – chronic health conditions (LTS-CHC) at rest home level care (one bed), and one managed rest home respite bed.</p> <p>On the day of the audit there were a total of 28 residents receiving care, including 9 people receiving rest home level care. This included one respite resident funded by the Accident Compensation Corporation (ACC). There were 19 residents receiving dementia level care, including one resident using the Te Whatu Ora - managed respite bed.</p>
<p>Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me</p>	<p>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management and monitoring of incidents and complaints, internal audit</p>

<p>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>activities, a regular resident meeting, consultation with whānau, outcomes, policies and procedures, clinical incidents including infections and wounds, pressure injuries, skin tears, behaviour events, falls and other unexpected events.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. On the day of the audit a comprehensive corrective action plan was reviewed which had been prepared on 4 December 2023 by the director/owner. This identified a wide range of issues to be addressed, including missing competency assessment documentation on staff files. Subsequently, staff competencies had been reassessed and confirmed for all staff and records were sighted.</p> <p>Monitoring and adverse event data is regularly reported and discussed at monthly staff meetings. Managers interviewed confirmed that discussions and trends are included in these meetings. However, there was no evidence that the organisations progress against documented quality outcomes is being evaluated and an area for improvement is identified in relation to this.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The director/owner, who is now also the facility manager (FM), described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. However, on the day of the audit there was no current risk management plan for Hummingbird House and an area for improvement is identified in relation to this.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The FM understood and has complied with essential notification reporting requirements. Essential notifications as required under section 31 of the Health and Disability Services (Safety) Act 2001 have been provided in relation to residents leaving the facility without the knowledge of staff members and being brought back from the police (December 2023), and notifications of the appointment of a new CM and the new FM.</p>
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<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>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. At least one staff member on duty in each wing has a current first aid certificate and medication competency. This now meets the standards and closes the previous area for improvement.</p> <p>Several staff interviewed commented that do their best to provide appropriate care and were observed to be focused on people and their immediate needs throughout the time onsite. However, some also expressed concern about the multiple demands on the time, with the health care assistants (HCAs) having responsibilities for some food preparation, conveying food from the Tui House to the Kakapo building in the case of the one rostered HCA in Tui, and the very limited time available for one HCA to undertake meaningful activities. An area for improvement is identified in relation to staffing. This links with the area for improvement raised in criterion 3.2.3.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed (seven) demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. Evidence of training and attendance at in-service information sessions was available through staff personnel files, training records and documents associated with monthly staff meetings.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed (seven) confirmed the organisation's policies are being</p>

<p>mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>consistently implemented, including evidence of qualifications and registration (where applicable).</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>The FM from North Health Ltd's second facility, Hummingbird Hospital, assisted with the audit and was interviewed during the audit. They described the competencies included and the inclusion of different competencies for different roles.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff.</p> <p>Timeframes for the initial nursing assessment, medical practitioner assessment, and initial care plan were met in sampled residents' records and these aligned with contractual requirements. The initial interRAI assessment and long-term care plan and review timeframes did not meet contractual/policy requirements for two residents whose records were reviewed. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan, although the level of detail noted in care plans was not sufficient.</p> <p>Management of any specific medical conditions was occurring, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Where wound care plans were developed, the wounds were regularly reviewed until healed. One resident did not have wound care plans in place. The wounds have now healed.</p> <p>24-hour behaviour management plans for residents in the secure dementia unit were not in place nor accessible to staff at the time of the</p>

		<p>audit. This continues to be an area requiring improvement and is now raised in criterion 3.2.3 rather than criterion 3.2.2 as noted at the last audit.</p> <p>The GP interviewed has been providing services since August 2023 and visits weekly. The GP or another member of their GP practice provides an on-call service from 8am to 8pm for acute care issues. After this timeframe, the GP advised they are available for urgent issues, or otherwise staff transfer the resident to the local Te Whatu Ora hospital depending on the urgency/acuity of the situation. The GP is satisfied with care provided and that appropriate clinical changes are escalated to them in a timely manner, and staff follow through with any specified care requirements.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) for long term care residents was observed on the day of audit. Paper-based records are used for short-term care residents. The medication administration records were incomplete for one resident and this is an area requiring improvement.</p> <p>All staff who administer medicines were competent to perform the function they manage.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Photographs of residents were current. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely in the rest home.</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>PA Moderate</p>	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. However, multiple substitutions are occurring. Residents interviewed were dissatisfied with food services.</p> <p>Food is available 24 hours a day in the secure dementia unit.</p> <p>The service operates with an approved food safety plan and registration with an expiry date of 9 August 2024. The next verification audit is due by 5 June 2024.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service 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>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p> <p>Residents' discharge documentation accompanies residents when they return from acute care services and are referenced in staff progress notes and medication reconciliation processes. These records are reported to be scanned and included in the resident's electronic record. However, the records were not present in the clinical records of the two residents audited using tracer methodology (refer to subsection 3.2). This is raised as an area for improvement in criterion 2.2.4. The clinical manager was able to access the two residents' medical discharge summaries via the acute care service 'electronic portal' at audit, to enable verification that discharge information had been actioned.</p> <p>Where residents' health needs have significantly changed, referrals to appropriate health professionals or to the local Needs Assessment and Coordination Service (NASC) have occurred.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is</p>	<p>FA</p>	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current</p>

