

# Ngati Porou Hauora Charitable Trust Board - Te Whare Hauora o Ngati Porou

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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 the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Ngati Porou Hauora Charitable Trust Board
<b>Premises audited:</b>	Te Whare Hauora o Ngati Porou
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 22 September 2020    End date: 23 September 2020
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	11



# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards applicable to this service partially attained and of low risk

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

## General overview of the audit

Te Puia Springs Hospital provides aged residential care services for rest home and hospital level patients. The service also provides an acute medical care, community clinics and inpatient medical and maternity care services. The service is operated by Ngati Porou Hauora Charitable Trust and is managed by a Board of Directors and the Chief Executive. There is currently no employed clinical manager for the inpatient service but an acting manager oversees the hospital presently. Patients and family/whanau spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' records and staff records, observations and interviews with patients, family/whanau members, management and staff. No medical staff were available for interview due to work commitments on the days of the audit.

The audit identified four areas for improvement relating to informed consent, appointment of a clinical manager, activities programme and restraint minimisation and safe practice.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some standards applicable to this service partially attained and of low risk.
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Patients and their family/whanau are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these rights are respected. Inpatient services are provided that support personal privacy, independence, individuality and dignity. Staff interact with patients in a respectful manner.

Open communication between staff, patients and family/whanau is promoted. There is access to interpreting services if and when needed. Staff provide patients and whanau with the information they need to make informed choices and to give consent. Women accessing the maternity service are able to have the support persons of their choice during all stages of service delivery.

Patients who identify as Maori have their needs met in a manner that respects their cultural values and beliefs. A kaumatua is available. There was no evidence of abuse, neglect, family violence or discrimination reported at the time of audit.

The service has linkages with specialist service providers on a referral basis from the DHB to meet patient's individual needs.

A complaints register is maintained with complaints resolved promptly and effectively.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Ngāti Porou Hauora business and quality and risk management plans included the dream, strategies, and values of the organisation, which aims to sustainably improve health and wellness outcomes for Ngāti Porou Whanau, Whenua and Whai Rewa. Monitoring of the services provided to the Ngāti Porou Hauora Trustees was regular and effective. An experienced and suitably qualified person is in an acting management role.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from patients and whānau. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of patients.

Patient information is accurately recorded, securely stored and is not accessible to unauthorised persons.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Access to the facility is appropriate and efficiently as per the documented entry criteria. Relevant information is provided to patients/family/whanau.

The medical officer and registered nurse assess patient's individual needs on admission whether admitted acutely or as arranged for long term care management through the needs assessment coordination service. The midwife is responsible for assessing the antenatal condition of the women and to ensure they are suitable to receive services at this primary maternity care setting. The care plans are individualised, based on a range of information and preadmission assessments. Records reviewed demonstrated that the care provided and needs of patients is reviewed and evaluated in a timely manner. Patients are referred or transferred to other health services as required.

The planned activity programme provides long term patients with a variety of individual, group and one-on-one activities appropriate for the size and nature of the services provided. Links with family/whanau and the community are maintained.

Medicines are safely managed and administered by competent staff.

The food service meets the nutritional needs of patients with special needs being catered for. The organisation has a current food control plan and is safely managed. Patients verified satisfaction with the meals provided.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Ngāti Porou Hauora meets the needs of patients and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible and a verandah offers safe sheltered seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored and transported. Laundry is undertaken onsite and offsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. A timely staff response to call bells was observed. Security is maintained with the recent addition of security cameras.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Ngāti Porou Hauora has implemented policies and procedures that support the minimisation of restraint. Two enablers were in use at the time of audit. Use of enablers is voluntary for the safety of residents in response to individual requests. One restraint was in use. A comprehensive assessment and approval process was evident.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme is currently led by the continuous quality improvement coordinator who is a registered nurse. An infection control nurse has recently been appointed to this role and is orientating presently. The aim of the programme is to prevent and manage infections, outbreaks and a pandemic. Specialist infection prevention and control advice is sought as needed. The programme is reviewed annually.

Staff demonstrated good principles and practice around infection control which is guided by relevant policies and supported by regular education.

Aged care specific infection surveillance is undertaken and any trends are identified. Prudent use of antibiotics is monitored by the medical officer at the hospital who works across all services. Information is discussed at the infection control meetings with all medical staff who cover the services attending.

## Summary of attainment

The following table summarises the number of standards 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)
<b>Standards</b>	0	44	0	4	2	0	0
<b>Criteria</b>	0	93	0	7	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Ngati Porou Hauora Charitable Trust (Te Puia Springs Hospital) has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). The health care assistants, enrolled nurses and registered nurses interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging patients to be independent, providing options and maintaining patients' dignity and privacy. Training is provided on the Code as part of the orientation/induction process for all staff employed. Training records were reviewed and the Code was included in the programme for the year. Health care assistants were observed calling patients by their preferred name. The long term care patients preferred names were displayed on each patient's bedroom door.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to</p>	PA Low	<p>Nursing, care staff and the midwife interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical records reviewed showed that informed consent has been gained using the organisation's consent form which is documented as part of the admission information record. Advance directives and documenting enduring power of attorney (EPOA) requirements was sighted in two long term care resident's records as these patients are unable to make an informed consent. Informed consent is managed effectively for women in the maternity service and their babies as required for e.g. Guthrie screening, administration of anti D immunoglobulin and consent for</p>

