

Gracedale Care Limited - Gracedale Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity: Gracedale Care Limited

Premises audited: Gracedale Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 17 May 2022 End date: 17 May 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 35

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

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

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

General overview of the audit

Gracedale Hospital provides rest home and hospital services for up to 36 residents. A new clinical coordinator has been employed since the previous audit. Gracedale Hospital is owned by Gracedale Care Limited and managed by Howick Baptist Hospital Senior Living Limited. The chief executive officer (CEO) oversees the facility. A general manager assists across the group of four facilities with quality management and the Eden Alternative Principles, ensuring these are adhered to for the community and staff.

This surveillance audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, family members, managers, staff and a general practitioner.

No areas requiring improvement have been identified. There were no areas requiring follow-up from the previous audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Gracedale Hospital works collaboratively to support and encourage a Māori world view of health in service delivery provided. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana Motuhake and the Eden Alternative.

Pacific peoples are provided with service that recognises their worldviews and are culturally safe.

Open communication is practiced, encouraged and interpreter services are provided as needed.

Complaints are resolved promptly and effectively with all parties involved. The complaints process is available in different languages.

The provider maintains a socially inclusive and person-centred service. Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required.

There is a Māori health plan to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. The plan describes equity and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

There was no evidence of abuse, neglect, or discrimination.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a quality service. This includes supporting Māori at board level, honouring the Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

The quality and risk systems are focused on improving service provision and care provided. Residents and families provide feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to improvements.

The service complies with statutory and regulatory reporting obligations.

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

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

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme promotes residents to maintain their links with the community.

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

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Electrical equipment has been tested as required. Staff are trained in emergency procedures, use of emergency equipment and attend regular fire drills. Staff, residents and families understood emergency and security arrangements. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

There is a pandemic or infectious disease response plan in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were no infection outbreaks reported since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were three residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for restraint used. Staff demonstrated a sound knowledge and understanding of the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	61	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>There is a commitment by governance to ensure any Māori residents flourish and thrive in an environment that enables good health and wellbeing. The cultural responsiveness policy and associated documents reviewed provide guidelines for the provision of culturally safe services for Māori residents and include clear definitions on culture, community, cultural safety and pae ora which is the government's vision for Māori Health.</p> <p>Recruitment and retention of a Māori health workforce across all organisational roles is promoted. The chief executive officer (CEO) was interviewed and stated that approximately eighteen months ago a Māori health advisor had been employed to ensure that Te Tiriti of Waitangi was embedded across the organisation in all aspects of service delivery. In addition to this, the Howick Baptist Hospital Senior Living has access to Kai Hautu, Baptist Māori Ministries as cultural advisors.</p> <p>Gracedale Hospital connects Te Tiriti alongside the Eden Alternative Principles of partnership, participation and protection and in respect of community and staff and principle 10 being 'Wise Leadership'. At the time of the audit no residents identify as Māori and no staff identify as</p>

		being Māori.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Policies and procedures are clearly documented in the Cultural Manual to guide staff when Pacific people are admitted to this hospital. The policy acknowledges the mana whenua of Aotearoa as tuakana and the organisation has a commitment to supporting Pacific people to achieve tino rangatiratanga being self-determination and receive comprehensive and equitable health and disability services underpinned by Pacific world views. The Fonofale model of care is adopted by the organisation and outlines care for each individual Pacific country. On the day of the audit, there was one resident who identified as Samoan and three Tongan, six Samoan and one Tuvalu staff members.</p> <p>Senior staff interviewed stated that work is in progress to ensure a Pacific representative is appointed to executive level of the organisation as links continue to grow and strengthen with Pacific communities in the region.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>There were no residents who identify as Māori on the day of the audit. However, the clinical coordinator reported that the service will recognise Māori mana motuhake by involving residents, family/whānau or their representative of choice in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy when required for residents who identify as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	FA	<p>Gracedale Hospital has a developed and implemented a training programme for 2021 and 2022 and Te Tiriti of Waitangi training was included in the programme reviewed. Cultural training and tikanga practice were provided on site 10 November 2020. In addition to this a weekly bulletin for residents and staff includes information about the Te Tiriti. The CEO interviewed is completing a one-on-one course in te reo currently. If this training proves to be a successful, the CEO is</p>