<p>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>review of the building warrant of fitness requirements by the local authority, and electrical and bio-medical testing of required equipment.</p> <p>A letter dated 31 October 2023 from Whangarei District Council confirms that an inspection and building warrant of fitness audit confirms Hummingbird House to be compliant with the council building regulations. Due to the ongoing refurbishment work, the facility has been receiving three-monthly certificates of public use (CPU), rather than a building warrant of fitness (BWoF). The most current CPU could not be found on the day of the audit but was provided shortly afterwards. This area for improvement is now closed.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There have been further changes occurring to the primary building of Hummingbird House since the previous audit. This building houses the Kakapo and Albatross wings. On the day of the audit the Albatross wing was segregated closed and refurbishment work was occurring to this wing.</p> <p>A new, approved Fire and Emergency New Zealand (FENZ) evacuation plan could not be located on the day of the audit but was provided shortly afterwards. The new scheme was approved on 1 August 2022. This area for improvement is now closed.</p> <p>Regular fire education and fire and evacuation drills are occurring. Evacuation drills occurred on 27 February and 31 October 2023. In-service training occurred in February, March and April, as well as it being a component in the formal induction completed by all new staff members. The eight staff members whose personnel files were randomly sampled have all completed and/or attended training and fire evacuation(s).</p> <p>There is a staff member on duty in each wing with current first aid certificate (refer to subsection 2.3). The shortfall from the last audit has been addressed.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation. It is next due in March 2024. External expertise was sought due the recent COVID-19 outbreak in the secure dementia unit.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Definitions of infection are identified.</p> <p>Monthly surveillance data is collated and discussed at the regular staff meeting. Analysis of themes and trends and possible causative factors was limited. This is included in the area for improvement raised in criterion 2.2.3.</p> <p>Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and reported to the facility manager. A review of the recent COVID-19 infection outbreak (28 November to 6 December 2023) has not been conducted as yet. The previous clinical manager advised that, due to the Christmas period and then a new CM commencing, a review will occur once the new CM has settled into their role.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The owner and manager interview confirmed a commitment to this. At the time of audit there was no restraint used, and this has been the case since the last onsite audit in May 2022. Any use of restraint is reported to the owner</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>through the incident reporting process noted in sub-section 2.2.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. They understand the facility's philosophy of maintaining a restraint-free environment. This was confirmed through interviews and observation on the day of audit.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.1</p> <p>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).</p>	PA Low	<p>The owner/director has identified a staff member to assist them with the process of embedding and enacting Te Tiriti o Waitangi in all aspects of the work being done at Hummingbird House.</p> <p>Staff reported that residents have their cultural values, beliefs and needs identified when planning care. There was evidence of staff receiving training in Te Tiriti o Waitangi.</p> <p>There is a policy which states that the facility will enact the principals of Te Tiriti; however, there has been no activity or measurement of any progress towards implementing the policy.</p>	<p>There has been no analysis or evaluation to determine whether Māori residents' aspirations and cultural values and beliefs are being supported.</p>	<p>Undertake evaluation of the work being undertaken at Hummingbird House to determine whether Te Tiriti is embedded across all aspects of the organisation.</p> <p>180 days</p>

<p>Criterion 2.1.5</p> <p>Governance bodies shall ensure service providers deliver services that improve outcomes and achieve equity for Māori.</p>	<p>PA Low</p>	<p>There are policies and procedures to guide the facility in achieving equity for Māori residents. A staff member who identifies as Māori assists the owner/director when needed, however there was no evidence of this available to be reviewed during the audit.</p> <p>A policy document is available which states that the facility will achieve equity for Māori. There is limited detail on how this will be achieved or monitored, and no evidence available on the day of the audit that it had been followed.</p>	<p>There was no evidence of any review or evaluation of resident outcomes overall to assess whether equity for Māori residents is being achieved.</p>	<p>Implement the processes to monitor and assess equity of outcomes for Māori as described in the documented policies and procedures.</p> <p>180 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA Low</p>	<p>There is a process for monitoring and reporting of incidents, clinical indicators and other unexpected events. The quality framework includes a process for evaluation of progress against identified quality outcomes. The owner/director/FM described the framework during interview.</p> <p>Infection surveillance is occurring, and results are discussed at the monthly staff meeting. There is limited analysis available of themes, trends and contributing factors. This links with subsection 5.4.</p> <p>Although there is reporting of data at staff meetings and discussion of some clinical indicators, there was no evidence, or demonstrated</p>	<p>There was no evidence of robust evaluation of progress against quality outcomes having been conducted in the last 12 months. There was limited analysis of infection data occurring.</p>	<p>Ensure that quality outcomes are evaluated regularly as described in the quality assurance framework.</p> <p>Review and analyse infection data and prevention strategies.</p> <p>180 days</p>