make informed choices and give informed consent.		whether the whenua is to be disposed of or taken home by the woman after the birth of the baby. There is one area of improvement identified in relation to van outings for long term residents' or for taking patients to appointments at the DHB.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	During the admission process, patients are provided with a copy of the Code which also includes information on the Nationwide Advocacy Service. Posters and brochures related to the advocacy service were also displayed and available in the hospital and maternity unit. Family/whanau members were aware of the advocacy service, how to access this and the right to have support persons. The women interviewed who had laboured/birthed or received postnatal care stays were pleased that they were able to have a support person of their choice with them through all stages of service delivery.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Patients are assisted to maximise their potential and to maintain links with their family/whanau and the community by attending a variety of organised outings, visits and planned activities. The hospital has restricted visiting hours currently due to the pandemic. Visits from family/whanau and friends are arranged appropriately. Normally visitors are welcome to visit regularly and family/whanau stated they felt welcome when they visited and comfortable in their dealings with staff. Visitors are presently signing in at reception when they arrive and when they leave the facility.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The Ngāti Porou Hauora complaints management policy and procedure associated flowchart meet the requirements of Right 10 of the Code. Information on the complaint process is provided to patients and whānau on admission and those interviewed knew how to do so.  The complaints register reviewed showed that two complaints have been received for the hospital over the past year and 10 for the entire organisation. Actions taken, through to an agreed resolution, are documented and completed within the timeframes except for one of the hospital complaints. This complaint was acknowledged within the timeframe and was recently discovered to not yet be resolved. This has instigated a new monthly reporting process by the QA coordinator to prevent a recurrence. Required follow up and improvements implemented where possible are documented within the register. The quality assurance coordinator administers the process for the entire organisation and the hospital acting manager is responsible for hospital complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The family members interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with the registered nurses. The service has a patient advocate and a Kaumatua is available if needed. The Code is displayed around the hospital and at reception and in the community clinic waiting room. Pamphlets are readily available on advocacy services, how to make a complaint and feedback forms are accessible. A feedback box is located in the entrance to the hospital and is emptied at regular intervals by the administration staff.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>Patients with support of their families confirmed they receive services that has regard for their dignity, privacy, sexuality, spirituality and are provided with choices.</p> <p>Staff were observed maintaining privacy when attending to personal cares, ensuring patient information is held securely and privacy is maintained. All residents have their own room or share a room. Screening is provided in the shared rooms to maximise privacy. The manager is the privacy officer. Training is accessible online and has been completed.</p> <p>The long term patients are encouraged to maintain their independence by participating in community activities, regular outings for drives, to the beaches nearby and to have people from the community come into the service for and part of the activities programme. During the audit, a local entertainer came to play and sing for the patients in the main lounge and patients were seen enjoying themselves as able.</p> <p>Records reviewed confirmed that each patient's individual cultural, religious and social needs, values and beliefs have been identified, documented and incorporated into the long term care plan or on the admission to discharge plan for the medical patients in the hospital and on the care plan for the women in the maternity service.</p> <p>Staff interviewed included the health care assistants, enrolled, registered nurses and the midwife from the maternity unit understood the organisation's policy on abuse and neglect and what their responsibilities were if this was suspected and that they knew who to report to. Family violence screening occurred for all women who utilised the maternity service and the midwife recorded that this had been completed where possible. Midwives (one employed and one a locum) receive training on managing family violence from the New Zealand College of Midwives (NZCOM) as part of competency and recertification requirements for the Midwifery Council New Zealand (MCNZ).</p>
<p>Standard 1.1.4: Recognition</p>	<p>FA</p>	<p>On the day of audit all but one patient identified as Maori. Interviews with staff verified staff can support</p>

<p>Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>		<p>patients who identify as Maori to integrate their cultural beliefs and values. All patients who identified as Maori had reference to cultural needs on their care plans based on the information from their individual cultural assessment completed on admission. The principles of the treaty of Waitangi are incorporated into the day to day practice as is the importance of whanau to Maori patients. This was very evident in the maternity service records reviewed and when interviewing women who had used the maternity service in recent months. The Ngati Porou Hauora annual Maori Health Plan was sighted in the documentation review. The spiritual Counselling organisational policy reflected spiritual counselling as being integral to spiritual, social, whanau and physical health. Ngati Porou Hauora is a Maori health provider with a strong Christian belief base and defines spirituality as a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and experience relationship to self, whanau, others, community, nature, society and the significant or sacred. Spirituality is integral to but not confined by religion and faith. A tikanga best practice flipchart was sighted in the nurses/doctors' office.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Patients of Te Puia Springs Hospital verified that they were asked about their individual cultural needs, values and beliefs and that staff respected these. Patient's personal preferences and/or special needs were included in all care plans reviewed, for example food likes and dislikes and attention to preferences around activities of daily living. A patient satisfaction questionnaire includes evaluation of how well patients' needs are met, and this supported that individual needs are being met. This also included interviews with women who had laboured and birthed and/or who received postnatal stays at the inpatient maternity unit. The women interviewed spoke highly of the midwife and that their individual needs and that of their babies and whanau were respected and effectively met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The discrimination and harassment policy was reviewed and had been reviewed 23 June 2017. Ngati Porou Hauora (NPH) is committed to maintaining a work atmosphere of tolerance, activity and mutual respect for the rights and sensibilities of each individual regardless of differences in economic status, ethnicity background, political and/or other personal characteristics and beliefs. In support of this commitment NPH acknowledges a moral responsibility and offers assurance to protect all its staff and tangata whao ora from any form of discrimination or harassment.</p> <p>Staff orientation/induction at commencement of employment includes education related to professional boundaries and expected behaviours. The two enrolled nurses, registered nurses (RNs) and the midwife (RM) have completed relevant training on professional boundaries. Health professionals abide by their individual Code of professional conduct as part of their individual employment contract. Ongoing education is provided on an annual basis, which was confirmed in the staff training records. Staff are guided by policies and procedures and when interviewed, demonstrated an understanding of what would constitute</p>

