# North Health Limited - Hummingbird Hospital

## 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 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:

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| **Legal entity:** | North Health Limited |
| **Premises audited:** | Hummingbird Hospital |
| **Services audited:** | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical |
| **Dates of audit:** | Start date: 11 March 2024 End date: 12 March 2024 |

**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:** 33

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

## General overview of the audit

Hummingbird Hospital is owned by North Health Limited and provides rest home and hospital services for up to 35 older adults and young people with disabilities. This is the service provider's first certification since new owners took over following a provisional audit in May 2023.

The certification audit process included review of policies and procedures, review of residents'/patients' and staff files, observations and interviews with residents, family members, the director, managers, staff and a general practitioner.

A range of improvements in management systems, staff management and training and service delivery were evident during this audit. Six areas requiring further actions in relation to risk management, a review of night-time staffing levels, flooring in parts of the facility, staff training in first aid, an aspect of infection control education and ethnicity data in monthly infection reports were identified.

## Ō tātou motika | Our rights

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| 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. |

Hummingbird Hospital is working collaboratively with local iwi, Māori organisations and key Māori staff to support and encourage a Māori world view of health in this service. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

There were not currently any Pasifika residents or staff in the service. Staff training, a Pacific health plan and links with the community are in place to ensure the organisation could provide services that recognise Pasifika worldviews and ensure cultural safety.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were being upheld. Personal identity, independence, privacy, and dignity were respected and supported. Processes were in place to protect residents from abuse.

Residents and whānau receive information in an easy-to-understand format that enables them to feel listened to and make decisions about care and treatment. Open communication is practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were being followed wherever possible.

A complaints process was in place. Complaints were managed effectively in ways that ensure the requirements of the Code were met and improvements are made.

## Hunga mahi me te hanganga | Workforce and structure

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| 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. |

The governing body assumes accountability for delivering a high-quality service. This includes consultation with local Māori, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified.

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

Staffing levels and skill mix overall meet the cultural and clinical needs of residents/patients. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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. | | Subsections applicable to this service are fully attained. |

Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

Activity plans were completed in consultation with family/whānau and residents noting their activities of interest. Residents and family/whānau interviewed expressed satisfaction with the activities programme provided.

There is a medicine management system in place. All medications were reviewed by the general practitioner every three months. Staff involved in medication administration were assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements were met.

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

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

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

The facility meets the needs of residents/patients and was clean. A maintenance programme was being implemented and everyday repairs are undertaken in a timely manner. There was a current building warrant of fitness on display. Electrical equipment was tested as required. Although external areas are limited and there is a rise just outside the front entrance, they are accessible, safe, provide shade and seating, and meet the needs of people with disabilities. A balcony is accessible off the main lounge.

Staff were trained in emergency procedures, use of emergency equipment and supplies and have attended fire drills. Security is maintained and residents, whānau and staff understood emergency and security arrangements. Residents reported a timely staff response to call bells.

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

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| 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 partially attained and of low risk. |

The director and managers authorise the infection prevention and antimicrobial stewardship programmes and receive updated reports each month. The service ensures the safety of the people supported and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical manager coordinates the programme.

A pandemic plan was in place. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of COVID-19 were managed according to Ministry of Health (MoH) guidelines.

## Here taratahi | Restraint and seclusion

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| 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. |

The service has significantly reduced the number of approved restraints down to one, with the aim being to provide a restraint-free environment. Relevant policies and procedures are in place and the governing body receives updates about any restraint use. Staff have undertaken training in least restrictive practice, de-escalation techniques and alternative interventions. A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used.

## 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) |
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| **Subsection** | 0 | 23 | 0 | 5 | 1 | 0 | 0 |
| **Criteria** | 0 | 174 | 0 | 5 | 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) |
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| **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 |
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| Subsection 1.1: Pae ora healthy futures<br><br>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.<br>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | Hummingbird Hospital has policies, procedures and processes that enable Te Tiriti o Waitangi to be embedded and enacted in all aspects of its work. Manu motuhake is respected and there was evidence of harakeke, Māori artworks and use of te reo Māori throughout the service. Partnerships have been established with local iwi through one of the Māori staff who has links with Ngāti Whātua and with a local Māori organisation that provides cultural support and advice. These links are facilitating service integration, planning, equity approaches and support for Māori. Local schools and early childcare services visit the facility and provide kapahaka.<br><br>A Māori health plan has been developed with input from cultural advisers and is used for residents and staff who identify as Māori.<br><br>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.<br><br>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit there were two staff employed who identified as Māori. One of these was interviewed and clearly demonstrated a commitment to ensuring the cultural needs of |