		understanding of, evaluation of this data against the documented quality outcomes.		
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA Moderate</p>	<p>There is a process for identifying risks and opportunities which the new FM is aware of and described at interview. However, on the day of the audit there was no current risk management plan for the facility available to review. Corrective action requests have been used to record, manage and address some issues which have been identified.</p> <p>A corrective action had been identified in relation to missing hard copy records of staff training and competency assessments. At the time of the audit, training was current, and the competency assessments had been renewed in the files sampled. A review of training attendance records for the last 12 months showed regular attendance by staff.</p> <p>However, the review of residents' files during the audit found that the scanned hard copy records had not always been successfully uploaded to the appropriate electronic folders in residents' files. After being scanned, the hard copy documents were destroyed and have now been lost, leaving a gap in residents' records. Examples of documents that were missing from sampled residents'</p>	<p>There was no current risk management plan for the facility.</p> <p>A corrective action had been identified by the service to address missing staff files, but missing residents' documentation had not been identified.</p>	<p>Ensure there is a current risk management plan for Hummingbird House which includes integrity of clinical and operational documentation as a risk to be mitigated and monitored.</p> <p>90 days</p>

		records included neurological observations in monitoring records following unwitnessed falls (two residents) and the acute care service's medical discharge records (two residents). This links with subsections 3.2 and 3.6.		
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>A roster was reviewed which included the allocation of available staff across all shifts in both areas of the facility. The FM from the second facility (Hummingbird Hospital) and the FM for Hummingbird House were interviewed and confirmed the allocation of staff.</p> <p>Feedback from residents and whānau during the audit indicated that there are insufficient HCA hours available to provide both care and activities for all residents. This was particularly the case in the dementia unit (now in the Kakapo building), but also in the rest home building (Tui building).</p> <p>Residents and whānau interviewed confirmed that staff are respectful, kind and meet residents' care needs as much as possible given their availability. Some interviewed expressed concern about the numbers of HCAs on each shift particularly in the secure dementia unit, given the requirements of these staff to complete other routine tasks including cleaning and laundry. In particular, the arrangements for</p>	<p>The current staff levels are not providing sufficient numbers of staff to ensure that all residents have access to meaningful activities as required by this Standard and the provider's contract. While staff work hard to provide the best care they can, HCA staff have too many responsibilities in addition to residents' care needs.</p>	<p>Ensure that the allocated HCA hours are provided to all residents, so that their care and meaningful activities can be provided without interruption and in a timely way.</p> <p>90 days</p>

	<p>activities for all residents were noted as being insufficient. The facility currently has one registered nurse, who is the CM. Concern was expressed by the managers interviewed about the availability of nursing hours.</p> <p>The layout of the Kakapo wing, in the larger building, poses additional challenges. Rooms are spread out and there are two communal lounges at different levels, separated by a sloping hallway. Staff members cannot see all of both communal areas at the same time, in addition to residents who may access the secure outside space.</p> <p>The following issues raised were observed by the audit team and confirmed through review of records, the roster, and interviews:</p> <ul style="list-style-type: none"> • Overall, there was inadequate staff time available for the HCAs to provide appropriate activities for residents at the time of this audit, particularly for those with dementia. • The time on the roster shows that the activities-designated HCA is scheduled to spend afternoons in Tui with rest home residents; however, other staff reported that this person is still in Kakapo with dementia level of care residents during the afternoon starting the activities programme at midday. • There was no documented 		
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		<p>activities programme for either Kakapo or Tui available for review although the HCA responsible had noted a programme had been documented.</p> <ul style="list-style-type: none"> All HCAs are routinely required to undertake housekeeping, laundry services and some HCAs assist with food preparation tasks during their HCA rostered duty times. With an increased number of residents receiving dementia care, the available RN hours at the facility were reported to be insufficient. However, the CM was new in their role at the time of the audit, having been there approximately two weeks. Similarly, many of the staff rostered on the day of the audit, and whose files were reviewed were also new and had started at Hummingbird within the last six to twelve months. 		
<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>PA</p> <p>Moderate</p>	<p>The multidisciplinary team work in partnership with the resident and whānau. The sampled care plans were not sufficiently detailed in relation to residents' medical conditions. For example, the management of diabetes, the frequency of blood glucose monitoring and the management of high and low blood glucose levels. However, despite this, the residents were appropriately monitored as</p>	<ol style="list-style-type: none"> Nursing care plans were not sufficiently detailed regarding individual residents' medical, cultural, spiritual, social, activities, and behavioural management needs. The 24-hour behaviour management/activity plans for residents in the secure dementia unit were not in place nor accessible to staff at the time of the audit. The interRAI assessment and long-term care plans for two sampled 	<ol style="list-style-type: none"> Ensure care plans are sufficiently detailed to guide staff to meet residents' medical, cultural, spiritual, social, activities, and behavioural management needs. Develop the 24-hour behaviour management/activity plans for residents in the secure dementia unit.