		inappropriate behaviour and the processes they would follow should they suspect this was occurring.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Ngati Porou Hauora (NPH) encourages and promotes good practice through evidenced policies and input from external specialist services and allied health professionals. The continuous quality coordinator extends far and wide professionally when developing and reviewing policies and procedures to ensure up-to-date researched information is utilised at all times. A full training calendar has been developed and implemented which is of a high standard. Support is currently being provided by a quality coordinator who has provided professional advice in the reviewing of documentation such as NPH medical forms and supports the registered nurses in care planning. All newly implemented documents support the organisation's new logo. A more professional approach since the last audit is apparent and significant changes have been made in the inpatient services.</p> <p>Two registered nurses maintain their individual interRAI competencies to ensure all interRAI assessments are completed for the long term care patients three weeks after admission and every six months, re-assessments are completed. Records are maintained electronically of all assessments undertaken. A print-out summary was provided for this audit.</p> <p>The maternity service is managed by the Hospital Service Manager. The midwife interviewed and who is employed in the maternity unit has a high standard of maintaining documentation relevant to this service. The individual women's records are audited post service discharge and before being filed appropriately. The midwife has recently been on a podcast with a five year medical student and this was well received by the medical profession and the New Zealand College of Midwives. The maternity manager has recently been nominated for the New Zealander of the Year award and is awaiting the outcome. In addition to this the midwife has contributed to Te Reo Maori on the New Zealand College of Midwives Website and provided a statement for this website.</p> <p>A full maternity resource manual for nurses has been developed and implemented by the midwife to ensure that the nurses understand their role when covering the maternity care setting and to provide them with a formalised orientation and an education programme to enable them to practice competently and safely when required to work in this maternity service. The midwife also provides a copy of the entire caseload and copies of all documentation to be completed and the referral processes for handover purposes to the locum arranged by NPHCT to cover on occasions for the midwife to have annual, sick or study leave as needed. The midwife since the previous audit works 10 days on and four days off, locum midwives cover the four days off. The service is covered twenty four hours, seven days a week (24/7).</p>
Standard 1.1.9:	FA	Patients and family/whanau members 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, accidents and outcomes of

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>regular and/or any urgent medical reviews. This was supported in the patients' records reviewed in the inpatient services. Ward staff and the midwife interviewed understood the principles of open disclosure which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff know how to access interpreter services although reported this was rarely required due to having access to a Maori health advisor and staff being available. Also family/whanau are able to be used to interpret information if needed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Te Puia Springs hospital is the only Māori run hospital in the world, and it is part of Ngāti Porou Hauora's health services to the region.</p> <p>A suite of policies and procedures for governance and organisational management which are reviewed regularly, outline the purpose, values, scope, direction and objectives of the organisation, which includes the hospital. Goals strategies, outcomes and indicators are documented under Whanau, Matauranga, Kaitiakitanga and Whai rawa. Ngāti Porou Hauora's 2018 business plan and budget, Te Pae Kahurangi includes goals through until 2021. The document describes the trustees and management undertaking to continue to lead health improvements within Ngāti Porou Hauora for the community it serves. The values of Ngāti poroutanga, Manaakitanga, Ringa Raupa, Pakari and Wairuatanga, indicate a whānau centred approach to health service provision. A sample of monthly reports to the board of trustees showed adequate information to monitor performance is reported including occupancy, financial performance, staffing, emerging clinical risks and issues. The acting manager and chief executive officer (CEO) reported a close working relationship between the Board chair and the CEO particularly in response to the recent Covid-19 emergency situation.</p> <p>Ngāti Porou Hauora is managed by a CEO and Te Puia Springs hospital is currently being managed by an acting manager. Both of these people hold relevant qualifications and have been in the role for about seven years. Responsibilities and accountabilities are defined in job descriptions and individual employment agreements. The acting hospital manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through professional networks, research and proactive involvement in the sector.</p> <p>The service holds contracts with Hauora Tairāwhiti District Health Board for aged related residential care, respite, long term conditions, medical conditions, palliative care and with the Ministry of Health (MoH) for young disabled people (YPD). On the day of audit one person was receiving respite care, one person receiving palliative care funded under the medical contract, two were receiving rest home level care, three hospital level aged care, one person was receiving long term care who had their service needs assessment on the second day of audit and one person was receiving services under the MoH YPD contract. No women were in the Maternity unit on the first day of audit.</p>



<p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>When the CEO is absent, the acting hospital manager or another Ngāti Porou Hauora manager carries out all the required duties under delegated authority. When the acting hospital manager is absent, the Primary Care Manager carries out all the required duties under delegated authority, overseen by the CEO. During absences of key hospital clinical staff, the clinical management is overseen by the acting hospital manager who is experienced in the sector and able to take responsibility for any clinical issues that may arise. A contracted clinical nurse expert from the DHB is providing weekly clinical oversight to support the lack of a dedicated clinical manager. Staff reported the current arrangements work well.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Ngāti Porou Hauora has a planned quality and risk system that reflects the principles of continuous quality improvement and references the Health Quality and Safety Commission (HQSC). The Risk Management Quality Improvement Plan (RMQI Plan) 2018 – 2021 describes risk monitoring and control including but not limited to; management of incidents and complaints, audit activities, health and safety reporting, a staff engagement survey, monitoring of outcomes, clinical incident reporting including infections, medication errors, falls and pressure injuries. The quality assurance coordinator provides monthly reports to the management team with analysis of quality and risk activity. A High risk management register clinical is a recent innovation which is closely linked to the RMQI Plan to provide highly visible oversight of clinical risks.</p> <p>Meeting minutes reviewed indicated the recent Covid-19 emergency earlier this year had impacted on the regular review and analysis of quality indicators. Managers evidenced that related information had been reported and discussed at the management team meetings during this time. Regular verbal updates were described by staff over the time the hospital was divided and preparing to create a Covid-19 isolation ward. Staff reported their involvement in quality and risk management activities through internal audit, use of incident forms and quality initiative activities. Relevant corrective actions are implemented to address any shortfalls.</p> <p>Kanohi ke te kanohi (face to face) conversation is valued within Ngāti Porou therefore the community is consulted regularly for feedback and satisfaction of the services provided by Ngāti Porou Hauora and this is included in plans for the future. Immediate dissatisfaction is managed through the complaints process.</p> <p>Policies reviewed cover all necessary aspects of the services and contractual requirements, including reference to the interRAI Long Term Care Hospital (LTCH) assessment tool and process. Policies are based on best practice and were current. External experts such as Tairawhiti DHB infection prevention and control nurses are involved in the development of policies. The document control system managed by the quality assurance coordinator within an electronic cloud based system ensures a systematic and regular review</p>