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| | | the Māori residents were met. This person has worked within the community to inform and reassure local Māori about the services at Hummingbird Hospital. The service provider has been considering ways of increasing the number of Māori staff, to ensure the 14 Māori residents have easier access to staff who identify as Māori. Staff ethnicity data is documented on recruitment. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa<br><br>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.<br>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.<br>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. | FA | The facility manager has connections with a person from one of the Pacific nations who is a community leader and works alongside Pacific communities and organisations. A Pacific plan that supports culturally safe practices for Pacific people, focuses on achieving equity and provides frameworks for the ongoing planning and evaluation of services and outcomes, sits within the service provider's policy documentation.<br><br>There were no Pasifika residents or staff at Hummingbird Hospital at the time of audit.<br><br>Efforts to recruit Pasifika staff through the usual equal employment opportunities processes have not been successful and to date there have been no Pasifika applicants. The facility manager noted that most of the current staff transferred over from the previous employer and none of those identified as Pasifika. Training on cultural awareness, which includes the needs of Pasifika people and Pasifika models of care (in particular Fonafale) is a component of orientation and ongoing education within this service. Records sighted confirmed that all except some of the newer staff have completed these requirements. |
| Subsection 1.3: My rights during service delivery<br><br>The People: My rights have meaningful effect through the actions and behaviours of others.<br>Te Tiriti:Service providers recognise Māori mana motuhake (self- | FA | All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware |

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| determination).<br>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | | of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, and New Zealand Sign Language. Staff training on the Code has been conducted.<br><br>The clinical manager (CM) interviewed, reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety policy. The assessment process includes the residents' wishes and support needs. |
| Subsection 1.4: I am treated with respect<br><br>The People: I can be who I am when I am treated with dignity and respect.<br>Te Tiriti: Service providers commit to Māori mana motuhake.<br>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Residents are supported in a way that is inclusive and respects their identity and experiences. All residents, including young people with disabilities, are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity. Young people with disabilities have input into their own routine where applicable, and their identity, gender, and sexuality are respected. These were documented in the residents' care plans sampled. Family/whānau and residents, including people with disabilities, confirmed being consulted.<br><br>The CM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility. There is a documented privacy policy that references current legislation requirements. All residents had an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on the doors before entering.<br><br>All staff had completed cultural training as part of orientation and annually through the education programme, along with Te Tiriti o Waitangi, te reo Māori, and tikanga practices. The CM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation |

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| | | of English words into Māori. |
| Subsection 1.5: I am protected from abuse<br><br>The People: I feel safe and protected from abuse.<br>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br>As service providers: We ensure the people using our services are safe and protected from abuse. | FA | All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually.<br><br>Residents reported that their property and finances were respected and that professional boundaries were maintained. The CM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.<br><br>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the registered nurse (RN) and CM who reported that all outcomes are managed and documented in consultation with residents, Enduring Power of Attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable). |
| Subsection 1.6: Effective communication occurs<br><br>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.<br>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. | FA | In interviews conducted, residents and whānau reported that communication was open and effective, and they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was |

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| As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | | supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.<br><br>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.<br><br>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. The CM reported that anticipatory conversations relating to the impending death of residents on palliative care is conducted on an ongoing basis with the resident, and EPOA/whānau/family. This was further reiterated by the general practitioner (GP) who stated that the nursing team is always proactive in ascertaining a resident's preferences and choices regarding interventions and place of care.<br><br>The nursing team, care, and activities staff reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required, is encouraged. |
| Subsection 1.7: I am informed and able to make choices<br><br>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.<br>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.<br>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 | FA | The staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans, and advance directives were signed by residents who were competent and able to consent, and a medical decision was made by the geriatrician, and GP for residents who were unable to provide consent. The CM reported that the GP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's family/whānau. This was verified in interviews with |