As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.		<p>planning to introduce and role this learning to larger groups of staff across the organisation as a learning opportunity. Te Tiriti of Waitangi is also available for staff on-line to complete.</p> <p>Te reo Māori and tikanga is actively promoted and incorporated in all activities. The weekly staff bulletin has a section on Te Wiki o te reo Māori to promote the use of Māori language.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The clinical coordinator (CC) stated that any observed or reported racism, abuse or exploitation is addressed promptly.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents. Regular smaller surveys for residents are completed by an external company, to allow residents to express any concerns freely.</p> <p>The CC stated that Te Wheke and Te Whare Tapa Wha Māori health model is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p>	FA	<p>Guidance on tikanga best practice is available. The CC stated that additional advice can be accessed from the organisation's Māori health advisor and through the DHB if required. Staff have received training on tikanga best practice.</p>

to exercise independence, choice, and control.		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights which is the right to complain and to be taken seriously and to receive a timely response.</p> <p>The Code is displayed in te reo and English at reception. A poster and pamphlets about 'Making a complaint about your residential care' is displayed, is readily available and has been translated into te reo, Samoan, Tongan, Chinese and Indian.</p> <p>The facility manager interviewed is responsible for complaints management at Gracedale Hospital. There were four complaints received since the previous audit and 21 compliments. There have been no external complaints received.</p> <p>Staff interviewed stated that they have completed relevant on-line training on complaints management (October 2021) and are fully informed about the complaints procedure and where to locate the forms if needed.</p> <p>The Eden Alternative 'Domains of Well - being' are also translated into te reo and link to the Code.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	FA	<p>Gracedale Hospital is one of a group of four facilities owned by Gracedale Care Limited and managed by Howick Baptist Hospital Senior Care (HBHSC) Limited and provides rest home and hospital level care. The service holds contracts with Auckland District Health Board (ADHB). On the day of the audit there were 10 rest home and 25 hospital level care residents.</p> <p>The CEO interviewed by phone and the general manager in person provided the information in respect of the organisation, the business plan aims and objectives. The CEO reports to the HBHSC board of directors and has regular meetings with the Gracedale Care Limited board. The governing body provides leadership and expertise and</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>ensures a commitment to quality and risk management and continuous quality improvement. Family/residents are encouraged to provide feedback and to participate when able to achieve good outcomes of service delivery.</p> <p>Service providers provide equitable services for Māori, as documented in policy, and aims to reduce any barriers for those that identify as Māori and those with disabilities. A Māori health advisor and representatives are in communication with the governing body and ensure obligations to meet the needs of Māori are met. The cultural safety manual is available to guide staff and the staff induction includes a workshop on Te Tiriti o Waitangi.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Gracedale Care Limited's business plan 2021 – 2022 is fully implemented and includes critical success factors, strategic objectives, performance measures, targets and improved actions. Work requirements include financial, customer, internal process, knowledge and learning. Residents and employees are given the opportunity to have input into the setting of objectives and goals by making suggestions and recommendations at meetings. Minutes of meetings were reviewed.</p> <p>The quality and risk system reflects the principles of continuous improvement and is understood by staff interviewed. This includes management and reviews of incidents, complaints and audit activities, monitoring of outcomes, clinical incidents, such as wounds, medication errors, health and safety issues, maintenance issues, falls and infection prevention outcomes. Relevant corrective actions are developed and implemented as necessary and demonstrated a continuous process of quality improvement is occurring.</p> <p>Policies and procedures described essential notification reporting and the facility manager interviewed had a good knowledge of what was required and advised that there have been 15 notifications in related to registered nurse coverage and two related to Covid-19 outbreaks reported since the last audit.</p> <p>The CEO interviewed stated that health equity through critical analysis</p>