		<p>process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The acting hospital clinical manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The organisation is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Policy guides Ngāti Porou Hauora staff in their responsibilities for incident management including their statutory reporting obligations. Te Puia Springs hospital staff document incidents on an incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, and actions followed-up in a timely manner. Incident and accident data is collated, analysed and reported to the Ngāti Porou Hauora management team by the quality assurance coordinator.</p> <p>The quality assurance coordinator described essential notification reporting requirements, including HQSC, MoH and DHB reporting. They advised there has been one notification of a severity assessment code 2 (SAC 2) significant event made to the HQSC since the previous audit. This incident has been fully investigated by a team which included an external expert following HQSC guidelines for incident management.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Ngāti Porou Hauora human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of Te Puia Springs hospital staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role, such as: the philosophy, policies and procedures, confidentiality, infection prevention and control, restraint minimization and safe practice, complaints management, health and safety in the workplace, cultural awareness and advocacy. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a year. Managers reported verbal feedback is provided prior to the first appraisal as required.</p> <p>Continuing education is planned on a biannual and annual basis, including mandatory training requirements. There is a comprehensive Ngāti Porou Hauora Training and Education Plan 2017-2021 which describes the training requirements for each discipline and programme including all roles of staff at Te Puia Springs hospital. As a collaborative activity across services the home and community coordinator is currently working with an external agency to facilitate the provision of New Zealand Qualification Authority (NZQA) education for the hospital care staff by becoming the internal assessor for the programme. Carers were noted to have</p>

		<p>many years of experience, have historic NZQA qualifications and to be on Level 4 pay rates. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. There is a very experienced Midwife supported by a locum midwife and a doctor who visits daily. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals for hospital staff.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA Moderate</p>	<p>Te Puia Springs hospital has a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The hospital adjusts staffing levels to meet the changing needs of patients. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Whānau interviewed supported this. Observations and review of a six-week roster cycle confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. The midwife is supported by a locum midwife or hospital staff as required. Professional staff live in the adjacent accommodation and are readily available in an emergency.</p> <p>The ongoing vacancy for a dedicated clinical hospital manager shows the difficulty of employing qualified professionals into the region and this corrective action remains open.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>Sticky labels with all required information are used on all patient records and individual pages in the clinical and nursing records reviewed. The patient's name, date of birth and National Health Index (NHI) number are used as the unique identifier on all patients' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the patients' records sampled for review. Clinical notes were current and integrated with the GP and allied health provider records. Records were of a high standard, legible with the name and designation of the person making the entry identifiable. The midwifery records are audited when the woman and baby are discharged and a summary is recorded on the front of each record reviewed of the journey undertaken.</p> <p>Archived records are held securely on site. Records can be retrieved as necessary. Current records are stored in the ward office in a record trolley and the maternity service uses a locked filing cabinet. No personal or private patient information was on public display during the audit.</p>

<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Patients enter the inpatient service either acutely through the emergency department, through a referral by their community general practitioner, by way of the district health board (DHB) need assessment coordination service (NASC) or maternity admissions when women are in labour, birthing or for the postnatal stay following a home birth or transfer in from maternity services at the Tairāwhiti Hauora District health board (THDHB). Long term care patients/family/whānau are able to visit the facility prior to admission. Patients are provided with information about the service and the admission process.</p> <p>Family/whānau interviewed stated they are satisfied with the admission process and the information that had been made available to them on admission. Records reviewed completed demographic details, personal information, assessments and for the long term patients each had an admission agreement in accordance with DHB contractual requirements. One medical patient's whānau admitted acutely was pleased with the care her relative was receiving to stabilise her condition before being discharged home in the next few days.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and coordinated manner with an escort as appropriate. The staff interviewed verified that the 'yellow envelope' system is used to facilitate transfer of residential care patients to and from acute care services. For the medical patients there is open communication between all services but the midwife interviewed expressed some concerns with the communication to and from maternity services at the DHB. Appropriate information, including a completed transfer form, advance directives if available, medication records and the relevant care plan is provided for the ongoing management of the patient. Any referrals are documented in the progress records and family/whānau are contacted. Family interviewed and three maternity patients stated their whānau were kept very well informed throughout the referral process. Medical patients are stabilised prior to transfer to secondary care. Mode of transport is decided on the condition of the patient and the weather at the time. For maternity services the Section 88 referral guidelines are followed.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management.</p> <p>A safe system for medicine management was observed on the day of the audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. The long term residents medications are blister packed and delivered monthly to the hospital from the contracted pharmacy. The registered nurses check all medication on arrival from the pharmacy of choice. For medical patients prescriptions are generated by the medical staff when the patient is admitted to the ward. The prescription is sent to the pharmacy and medications are delivered to the hospital.</p> <p>Medication records were reviewed. The national eight (8) day medication chart is used for the medical,</p>

		<p>respite care and maternity patients during their stay in the ward and maternity unit and the 16 day medication chart was implemented for the long term care patients. The midwife manager employed in the maternity service prescribed medications as applicable for a primary birthing service. The locum medical and locum midwives are orientated to the medication systems in place as part of the orientation process. Any known allergies and/or sensitivities are clearly documented on the medical, maternity and long term care patients' medication records and clinical records.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines were met. The required three monthly medical review for the long term care patients is consistently recorded on the medication records reviewed.</p> <p>All medication is stored appropriately and the medication trolley is locked when not in use. Controlled drugs are managed as per legislative requirements and audit checks are completed weekly and controlled drug register is signed by two senior staff members. An immunisation fridge (cold chain storage applies) is checked daily by the night staff and is located in the hospital clinic laboratory. Emergency medications are checked regularly and after use.</p> <p>No patients in the hospital are self-administering medications at the time of audit. Processes are in place to ensure this can be managed safely when required. For the maternity service if anti D immunoglobulin is required for a patient this is ordered by the midwife on prescription and delivered to the hospital and double checked prior to administration.</p> <p>No standing orders were observed to be in place on the day of the audit. There is a process for managing any medication errors and staff are aware of how to report any incidents involving medicines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by a cook who has worked at the facility for 20 years and is supported by two experienced kitchen hands who relieve the cook and cover the weekends. The food service is managed in line with recognised nutritional guidelines for older people for the respite and long term patients. The meals are planned for the medical and maternity patients to meet their individual needs. All patients have choices and likes and dislikes are adhered to on a daily basis and special diets are prepared as needed. The meal plan follow summer and winter patterns and were reviewed by a qualified dietitian on the 07 June 2019 and are valid for two years until June 2021. Any recommendations made at that time have been implemented.</p> <p>A food control plan was completed 09 July 2019 and this was verified.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including high risk items are monitored</p>