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| to exercise independence, choice, and control. | | residents, their whānau, and the GP. Staff were observed to gain consent for daily cares.<br><br>Residents confirmed that they were provided with information and were involved in making decisions about their care. Where required, a nominated support person is involved with the resident's consent. Information about the nominated resident's representative of choice, next of kin, or EPOA is provided on admission. Communication records verified the inclusion of residents where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent. |
| Subsection 1.8: I have the right to complain<br><br>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.<br>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.<br>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. | FA | Residents and whānau are informed about the complaint process both verbally and in print at the time of admission. A brochure is also available at the front reception. Those interviewed during the audit understood their right to make a complaint and knew how to do so. The process for managing complaints is fair and equitable and meets the requirements of the Code.<br><br>The complaints register and associated documentation showed that four complaints have been filed since the current manager took over in June 2023. There was evidence of applicable communication with the complainants, and the facility manager described the reviews undertaken and improvements made as a result of these.<br><br>The service has not received any complaint from a person who identifies as Māori. However, the facility manager and a long serving staff person who identifies as Māori assured the process would work equitably for Māori as they would involve whānau, local iwi and kaumatua as appropriate and enable them to relate their concerns in whatever language they are most comfortable. This would occur in an environment they are most comfortable, and they would be provided with options of where else they may take their concerns if they |

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| | | remained dissatisfied.<br><br>Two complaints have been received from the Health and Disability Commission (HDC). For one of these, the person has since been discharged and although the latest letter from the HDC states the complaint has been closed, the HDC has also requested further information in relation to some of the key issues the complainant raised about services delivered at Hummingbird Hospital. This is due later in March 2024.<br><br>For the second HDC complaint, the facility manager is awaiting a response to the information provided to HDC in February 2024 as requested. A copy of the information provided was sighted and was consistent with the requests. The service provider has undertaken their own internal investigations around the underlying issues of both HDC complaints, one of which occurred prior to the appointment of the current facility manager.<br><br>One other complaint in relation to residents' food and nutrition which was received through Te Whatu Ora – Health New Zealand Te Tai Tokerau Northland (Te Whatu Ora Te Tai Tokerau) has since been satisfactorily resolved. An additional food satisfaction survey undertaken earlier in 2024 confirmed the changes made have met expectations. Feedback to auditors about food services was positive. |
| Subsection 2.1: Governance<br><br>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.<br>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.<br>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. | FA | The governing body consists of the owner/licensee and of the director of North Health Limited, the company under which Hummingbird Hospital operates. Although the director is more involved with the two managers of this facility, both assume accountability for delivering a high-quality service to the residents living in Hummingbird Hospital. They are also responsible for a separate rest home and dementia service elsewhere in Whangarei. There is no Māori representation on the governance team of this small facility; however, they do have access to Māori cultural advice and support when necessary and this has been accessed. The governance body demonstrated expertise in Te Tiriti, health equity and cultural safety. |

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| | | Hummingbird Hospital's leadership structure, including for clinical governance/oversight, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the facility as facility manager. Similarly, the clinical manager is also suitably qualified and experienced for their role.<br><br>The purpose, values, direction, scope and goals of the service are defined within the business plan. The licensee visits the facility most months and in addition to twice weekly visits, the director meets with both the facility and clinical managers and other members of the quality team on a monthly basis. Regular reporting processes enable performance to be monitored and reviewed. There has been a focus on identifying barriers to access, improving outcomes and achieving equity for Māori, which has seen a notable increase in occupancy of those who identify as Māori. Efforts to improve outcomes and achieve equity for tāngata whaikaha were evident in plans and monitoring documentation reviewed and through the larger than usual number of people on a young people with a disability contract. Managers and staff are provided with additional training in managing tāngata whaikaha, with a recent session on communication for example. A commitment to the quality and risk management system was evident with the director attending the monthly meetings. The director was interviewed and informed they felt well informed on progress and risks. This was confirmed in a sample of the director/manager/quality meeting minutes viewed.<br><br>Compliance with legislative, contractual and regulatory requirements is overseen by the facility and clinical managers and by the director. Examples provided confirmed external advice is sought as required.<br><br>People receiving services and their whānau participate in planning and evaluation of services through participation in surveys, feedback processes and attendance at residents' meetings. |