<p>(c) Comprehensive assessment 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>verified in records sampled.</p> <p>Individual cultural, spiritual, social, activities/interests, and behavioural management needs were not sufficiently documented in most sampled residents’ files. There was insufficient information for care staff on de-escalation of individual resident’s behaviours that challenge, as verified by observation and interview with the CM and care staff.</p> <p>A 24-hour behaviour management plan for residents in the secure dementia unit were not in place nor accessible to staff at the time of the audit, as required to meet the ARRC contract requirements. This was verified by staff and the CM interviewed.</p> <p>A resident audited using tracer methodology evidenced that the initial interRAI assessment and long-term care plan were not completed within 77 days after admission. Another sampled resident had a long-term care plan completed, although an initial interRAI had not been completed (at least 40 days after admission) to inform the contents of the long-term care plan. Both timeframes exceed ARRC contract requirements.</p> <p>The clinical manager from the other affiliated care home was covering the CM role one day a week on site and on call for urgent issues from 8 October 2023 until the new CM was</p>	<p>residents were not developed within ARRC contract timeframes.</p> <p>4. Short term care plans were not consistently developed for residents with wounds.</p>	<p>3. Ensure interRAI assessments and long-term care plans are developed within the time frames required to meet ARRC contract requirements.</p> <p>4. Consistently develop short-term care plans for residents with wounds.</p> <p>90 days</p>
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		employed in a full-time position starting early January 2024. The RN time available was prioritised for initial assessment and care plans for the more urgent clinical issues.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Processes are in place to check all medications on arrival. Medications were stored in secure rooms in the rest home and in the secure dementia unit. An HCA was observed to undertake the lunchtime medication round in a safe manner. Medications were signed in as given after administration. Electronic records are used for all long-term residents. Paper-based records are used for the residents admitted for short-term care. For the short-term care residents, appropriate records were present in the secure dementia unit. However, in the rest home regular medications had not been signed as given or noted as refused on 16 occasions since the applicable resident's admission over approximately five weeks.</p>	<p>Medications were not consistently signed as given for a resident with paper-based medication records.</p>	<p>Ensure all medications are given as charted and appropriate records retained.</p> <p>90 days</p>
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in</p>	<p>PA</p> <p>Moderate</p>	<p>The service has an internal corrective action plan in place related to food services.</p> <p>A nutritional assessment is undertaken at admission and includes preferences, allergies, dislikes and any texture modification</p>	<p>Food provided did not align with the menu and there was no process in place to monitor how frequently the menu items provided varied from that planned and approved by a dietitian. Residents interviewed stated they were dissatisfied with the food</p>	<p>Review food services to ensure the meals provided are in accordance with the approved menu and meet residents' dietary needs.</p>

<p>consultation with people receiving services.</p>		<p>required, if applicable. These were complete for all sampled residents and key information summarised on a whiteboard in the kitchen and known by the cook.</p> <p>A new menu was developed in September 2023 and reviewed by a dietitian.</p> <p>All residents interviewed noted they were provided with an adequate quantity of food, but the meals were often unappetising, overcooked and tasteless. One resident noted not eating any of the midday meal provided as it was unappetising. Instead, they were sighted in their room and making their own lunch.</p> <p>Residents in the dementia unit were sighted constantly getting up from the table during their meal and wanting to leave the dining room throughout the meal service.</p> <p>The food provided did not align with the planned menu sighted at audit, with three menu substitutions made (a vegetable for the mid-day meal for a seasonal alternative, the afternoon tea and the evening meal), as all the required menu items were not available. This was verified by interview with the cook and CM and review of the menu. There is no process in place to monitor how frequently menu options are substituted from that noted in the approved menu. Substitutions were</p>	<p>services provided.</p>	<p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.