		<p>appropriately and recorded as part of the plan. The cook and kitchen staff have all completed relevant training and safe food handler certificates to meet the Food Act 2014 and food regulations 2015. These are framed and displayed in the kitchen and copies are retained in the staff training records. In addition the staff have completed 'Food Safety and Suitability Training' June 2019. Food is taken to the hospital and maternity service on individual covered trays and served to the patients. There is a dining area in both the hospital lounge/dining area and in the maternity unit or women can eat in their own rooms during their stay if they wish.</p> <p>Evidence of patient satisfaction with meals was verified by patient and family/whanau interviews, satisfaction surveys and patient meeting minutes. Any areas raised are promptly responded to. Patients in the hospital dining room were seen to be given time to eat their meal and those requiring assistance had this provided by the healthcare assistants. There are enough staff on duty in the dining room at meal times to ensure appropriate assistance is available to patients as needed. No patients are currently on supplement foods but the medical staff are able to prescribe this if and when required.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The organisation provides hospital services – medical services, hospital services – geriatric services, rest home level care and hospital services – maternity services. Minimal patients/admissions are declined. Situations such as for example an acute medical patient after being stabilised may require a transfer to arranged to the DHB services and for maternity women who are rated as high risk are not able to access this primary service. No woman would be turned away if in labour. Appropriate care would be provided and then the patient would be transferred to secondary care as needed. Mental health patients are not able to be admitted to this service but would be transferred appropriately and safely to the DHB. For the long term patients there is a clause in the service agreement related to when a patient's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>On admission patients are assessed using a range of nursing assessment tools, such as pain scale, falls risk, skin integrity, nutrition, oral, risk screening and depression scales to identify any deficits and to inform the initial care planning. Within three weeks of admission patients are assessed using the interRAI assessment tool to inform care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data occurs every six months or more frequently as patient's needs change. Support requirements, any preferences, likes and dislikes are recorded in a timely manner. The medical patients admitted to the ward have initial assessments and an admission to discharge planner is developed and implemented. This is reviewed on a daily basis and updated if needed. The maternity patients are reviewed, assessed during all stages of service delivery and records are maintained throughout the labour, birth and the</p>

		postnatal care stay for both the mother and the baby.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The care plans reflected the support needs of patients and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in the care plans reviewed. The care plans used for all services evidenced service integration with progress records, activities notes medical, nursing, midwifery notations being clearly written, informative and relevant. Any changes in care required was documented and verbally passed on at handovers to relevant staff. Patients and family/whanau reported participation in the development and ongoing evaluation of care plans. Short term care plans were used as needed and reviewed as required for any issues that arise.</p> <p>The midwife interviewed ensures the care plans for the mother and baby are up-to-date and that the ward staff are able to follow when caring for the patients in the maternity unit after hours. Continuity of care is provided. The staff are trained to support breastfeeding as part of the baby friendly hospital initiative (BFHI).</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations and interviews verified that the care provided to patients was consistent with meeting their needs, goals and the plan of care.</p> <p>The attention to meeting a diverse range of individualised needs was evident in all areas of service provision. The RN/RM interviewed verified that medical input is sought in a timely manner, that medical orders are followed and care is provided efficiently and team work is encouraged. The health care assistants confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available suited to the level of care provided in accordance with the patients' needs. Primary maternity services are provided at this facility. Women with high level needs or risks have to deliver at the DHB.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	PA Low	<p>The basic activities planner is developed and implemented for 2020. The staff facilitate the activities for the long term care residents and those other residents who wish to join in due to the nature of this service. Attendances for each activity are documented by the staff member undertaking the activity. Currently there are nine long term care patients in the hospital. Each day, group and/or one on one activities are provided.</p> <p>A social assessment and history are undertaken on admission to ascertain patients' needs, interests, abilities and social requirements. The activities programme is based on these assessments and history to help formulate an activities planner that is meaningful to patients. The patient's activity needs are evaluated as part of the six monthly care plan review.</p> <p>The activities planner 2020 matches the skills and likes, dislikes and interests identified in assessment data. The activities reflected patients' goals, ordinary patterns of life and included some community activities.</p>

		Individual, group activities and regular events are offered. Examples include music sessions, daily news, quiz sessions and visiting entertainers and church visitors. The planner is displayed in the main lounge and each patient receives a copy. Family/whanau can participate anytime in the activities. Patients' interviewed are happy with the level of activities provided. One under 65 year old LTC patient was seen enjoying the music activities but the individual activities plan for this patient has not yet been personalised to reflect activities of interest for a younger person.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Patients' care is evaluated on each shift and reported in the medical and nursing progress records. If the health care assistants observe any changes they know to report to the registered nurse on duty. Where progress is different from expected, the service responds by initiating changes to the plan of care. This applies when a mother or baby are in the maternity unit. Any concerns the registered nurse contacts the midwife who covers 24/7 Monday to Sunday. Examples were sighted of short term care plan being consistently reviewed for infections, pain management, weight loss, behaviour changes and skin tears. Other plans such as wound care management plans are evaluated each time the dressing is changed. Family/whanau members interviewed provided examples of involvement and stated they were contacted when any changes occurred for their relative.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Patients are supported to access or seek referral to other health and/or disability service providers. The patients at Te Puia Springs Hospital are covered by the community doctors and the resident medical officers/locums employed at the hospital who cover the services. Daily rounds of patients occurs. The long term care patients are seen as required and routinely three monthly reviews are performed and documented in the medical records sighted. Copies of referral were sighted in the patient's individual records reviewed including to older persons' mental health, orthopaedic, eye clinic and other services. Referrals are made for women as needed by the midwife to obstetric services at the DHB and for radiology scanning purposes. Referrals are followed up by the GP as there is no clinical manager employed at the hospital currently. The midwife follows up any referrals made in a timely manner. If a woman is not able to labour and birth at this primary facility arrangements are made by a referral process with the maternity services at THDHB. Any acute/urgent referrals are attended to immediately such as referring and transferring a patient to the DHB by road ambulance or air ambulance services.
Standard 1.4.1: Management Of Waste And Hazardous Substances	FA	Ngāti Porou Hauora staff follow documented processes for the management of waste and infectious and hazardous substances. The organisation has been involved in the Para Kore programme which promotes zero waste, however this has been impacted by the Covid-19 requirements. Staff are encouraged to recycle wherever possible and waste is to be minimised. Appropriate signage is displayed where necessary. There is