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| | | Hummingbird Hospital is certified to provide rest home and hospital level care. At the time of audit 33 of the 35 beds were occupied with all 33 residents receiving hospital level care. Twenty residents were receiving hospital services under the Age-Related Residential Care Services Agreement (ARRC) with one of those people on respite care; two people were funded by the Accident Compensation Corporation; one other was on a palliative care contract and the remaining ten were on contracts as young people with a disability via Whaikaha – the Ministry for Disabled People. |
| Subsection 2.2: Quality and risk<br><br>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.<br>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.<br>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. | PA Low | The organisation has a planned quality and risk system provided through a contracted quality consultancy that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal and external audit activities, regular resident and whānau satisfaction surveys, monitoring of outcomes, policies and procedures, clinical incidents including infections and restraint use. Residents, whānau and staff contribute to quality improvement through the complaint process, participation in surveys and in attending meetings. There are regular residents' meetings. Resident and whānau satisfaction surveys undertaken earlier in 2024 identified a preference for more Māori inspired meals, a request to include residents in meal selection, that residents' cultural and spiritual needs are improved. Whānau responded similarly with additional feedback about improving some aspects of the activity programme. Corrective actions had been developed for these and progress was already evident in some areas by the time of audit. An additional food satisfaction survey has been sent out to address the complaint received via Te Whatu Ora Te Tai Tokerau.<br><br>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori patients/residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally. Staff receive feedback on |

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| | | these processes and other aspects of quality management via monthly staff meetings with the two managers.<br><br>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.<br><br>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.<br><br>The facility manager is the health and safety officer, reports on health and safety issues at the quality, director and management monthly meetings and ensures the hazard register is maintained. A risk management schedule is available, and although strategies for mitigating the identified risks are being implemented, there is not currently a formal mechanism for reviewing and reporting on risks and this has been raised for corrective action.<br><br>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.<br><br>The facility manager and the clinical manager understood and have complied with essential notification reporting requirements. These were completed following police involvement in the assault of a resident that occurred on site and following a staff incident. Both investigations were independent of the facility. Shortages of registered nurses on a range of shifts some months back were also advised via Section 31 reporting requirements. |

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| Subsection 2.3: Service management<br><br>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.<br>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.<br>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | PA Moderate | There is a documented 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). Implementation of this is working for morning and evening shifts; however, a corrective action has been raised requiring a review of the number of staff on night shifts as the rosters provided did not present as congruent with the complexity of cares currently being provided in this facility. Care staff interviewed reported there were adequate staff to complete the work allocated to them, although some expressed concern for the night shift. The facility otherwise adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures holistic approaches to service delivery are provided. Residents and whānau interviewed noted that staffing levels seemed to be adequate but also commented on the high levels of need some residents now have. There is 24/7 RN coverage in this service.<br><br>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.<br><br>Continuing education has been planned for the upcoming year, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. Staff education in this facility had fallen behind and the new facility manager and clinical manager have put additional resources into this area to enable requirements to be met. Likewise, opportunities for care staff to undertake a New Zealand Qualification Authority education programme, as per contractual requirements, had lapsed and the managers are proactively working towards ensuring staff can attain a higher level than they currently have and for new staff to enrol and commence the programme. Records reviewed demonstrated completion of the required training and competency assessments. The collection and |

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| | | sharing of Māori health information has commenced and health equity training has been provided to staff.<br><br>Staff reported feeling well supported and safe in the workplace. There is access to counselling services and opportunities for staff to participate in group recreational activities are supported. |
| Subsection 2.4: Health care and support workers<br><br>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.<br>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.<br>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. | FA | Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role, and these were all signed and dated. Professional qualifications and registration of health practitioners involved in residents' care had been validated prior to employment or contract acceptance. Copies of current annual practising certificates were available for all such practitioners.<br><br>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in staff files reviewed. The orientation process involves policy and procedure review, completion of a set of competencies, and buddying with an experienced person in the same role for a minimum of three days or until sufficiently competent to be independent. Opportunities to regularly discuss and review staff performance occur 80 days following appointment and yearly thereafter, as confirmed in records reviewed.<br><br>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.<br><br>The clinical manager and/or the facility manager are available for debrief and discussion and to provide support to staff following |

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| | | incidents to ensure wellbeing. |
| Subsection 2.5: Information<br><br>The people: Service providers manage my information sensitively and in accordance with my wishes.<br>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.<br>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. | FA | Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external provider. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely, including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.<br><br>Residents' and staff files are held securely for the required period before being destroyed. Paper-based files are archived onsite. No personal or private resident information was on public display during the audit.<br><br>The provider is not responsible for registering residents' National Health Index (NHI) numbers. All residents have an NHI number on admission. |
| Subsection 3.1: Entry and declining entry<br><br>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.<br>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.<br>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 | FA | The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring hospital, young people with disabilities (YPD), Accident Compensation Corporation (ACC), palliative, and respite level of care were sighted. |