		of organisational practices occurs prior to developing the business plan and this is reviewed annually.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented rationale for determining staffing levels and skill mixes to provide safe, person and family-centred services. The facility adjusts staffing levels to meet the changing needs of residents, supported by management. The maximum number of staff provided during the night shift was two caregivers and one registered nurse. There are two six-hour days allocated for registered nurses to undertake any 'paper-work' (eg, interRAI assessments/care planning requirements).</p> <p>The facility manager maintains training records. Attendance records are completed for each training and development session provided. All staff have completed the relevant competencies. The training programme is documented for two years to cover both mandatory and elective topics. On-line learning opportunities are also available for staff to complete at their own pace. All staff are completing Te Tiriti of Waitangi training in different forms currently and are encouraged to participate in te reo training by choice. The CEO is completing a one-on-one te reo currently but is aiming to role this training out into group learning. The organisation is fully committed to ongoing learning for all staff.</p> <p>Gracedale Hospital encourages open communication and sharing of any relevant information as needed, depending on the situation, and this includes quality Māori information and any analysis of any outcomes (eg, maintaining ethnicity data and any Māori health advisor input at board level). This was verified by the CEO interviewed. The organisation has invested in employing a Māori health advisor March 2021 to assist in this process.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	FA	<p>A system is in place to review and record all health professionals' annual practising certificates. This includes health professionals employed and/or contracted staff. All sighted records were current and well maintained. The recruitment process explained by the general manager includes reference checks, ethnicity, police vetting and validation of qualifications and practising certificates (APCs)</p>

<p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>where required.</p> <p>All staff have received a full induction/orientation and staff interviewed reported that the orientation prepared them well for their role and included support from a 'buddy' through the initial orientation period.</p> <p>A core number of staff have been employed for over ten years. Staff records randomly sampled and reviewed confirmed the organisation's policies and procedures are being consistently implemented and records are systematically maintained.</p> <p>Performance is reviewed annually for all staff employed. Job descriptions are provided for each role.</p> <p>Personal staff records are stored securely as per the Health Information Standards Organisation (HISO) requirements and confidentiality was maintained.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The service maintains a record of the enquiries and those declined entry. Routine analysis to show entry and decline rates is completed monthly. The CC reported that specific data for entry and decline rates for Māori are included where applicable. There were no residents who identified as Māori at the time of audit. There is a contracted Māori health advisor who has been working with the service for over a year.</p> <p>The service works in partnership with local Māori communities and organisations. The CC stated that Māori health practitioners and traditional Māori healers for residents and whānau who may benefit from these interventions will be consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	FA	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The residents and /family consented to the assessment and care planning process.</p>

<p>know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>This was verified by the general consent form signed and were available in residents' records reviewed and confirmed in interviews with residents. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. There are cultural guidelines to be used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The cultural responsiveness for Māori residents' policy includes Māori healing methodologies, such as karakia, rongoa, spiritual assistance, tohunga, whanaungatanga. Cultural assessments were completed by staff who have completed appropriate cultural training.</p> <p>The care plans were developed within three weeks of an admission using the Eden Alternative Principles and Te Whare Tapa Wha model of care. A range of clinical assessments, including interRAI, referral information, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. Residents' and family representatives of choice were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family goals and aspirations identified were addressed in the care plan.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health</p>
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		<p>professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the general practitioner (GP) or nurse practitioner (NP). Records of referrals made to the GP and NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Medical assessments were completed by the GP or NP within two to five working days of an admission. Routine medical reviews were completed every three months and included members of the multidisciplinary team. Medical records were evidenced in sampled records. There is a contracted physiotherapist who visits the service once a week. Referrals to the physiotherapist were completed where required and these were evidenced in the resident's records sampled for review. The physiotherapist expressed satisfaction with the communication process and services provided by the clinical team.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for any identified acute resident care needs, or as a result of a care measurement trigger. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as family goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with</p>
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		<p>the residents' needs. The residents and family confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>The Māori Health plan in place and the Te Whare Tapa Wha model of care in use supports residents who identify as Māori and whānau to identify their own pae ora outcomes in planning their care when required. The staff confirmed they understood the process to support residents and whānau when required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities on the programme support community initiatives that meet the health needs and aspirations of Māori and whānau. There are organised celebrations of Waitangi day and Matariki. The Māori language week was celebrated. Residents visit their family/whanau in the community and family can visit the residents in the facility.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines.</p> <p>The service uses an electronic medication management system. RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the NP or GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over the counter</p>