<p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>a designated person who has a dangerous goods licence required to transport waste. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this. Particular reference was made by staff of using personal protective equipment (PPE) during the recent Covid-19 outbreak and the abundant availability of PPE.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date June 2021) was publicly displayed in the hospital corridor.</p> <p>The hospital building including the maternity wing and the aged residential rooms, has the features of an older style of hospital however appropriate systems are in place to ensure the Ngāti Porou Hauora patients' physical environment and facilities are fit for their purpose and maintained. The recent current, testing and tagging of electrical equipment and calibration of bio medical equipment was confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free and patient safety was promoted.</p> <p>Hospital external areas are appropriate to the patient groups and setting, with a helicopter pad adjacent to the main building.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance are required and that requests are actioned. Patients and family members were happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the hospital building. This includes a bath for independent patients, mostly shared toilets and showers and one ensuite. The maternity wing has two toilets and two showers and there is a total of seven toilets and five showers. Appropriately secured and approved handrails are provided in the toilet and shower areas. Other equipment and accessories are available to promote patients' independence.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Ngāti Porou Hauora provides adequate personal space to allow staff and patients to move around within their bedrooms safely. There is a combination of single and shared accommodation available, with most aged care residents and a palliative care patient having their own bedrooms. Where rooms are shared, privacy is maintained, dividing curtains are in place and approval has been sought. Rooms are personalised with furnishings, photos, artwork and other personal items displayed.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters. Staff and patients reported the adequacy of bedrooms.</p> <p>The maternity unit connected to the main hospital building, is a separate wing with an appropriate baby friendly birthing environment. The maternity wing bedrooms are suitable as birthing rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas are available in the hospital building for patients to engage in activities. The dining and lounge areas are spacious and enable easy access for patients and staff. A project to renovate this area as requested by staff, has recently received the funding for this improvement to be implemented. Patients can access areas for privacy, in their bedrooms if required. Furniture is appropriate to the setting and patients' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Laundry is undertaken off site by a contracted provider in Gisborne, and by family members if requested. Domestic and care staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Staff interviewed reported the laundry is managed well and that patient clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who have received appropriate training and/or are very experienced. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through management review, the internal audit programme and whānau feedback.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff. Ngāti Porou Hauora Health and Emergency and Business Continuity Plan 2020- 2021 written in</p>

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>in conjunction with the local DHB directs the hospital in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 1 February 2019 which was revised in response to the new legislation. An evacuation took place recently on 29 July 2020 when a toast fire set off the fire alarms. Regular trial evacuations are also undertaken with a copy sent to the New Zealand Fire Service for both planned and unplanned evacuations. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's are available and meet the Ministry of Civil Defence and Emergency Management recommendations for the region. The town water supply is located up the hill from the hospital and is maintained by the Ngāti Porou Hauora maintenance staff and managed by the Public Health Service. Water is readily available to the hospital from the town supply tanks, and there is a generator on site. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to patients requiring assistance. Call system audits are completed on a regular basis and patients and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place, with the recent installation of CCTV security cameras at exits and entrance doors. Signs alert patients and their whanau to the presence of these and policy guides staff in the monitoring and storage of security footage. Doors and windows are locked at a predetermined time.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All Ngāti Porou Hauora hospital patients' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening windows, most are adjoined to the verandah which has opening external windows and a view out to the garden and helipad. Heating is provided by radiators in patients' rooms and in the communal areas, including hallways. Areas were warm and well ventilated throughout the audit and patients and whānau confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of</p>	FA	<p>Ngati Porou Hauora Charitable Trust provides a managed environment that minimises the risk of infection to patients', staff and visitors through the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a current infection control manual, developed at organisational level with input now from the medical officers and the continuous quality improvement coordinator (CQIC). The infection control programme and manual are reviewed annually.</p>

<p>infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>The CQIC a registered nurse has been overseeing the infection prevention and control programme in the absence of the organisation clinical manager (the position has been vacant since the previous audit and is currently being advertised). A registered nurse (RN) recently employed with a special interest in infection prevention and control has accepted the role of infection control nurse and is currently being orientated to this role. The infection prevention and control nurse at the THDHB has agreed to assist with the orientation process with the RN and to provide support, education and linkage with the team at THDHB. This is a positive initiative for NPHCT and this community. Staff have been reporting any infections to the CQIC in the first instance and records were reviewed.</p> <p>Due to the international and national Covid19 pandemic signage at the main entrance to the facility requests anyone who is /or has been unwell not to enter the facility. Visitors sign into the register maintained or use their mobile phone to activate their locality for tracking purposes. Staff interviewed understood these related responsibilities.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The CQIC has appropriate skills, knowledge and qualifications to have undertaken this role since before the last audit. The RN recently appointed was not available for interview. The CQIC has attended relevant training in infection prevention and control and is currently overseeing the programme until the RN has completed the orientation and relevant training as verified in training records sighted. Well established linkages with the community medical officers who also work both in the community and cover this hospital and services are readily available and hold regular infection control meetings. Minutes of meetings for 2020 were available and reviewed. The CQIC has access to patients' records and diagnostic results in partnership with the medical officers to ensure timely treatment and resolution of any infections.</p> <p>The CQIC confirmed the availability of resources to support the programme and any outbreak of an infection. There have been no outbreaks of infection since the previous audit.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are</p>	<p>FA</p>	<p>The IPC policies reflected the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing techniques and use of disposable aprons, gloves and masks as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available in all service areas around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>

implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Staff education is outlined in the infection control programme annual plan. Interviews, observations and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by the CQIC, the registered nurses, the midwife and the medical officers who cover the hospital. All training is documented and attendance records are maintained currently by the CQIC. Significant education and planning has occurred with the pandemic as the hospital and grounds was the base for this community for triaging, screening and testing for Covid19 and other emergencies at the same time. The CE and the CQIC explained the extensive processes put in place for the management of the pandemic and lockdown measures.</p> <p>Education with patients is generally on a one-to-one basis and has been centred recently about handwashing, use of anti-bacterial gel and advice about remaining in their individual rooms during lockdown, visitor restrictions and/or letting the staff know if they felt unwell.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance for the long term patients is appropriate to that recommended for long term care facilities with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue injuries, fungal, eye, gastro-intestinal, upper and lower respiratory tract infections and skin infections such as scabies. When an infection is identified by the medical officers a record of this is documented in the patient's clinical record and nursing notes. Any new information and any required management plans are discussed at handover between shifts to ensure early intervention occurs.</p> <p>The CQIC reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends or positive causative factors and required actions. Results of the surveillance programme are shared with staff via the infection control meetings with the medical officers held monthly and/or at the staff meetings and at staff handovers. The medical officer on duty was not able to be interviewed due to work commitments at the time of audit but the RN stated that the medical officer carries out an infection and antibiotic audit for the long term care patients. After any antibiotic cover is used for an infection the patient is followed up with an appropriate specimen and when the result is available the outcome is documented.</p>
Standard 2.1.1: Restraint	FA	Ngāti Porou Hauora policies and procedures mostly meet the requirements of the restraint minimisation and

<p>minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>safe practice standards and provide guidance on the safe use of both restraints and enablers, however enablers are described as a type of restraint. Falls assessments and restraint management are closely aligned within the policy and the internal audit programme. The clinical advisory group provides the support and oversight for enabler and restraint management in the hospital, however there had been no restraints used since 4 September 2019 prior to the recent restraint use for one patient who has a history of falls. Staff interviewed demonstrated a limited understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>On the day of audit, one patient was using restraints at whānau request and two patients were using enablers, which were the least restrictive and used voluntarily at their request. A similar process is followed for the use of enablers as is used for restraints.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>Policy describes the approval for the use of restraints as being the responsibility of a restraint approval team specific to each patient. The one patient with a restraint on the day of audit had evidence of whānau/EPOA involvement in the decision making on file. The file also showed evidence that an appropriate team including the general practitioner, a registered nurse and whānau had approved the use of the bedrails for the safety of the patient. A registered nurse interviewed indicated there are clear lines of accountability, and that the restraint used had been approved.</p> <p>Use of a restraint or an enabler was part of the plan of care for each of the patient's involved.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Assessments for the use of the one restraint was documented and included all requirements of the Standard. The RN undertakes the initial assessment with the doctor's involvement, and input from the patient's whānau/EPOA. The RN interviewed described the documented process. Whānau requested the use of the restraint. The general practitioner is involved in the final decision on the safety of the use of the restraint. The assessment process identified the underlying cause, history of restraint use, cultural considerations, alternatives and associated risks. The desired outcome was to ensure the patient's safety and security. A completed assessment was sighted in the record of patient who were using a restraint.</p>
<p>Standard 2.2.3: Safe</p>	PA	<p>The goal of the organisation as documented within the policy is to try alternatives to restraint and Te Puia</p>

<p>Restraint Use</p> <p>Services use restraint safely</p>	<p>Moderate</p>	<p>Springs hospital has not used restraints for over a year. The recent use of a restraint was at the request of whānau.</p> <p>The policy describes that access to advocacy is provided if requested and all processes ensure dignity and privacy are respected. Within the policy is an indications for restraint and enabler table, describes seven pieces of equipment which may be used, the indications for their use, the education required and the monitoring that is required.</p> <p>A list, referred to as the restraint register, of patients' with restraints and the date their restraint was commenced for each person is held in the nurses' office. The person with a restraint on the day of audit was on the list.</p> <p>Staff have received training in the organisation's policy and procedures. Staff spoken to understood that the use of restraint is to be minimised and they supported this philosophy.</p> <p>Elements of this Standard have not been implemented with this recent restraint use.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>PA Low</p>	<p>Review of the patient for whom a restraint was being used showed that the individual use of restraints was reviewed during care plan and interRAI review.</p> <p>Evaluations for each episode of restraint was not being done, and no considerations have been made regarding the time intervals of between evaluation for the person with a restraint in place.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>PA Low</p>	<p>There has been a lack of restraint use over the last year and Ngāti Porou Hauora have a goal of restraint minimisation.</p> <p>There was no evidence of monitoring or quality review of the recent use of restraint.</p>

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.10.4</p> <p>The service is able to demonstrate that written consent is obtained where required.</p>	PA Low	<p>The consent form utilised is documented on the patient information record sheet completed when a patient is admitted to the inpatient services. This covers health record information sharing consent; consent for treatment and/or for refusal of treatment provided. A separate consent form is used for influenza administration and these are noted in the individual patient records reviewed. Consent is obtained in the maternity service as needed and this was observed in the mother/baby records reviewed. There is however, no evidence of consent being obtained to take patients out in the community for van outings/hospital vehicles as part of</p>	<p>There is no evidence of informed consent being obtained for transporting long term care patients to off-site appointments or for outings as part of the activities programme.</p>	<p>To ensure consent is obtained for all long term patients for transportation in hospital vehicles to appointments and/or for outings in the community.</p> <p>180 days</p>