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| communicated to the person and whānau. | | The records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay in entry to service. This was observed on the days of the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.<br><br>The CM reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/whānau are referred to a referral agency to ensure the person will be admitted to the appropriate service provider.<br><br>There were residents who identified as Māori at the time of the audit. The service is collecting and analysing entry and decline rates including specific data for entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and family/whānau. |
| Subsection 3.2: My pathway to wellbeing<br><br>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.<br>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.<br>As service providers: We work in partnership with people and whānau to support wellbeing. | FA | All files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff; interRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, EPOA, and/or family/whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan |

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| | | of care.<br><br>The GP completed the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.<br><br>The care planning process ensured that young people with disabilities have a plan in place that addresses their special needs with the primary goal of increasing access, participation, and integration into the community. Strategies to support, maintain, and strengthen relationships with family/whānau and advocates were documented including development and learning support to encourage residents' interests.<br><br>The CM reported that sufficient and appropriate information is shared between the staff at each handover, and this was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve within three weeks. Any change in condition is reported to the nursing team and this was evidenced in the records sampled.<br><br>Interviews verified residents and EPOA/whānau are included and informed of all changes. Long-term care plans were reviewed following interRAI reassessments. Where progress was different from |

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| | | expected, the service, in collaboration with the resident or EPOA/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.<br><br>There are clear guidelines for reporting of pressure injuries and interviews with registered nurses indicated their awareness of Section 31 requirements about pressure injuries.<br><br>The Māori health care plan in place reflected the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles were included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these are documented. The staff confirmed they understood the process to support residents and whānau. |
| Subsection 3.3: Individualised activities<br><br>The people: I participate in what matters to me in a way that I like.<br>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br>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. | FA | Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by an experienced activities coordinator. The programme runs from Monday to Friday with Saturdays and Sundays reserved for church services, movies, EPOA/whānau/family visits, and other activities are facilitated by the care staff. The activities are based on assessments and reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated, and resident meetings are undertaken monthly. An activity profile detailing residents' life history is completed for each resident within two weeks of admission in consultation with the family and resident.<br><br>The activity programme is formulated by the activities coordinator in consultation with the facility manager, nursing staff, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring hospital, YPD, ACC, and respite care. |

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| | | Residents assessed as requiring YPD care are involved in activities of their choice and reported they have access to the Wi-Fi which enables them to use their electronic gadgets, and participate in a range of education, recreation, leisure, cultural, and community events consistent with their interests and preferences.<br><br>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Outings are conducted as required. Residents were observed walking outside the facility accompanied by staff, and family members.<br><br>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals and Māori Language Week.<br><br>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided. |
| Subsection 3.4: My medication<br><br>The people: I receive my medication and blood products in a safe and timely manner.<br>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br>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. | FA | The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. The system described medication prescribing, dispensing, administration, review, reconciliation, and reporting errors. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photographs uploaded on the electronic |

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| | | medication management system were current. Eye drops were dated on opening. The effectiveness of pro re nata (PRN) medications was documented.<br><br>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines.<br><br>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.<br><br>Inspection of medication procedures and onsite review of the medication round indicated the service follows approved protocols in administering, storage, and management of medication. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.<br><br>Appropriate processes were in place to ensure residents who wish to self-administer medicine, including young people with disabilities, would be managed safely when required. There were no residents who were self-administering medicine at the time of the audit. There is a self-administration policy in place if required.<br><br>There were no standing orders in use. |

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| | | The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the CM, family/whānau, and Māori residents. |
| Subsection 3.5: Nutrition to support wellbeing<br><br>The people: Service providers meet my nutritional needs and consider my food preferences.<br>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.<br>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 28 May 2024. The menu was reviewed by a registered dietitian on 29 September 2023. Kitchen staff have current food handling certificates.<br><br>The menu was reviewed and training was provided by the dietitian following a complaint. The facility manager reported that the goal was to keep the population within the ideal weight range for their height and age.<br><br>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights were monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents when required.<br><br>Meals are served in the dining room and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.<br><br>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three |