		<p>medication and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family are supported to understand their medications when required. The CC and the GP stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>There was one resident who was self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The menu in use was reviewed by a dietitian within the past two years.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. The chef stated that menu options culturally specific to te ao Māori will be offered to Māori residents when required. The chef gave some examples of culturally specific food that might be offered when required and they reported that any changes are reported to the head office. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents expressed satisfaction with the food options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a transition, transfer, exit or discharge policy to guide staff on related processes. Transfers and discharges are managed by the RNs and the CC in consultation with the resident, their family/whānau and the GP or NP.</p> <p>For residents who are transferred to acute services, a 'yellow envelope' system is used. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer or discharge process.</p> <p>Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations.</p> <p>Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. Residents' records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is</p>	FA	<p>A current building warrant of fitness that expires 30 March 2023 is displayed at reception. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. There</p>

<p>safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements are met. The testing and calibration of bio-medical equipment is current as confirmed in documentation reviewed, interviews with staff and observation of the environment.</p> <p>No new buildings or alterations to the existing site have occurred since the previous audit. The facility manager and the general manager interviewed were fully informed of seeking consultation/input with the organisation's Māori health advisor and/or community representatives if needed, to ensure the design and environment would reflect the identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on the 17 May 2004. A trial evacuation drill was performed last on the 17 January 2022 with 18 staff in attendance. These drills are required six monthly and have been added to the training programme. The staff orientation includes fire and security training.</p> <p>Staff confirmed their awareness of the emergency procedures when interviewed. Close circuit television (CCTV) is in operation and signage was reviewed. Security tapes for the CCTV system are available for 30 days and can be reviewed if needed, within that timeframe. Staff ensure and check doors and windows between shifts. There is a bell at the entrance of the facility for those persons visiting after-hours.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	FA	<p>There was a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. An infectious event within the past six-months that was managed effectively. There were sufficient infection prevention (IP) resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The Māori cultural advisor for the organisation provides support with culturally safe practices in IP to acknowledge the spirit of Te Tiriti. The CC reported that residents who identify as Māori will be consulted on</p>

As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.		<p>IP requirements as needed. In interviews, staff understood these requirements.</p> <p>The service is working towards developing educational resources in te reo Māori.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>All infections are recorded on the infection record form electronically. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. Surveillance records include ethnicity data. The infection control nurse is responsible for monitoring infection data and the responsibility is documented in the infection control nurse's job description.</p> <p>The short-term care plans sampled for review evidenced that residents who developed a healthcare associated infection were advised of the condition in a timely manner. The CC reported that culturally safe processes for communication will be provided when required. The interviewed residents expressed satisfaction with the communication provided.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. The organisation wide governance executive group demonstrated commitment to this. At the time of the audit three residents were using a restraint.</p> <p>When restraint is introduced and used this is as a last resort, when all alternatives have been explored. Processes are followed as per the restraint policy and procedure. The registered nurse recently appointed to the role of restraint coordinator (30 April 2022) has a signed job description and is well supported by the group restraint officer/quality coordinator in the review of the restraint policy annually and for any advice as needed.</p> <p>Restraint audits are completed two monthly. The last review was 20 December 2021. Full training is provided to all staff at commencement of employment and this training is ongoing. Restraint reports including the frequency and types of restraint used, are provided to the general</p>

		<p>manager by the nurse manager on a monthly basis and these reports are then forwarded to the CEO. Health and safety were promoted during all stages of service delivery for residents, health care and care givers and this was confirmed by the CEO interview.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.