		the activities programme and/or to clinic appointment as needed.		
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Moderate	<p>Ngāti Porou Hauora is currently being managed by an acting manager who also manages over a hundred staff in multiple community services throughout the region. This manager is well qualified and very experienced. The hospital had a clinical coordinator in place who has recently departed and the manager's role has been advertised without success so far. The role is currently being re-advertised and clinical support is provided by a highly qualified senior registered nurse from Tairāwhiti DHB who contracted to be onsite one day a week.</p>	<p>Efforts continue to be made to appoint a clinical manager as required by the Aged Related Residential Care Agreement, however an appointment is yet to be made.</p>	<p>Appoint a clinical manager as required by the Age Related Residential Care Agreement.</p> <p>90 days</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	PA Low	<p>A basic activities planner is developed and implemented. Information is obtained when patients are admitted to this service of any interests, skills and previous occupations on the social assessment forms which are in each patient's individual record. The patients interviewed stated they enjoy the daily activities and were observed participating on the day of the audit. One LTC resident under 65 years of age did not have a personalised activities plan in her personal record when records were reviewed.</p>	<p>Meaningful activities are documented in the activities and care plans of the long term aged related patients, however one patient under 65 years of age has not had the activities plan</p>	<p>To ensure the activities plan for a patient under 65 years of age reflects the patient's interests and skills that are meaningful to the patient.</p> <p>180 days</p>

			personalised to include activities to meet the patient's specific needs.	
<p>Criterion 2.2.3.4</p> <p>Each episode of restraint is documented in sufficient detail to provide an accurate account of the indication for use, intervention, duration, its outcome, and shall include but is not limited to:</p> <p>(a) Details of the reasons for initiating the restraint, including the desired outcome;</p> <p>(b) Details of alternative interventions (including de-escalation techniques where applicable) that were attempted or considered prior to the use of restraint;</p> <p>(c) Details of any advocacy/support offered, provided or facilitated;</p> <p>(d) The outcome of the restraint;</p> <p>(e) Any injury to any person as a result of the use of restraint;</p> <p>(f) Observations and monitoring of the consumer during the restraint;</p> <p>(g) Comments resulting from the evaluation of the restraint.</p>	PA Low	Whilst the patient who had a restraint had a documented assessment indicating the reason for initiating the restraint and the safety risks of not using the bedrails, there was no specific restraint observations and monitoring of the patient or comments resulting from the evaluation of the restraint. The organisation's requirement to monitor the patient during the use of the restraint was not implemented, however they did not come to any harm whilst the restraint was in use.	The requirements of this Standard and Ngāti Porou Hauora's policy have not been met regarding the observation and monitoring of a patient with a restraint.	<p>Ensure patient's with restraints are observed and monitored to align with the RMSP Standard.</p> <p>180 days</p>
<p>Criterion 2.2.3.5</p> <p>A restraint register or equivalent process is established to record sufficient information to provide an auditable record of restraint use.</p>	PA Low	A list of names of people for whom restraints are used is kept in the nurses' office which shows when each person commenced the use of a restraint. The list does not indicate when or why the person ceased to use a restraint. The list went back several years and there is no indication it has been reviewed. There is not sufficient information to	The restraint list used currently does not provide sufficient information or an auditable	Implement a restraint register that is maintained, updated every month and reviewed at each clinical advisory group

		provide an auditable record of restraint use.	record of restraint use.	meeting. Ensure the register contains all patients currently using a restraint and enough information to provide an auditable record.  30 days
<p>Criterion 2.2.4.1</p> <p>Each episode of restraint is evaluated in collaboration with the consumer and shall consider:</p> <p>(a) Future options to avoid the use of restraint;</p> <p>(b) Whether the consumer's service delivery plan (or crisis plan) was followed;</p> <p>(c) Any review or modification required to the consumer's service delivery plan (or crisis plan);</p> <p>(d) Whether the desired outcome was achieved;</p> <p>(e) Whether the restraint was the least restrictive option to achieve the desired outcome;</p> <p>(f) The duration of the restraint episode and whether this was for the least amount of time required;</p> <p>(g) The impact the restraint had on the consumer;</p> <p>(h) Whether appropriate advocacy/support was provided or facilitated;</p> <p>(i) Whether the observations and monitoring were adequate and maintained the safety of the consumer;</p> <p>(j) Whether the service's policies and procedures were followed;</p> <p>(k) Any suggested changes or additions required to the restraint education for service providers.</p>	PA Low	Ngagi Porou Hauora restraint policy describes the evaluation of effectiveness of individual restraints however this has not occurred for the patient for whom a restraint was being used on the day of audit. This lack of evaluation has not created a negative outcome for the patient concerned.	Each episode of restraint is not being evaluated for the patient for whom a restraint is being used.	Ensure each episode of restraint is evaluated to cover all requirements of the Standard, including future options to eliminate use, the impact and outcomes achieved, if the policy and procedure was followed and documentation completed as required.

				30 days
<p>Criterion 2.2.4.2</p> <p>Where an episode of restraint is ongoing the time intervals between evaluation processes should be determined by the nature and risk of the restraint being used and the needs of the consumers and/or family/whānau.</p>	PA Low	There has been an absence of consideration of the time intervals between evaluation processes, for the one person concerned although the whānau are reportedly satisfied with the continued use of a restraint for their loved one.	No consideration has been made for the patient for whom a restraint is used regarding the time intervals between evaluation processes.	<p>Consider and document the time intervals between evaluation processes for the patient concerned.</p> <p>30 days</p>
<p>Criterion 2.2.5.1</p> <p>Services conduct comprehensive reviews regularly, of all restraint practice in order to determine:</p> <p>(a) The extent of restraint use and any trends;</p> <p>(b) The organisation's progress in reducing restraint;</p> <p>(c) Adverse outcomes;</p> <p>(d) Service provider compliance with policies and procedures;</p> <p>(e) Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback, and current accepted practice;</p> <p>(f) If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation;</p> <p>(g) Whether changes to policy, procedures, or guidelines are required; and</p> <p>(h) Whether there are additional education or training needs or changes required to existing education.</p>	PA Low	There has been only one person for whom a restraint has been used at Ngāti Porou Hauora since 4 September 2019 and the organisation promotes a restraint free environment, however the service has not demonstrated the monitoring and quality review of their minimal restraint use.	No monitoring or quality review of restraint use was evidenced on the day of audit.	<p>Conduct a comprehensive review of the hospital's restraint use to determine if the requirements of this Standard are being met.</p> <p>60 days</p>

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

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As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display
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End of the report.