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| | | months. Records of temperature monitoring of food, fridges, and freezers were maintained, and these are recorded on the electronic management system. All decanted food had records of 'use by' dates recorded on the containers and no expired items were sighted.<br><br>Whānau/EPOA and residents interviewed indicated satisfaction with the food service.<br><br>The cook reported that the service prepares food that is culturally specific to different cultures. |
| Subsection 3.6: Transition, transfer, and discharge<br><br>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.<br>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.<br>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. | FA | There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CM reported that discharges are normally into other similar facilities. Discharges are overseen by the nursing team who manage the process until exit. All this is conducted in consultation with the resident, their whānau, and other external agencies. Risks were identified and managed as required.<br><br>A discharge or transition plan is developed in conjunction with the residents and whānau (where appropriate) and documented on the residents' files. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent geriatrician, a written request is required for the file to be transferred.<br><br>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to |

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| | | confirm this. |
| Subsection 4.1: The facility<br>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.<br>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.<br>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. | PA Low | Hummingbird Hospital is an older style facility that is meeting the needs of the residents. Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A current warrant of fitness with an expiry date of November 2024 was on display at the front entrance.<br>The environment was overall comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. However, an issue with rotting floorboards raises infection risks and temporary protective planking is posing a potential risk for residents as they mobilise. A corrective action request has been raised accordingly.<br>Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible showers and separate toilet facilities throughout the facility.<br>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Heat pumps are in communal areas and separate wall mounted electric convection heaters are in each resident's room. All rooms have a window with a security latch. A maintenance book held at front reception is available to record any repair. Records were transparent.<br>Residents' rooms are inclusive of people's cultures and support cultural practices.<br>The facility manager and the director are both aware of the need to consult or codesign with Māori if the facility is developed or rebuilt, to ensure it reflects cultural identity. There are not currently any plans for new buildings or to develop onto this facility. |
| Subsection 4.2: Security of people and workforce<br>The people: I trust that if there is an emergency, my service | PA Low | In September2023, a representative of Fire and Emergency New Zealand (FENZ) declared that the service provider's approved fire evacuation plan was not valid and required review. Changes to alarm |

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| provider will ensure I am safe.<br>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.<br>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | | display systems and exit signs requested have since been completed and an application for an updated evacuation plan to be approved was presented in December 2023. On the day of audit, the updated application had been filed but had not yet been approved by Fire and Emergency New Zealand. A corrective action was raised but has since been withdrawn as the auditor was provided with the updated approval letter dated 21 March 2024 shortly afterwards.<br><br>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Fire safety and emergency management policies and procedures identifying and minimising related risk are also in place. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Those interviewed knew what to do in an emergency, including a fire emergency.<br><br>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Although an on-site first aid training session has been scheduled, a corrective action has been raised as at the time of audit as an insufficient number of staff had an appropriate level of first aid knowledge relevant to the risks for the type of service provided.<br><br>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Any concern raised about call bell response timeframes are taken seriously and investigated as there is no electronic method of monitoring response timeframes.<br><br>Appropriate security arrangements are in place. Residents and staff were familiarised with emergency and security arrangements, as and when required. |
| Subsection 5.1: Governance<br><br>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials | FA | The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on at the |

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| appropriately.<br>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.<br>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. | | monthly director/management meetings.<br><br>A documented pathway supports risk-based reporting of progress, issues and significant events to the director and the owner. Likewise, documentation directs how the service will access expertise and advice from the GP, the local public health unit, the team leader for infection prevention at Whangarei Hospital and the nurse coordinator for practice development in aged care, depending on the nature of the information or support required.<br><br>There is a pandemic plan within the policy documentation. No COVID-19 outbreaks or other significant infection events have occurred under the current management. |
| Subsection 5.2: The infection prevention programme and implementation<br><br>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br>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.<br>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | PA Low | The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources including personal protective equipment (PPE) were available on the days of the audit. The IPC resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.<br><br>The infection control coordinator liaises with the directors on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora Te Tai Tokerau. The CM stated that the senior management will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. |

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| | | Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff.<br><br>Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing techniques, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and colour-coded towels are used for different parts of the body. These are some of the culturally safe practices in IP observed, and thus acknowledge the spirit of Te Tiriti.<br><br>The CM reported that residents who identify as Māori are consulted on IP requirements as needed. In interviews, staff understood these requirements. The service has educational resources in te reo Māori.<br><br>An improvement is required to ensure that the CM completes external education on infection prevention and control as per policy and legislative requirements. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation<br><br>The people: I trust that my service provider is committed to responsible antimicrobial use.<br>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.<br>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate | FA | The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the senior management team and external consultant. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of |

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| to the needs, size, and scope of our services. | | infections and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)<br><br>The people: My health and progress are monitored as part of the surveillance programme.<br>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br>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. | PA Low | The infection surveillance programme is appropriate for the size and complexity of the service. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds.<br><br>Infection prevention audits were completed including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.<br><br>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed by comparing with previous monthly results.<br><br>Residents and whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau.<br><br>There were COVID-19 infection outbreaks in 2023 and 2024 reported since the previous audit. These were managed following the pandemic plan with appropriate notification completed. Results of surveillance and recommendations to improve performance are reported back to the governance body and shared with relevant people in a timely manner. |

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| | | An improvement is required to ensure monthly surveillance of infections includes ethnicity data. |
| Subsection 5.5: Environment<br><br>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.<br>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.<br>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.<br><br>There are designated cleaning staff. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits.<br><br>There are designated laundry staff who are responsible for all laundry at the service. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident surveys and residents' interviews confirmed satisfaction with the cleaning and laundry processes. |

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| Subsection 6.1: A process of restraint<br><br>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.<br>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The governance team with support from the facility and clinical managers demonstrated commitment to maintaining a restraint-free environment. Documentation sighted confirmed this commitment, as did an interview with the director. The facility manager and the restraint coordinator, both of whom are registered nurses, described the significant use of restraints (nine) when the facility changed ownership and the efforts made to reduce the use of these. At the time of audit, one restraint only was in use, and this is a safety harness. Any use of restraint is reported to the director.<br><br>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.<br><br>A restraint approval group, which includes medical representation, is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, restraints use requires approval, and the overall use of any restraint is monitored and analysed. Whānau/EPOA are involved in decision-making.<br><br>The service users' meetings, which include the young people with disabilities and Māori residents, are used to discuss issues such as any restraint use. There is an agreement and understanding between service users and the nursing/management team that a restraint will only be used as a last resort and after other options have been explored. Residents confirmed this, although the person using a restraint was unable to verbalise their thoughts. |
| Subsection 6.2: Safe restraint<br><br>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.<br>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.<br>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, | FA | As noted, when restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of the restraint, monitoring and evaluation were documented and included all requirements of the standard. Documentation sighted confirmed whānau involvement. Access to advocacy is facilitated as necessary and is on the signed forms. Restraint consent, authorisation and assessment forms were viewed for the restraint currently in use.<br><br>Monitoring of restraint is undertaken by the health care assistants and |

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| and only use approved restraint as the last resort. | | is overseen by the registered nurses and the clinical manager. It takes into consideration the person's cultural, physical, psychological, and psychosocial needs and addresses wairuatanga. Records of restraint monitoring are now undertaken electronically and include any care and support interventions while the restraint is in place.<br><br>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard.<br><br>There has not been any use of emergency restraint in this facility under its new ownership; however, the clinical manager is responsible for a person-centred debrief following any unexpected clinical event, including restraint. An incident of abuse was managed by police, rather than facility staff, but was followed up with a staff debrief.<br><br>Restraint use is evaluated both at the individual and service provider levels at six monthly intervals and records of these are maintained. |
| Subsection 6.3: Quality review of restraint<br><br>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.<br>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.<br>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. | FA | The restraint committee undertakes a six-monthly review of any restraint use, which includes all the requirements of the standard. The outcome of the review is reported to the governance body via the monthly management/quality meeting.<br><br>Any changes to policies, guidelines, education and processes are implemented if indicated. As noted above, there has been a concerted effort to reduce use of restraint, and this has dropped from nine to one over the past nine months. |

# 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) |
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| Criterion 2.2.4<br>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them. | PA Low | A hazard register has been developed and associated risks are managed.<br>An organisational risk management schedule is available within the policy and procedure documentation. This includes risk ratings for each of the identified risks and a list of strategies to monitor them. Although the quality system confirmed the strategies such as internal audits and surveys, for example, are occurring, there is not currently a process in place to formally review the identified risks, to ensure the risk ratings are applicable, to ensure no additional risks need to be added and to check that the strategies are all being reviewed against each of the risks. | A risk management plan and review schedule is in place. However:<br>- The risk management schedule is not being regularly reviewed.<br>- The risk rating levels have not been checked to ensure they reflect the current needs of Hummingbird Hospital.<br>- Reviews of the efficacy of implementation of the identified risk management strategies are not occurring. | Internal and external risks are regularly reviewed to ensure those identified are applicable, risk ratings are applicable and risk management strategies in place are mitigating them.<br>180 days |

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| Criterion 2.3.1<br>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services. | PA Moderate | There are adequate registered nurses across all shifts and there are adequate health care assistants on morning and afternoon shifts with the ability to add an additional person if a resident requires one-on-one supervision. On the night shift there is only one registered nurse and one health care assistant. Many residents require complex cares, including palliative, oxygen therapy and pressure area cares, for example, and there are considerable distances between one wing and another. Staff interviewed expressed their concern for night shift staffing levels. The managers and registered nurses were unable to describe how they could guarantee the safety of up to 35 hospital level care residents, many of whom require complex cares and support. | The allocation of one registered nurse and one care giver for night shifts for up to thirty-five hospital level care residents, many of whom require complex cares, requires review. | Staffing levels on the night shift are reviewed to ensure adequate residents' care is provided in a clinically safe manner.<br><br>90 days |
| Criterion 4.1.2<br>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence. | PA Low | Although older style, the physical environment of Hummingbird Hospital is being progressively freshened up with painting and renovation and a maintenance programme is upheld. There is sufficient room in hallways, bathrooms, communal areas and residents' rooms for people to mobilise around safely. Te environment reflects people's individual preferences and accommodates their needs.<br><br>Wooden floor areas in the kitchen and one of the wings of the facility have deteriorated/rotted and the problem has been exacerbated with a water leak and recent weather events. Temporary | Temporary wooden planks placed on broken/rotten boards of the floors in the kitchen and in part of one residential wing are uneven and have the potential to compromise the mobility and safety of residents.<br><br>Hot water temperatures are reportedly being checked in random areas as part of the monthly environment checks and actions taken when they deviated from those expected. These are not currently being | Wooden floors that have deteriorated/rotted are replaced where necessary and the temporary planking removed.<br><br>Records of hot water temperature checks are maintained, as are records of any actions taken when requirements are not met.<br><br>180 days |

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| | | wooden planks have been put into place in the interim while insurance assessors and workmen assess the best approach for reparation. Meantime these areas are posing potential infection and safety risks.<br><br>The manager and maintenance person reported hot water temperatures are being randomly tested as per the monthly environment internal audit. These are not being recorded and there was no evidence of the reported actions taken when requirements had not been met. | documented. | |
| Criterion 4.2.4<br><br>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service. | PA Low | Only two registered nurses have a current first aid certificate. Staff have been instructed to call an ambulance in the event of a medical emergency. Efforts to get staff onto a first aid course have proven challenging due to limited options in this geographical region. The risk of this corrective action has been reduced, as has the timeframe for addressing this corrective action, as an email was sighted that confirmed the date of 20 March 2024 has been arranged for a block course on site. | There are insufficient numbers of staff with a current first aid certificate to ensure every shift has a staff person with first aid expertise and that residents have adequate access to emergency treatment when out on an activity. | There are sufficient health care and support workers who are able to provide a level of first aid and emergency treatment appropriate to the degree of risk at any particular time.<br><br>90 days |
| Criterion 5.2.1<br><br>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:<br>(a) Be responsible for | PA Low | The CM coordinates the implementation of the infection prevention and control (IPC) programme. The infection control coordinator's role, responsibilities, and reporting requirements are defined in the infection control coordinator's job description. They have access to shared clinical records and diagnostic results of | The infection control coordinator has not completed IPC and antimicrobial stewardship education as per policy requirements. | Ensure IPC and antimicrobial stewardship education is completed as per policy requirements.<br><br>180 days |

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| overseeing and coordinating implementation of the IP programme;<br>(b) Have clearly defined responsibility for IP decision making;<br>(c) Have documented reporting lines to the governance body or senior management;<br>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;<br>(e) Receive continuing education in IP and AMS;<br>(f) Have access to shared clinical records and diagnostic results of people. | | residents. The service has a clearly defined and documented IPC programme implemented that was developed with input from an external consultant.<br><br>The IPC programme was approved by the facility manager, and external consultant and is linked to the quality improvement programme. An IPC programme was due for review in June 2024. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.<br><br>The infection control coordinator had not completed IPC and antimicrobial stewardship education in the last 12-24 months as per policy requirements. | | |
| Criterion 5.4.3<br><br>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data. | PA Low | Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly; however, ethnicity data was not being included. | Ethnicity data is not included in the monthly surveillance of infections. | Ensure ethnicity data is included in the monthly surveillance of infections.<br><br>180 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.