

Bryant House Limited - Bryant House

Introduction

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

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

Premises audited: Bryant House

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

Dates of audit: Start date: 7 July 2022 End date: 7 July 2022

Proposed changes to current services (if any): Plans to build a new dementia care unit and re-build the current rest home on an adjacent site.

Total beds occupied across all premises included in the audit on the first day of the audit: 31

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

General overview of the audit

Bryant House provides rest home and dementia care services for up to 33 residents. There have been no significant changes to the service and facilities since the previous audit.

This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard 2021 and the service provider's agreement with the district health board (DHB – now Health New Zealand, Central Region). The audit process included considering a sample of relevant policies and procedures, residents' and staff files, observations and interviews with residents, family/whānau members, managers and staff, and the general practitioner (GP). All interviewees were positive about the care provided.

Strengths of the service, resulting in continuous improvement ratings at the last audit were related to the quality and risk system, improvements made have been maintained.

A full-time care manager (CM) who is a registered nurse (RN) reports to a general manager (GM). The GM is the owner of the facility and oversees business and operations for the entire site, including a small retirement village. The general manager is supported by a support services manager (SSM).

No areas requiring improvement were identified during the audit process.

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.

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

Bryant House works collaboratively with staff, residents, and the local community to support and encourage a Māori world view of health in all aspects of service delivery. Three staff who work at Bryant House identify as Māori.

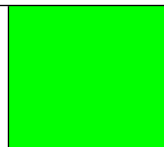
All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

A Pacific plan and related policies and procedures guide staff in delivering pacific models of care to residents who identify as Pasifika.

Residents and relatives confirmed they are always treated with dignity and respect. 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.

The organisation is governed by the owner/general manager who works with senior managers to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. A previous continuous improvement rating in this area has been maintained. Quality data including adverse events are analysed to identify and manage trends. All incidents are being reliably reported and recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents, workforce planning is fair, equitable, and respects input from staff. The management team have the required skills and experience. A sufficient number of qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Staff are suitably skilled and experienced, competencies are defined and monitored, and staff performance is reviewed. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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.
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When residents are admitted to Bryant House to receive care, a person-centred and family/whānau-centred approach is adopted. Bryant House carries out routine analysis of entry and decline rates and this included specific data for entry and decline rates for Māori. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.

Bryant House has developed meaningful partnerships with the local Māori organisations, to benefit Māori individuals in the organisation.

Care plans are individualised and demonstrate wellbeing outcomes for Māori.

The activity programme offers a range of activities and incorporates the cultural requirements of the residents. All activity plans are completed in consultation with enduring power of attorney (EPOA)/whānau/family and residents noting their activities of interest. Residents and EPOA/whanau/family expressed satisfaction with the activities programme in place.

Medicines are safely managed and administered by staff who are competent to do so. All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of all residents with special cultural needs catered for.

Te aro ki te tangata me te taiao haumaruru | 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.
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The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised. Spaces were culturally inclusive and suited the needs of the resident groups and reflect cultural preferences. The building warrant of fitness is current.

Fire and emergency procedures are documented. The scheme requires fire training to be completed six-monthly with attendance records sent to the New Zealand Fire Service. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained. Hazards are identified.

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.

Bryant House ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The programme is co-ordinated by the clinical manager. There is a pandemic plan in place which is tested periodically.

Surveillance of infections is undertaken, and results are monitored and shared with all staff. Action plans are implemented as and when required

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The owner/general manager is committed to a restraint-free environment. The facility has been restraint-free since 2007. This is supported by the facility's policies and procedures. A comprehensive assessment, approval, monitoring process, and reviews process is in place in case restraint needs to be used in the future. Staff demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques and alternative interventions. A restraint register is in place. The restraint coordinator is the clinical manager with designated authority and expertise in the role.

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	60	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Bryant House has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. The organisation has embedded a Māori model of health into care planning processes. These are reflected in the values of the organisation and confirmed at interview with residents who identified as Māori. Manu motuhake is respected. The resident interviewed reported that staff respected their right to self-determination, they felt culturally safe and that they are not afraid to speak up if they feel their world view has not been fully considered.</p> <p>A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori. Staff who identify as Māori, confirmed that services were provided in a culturally safe manner and that they have input into how services are developed and delivered.</p> <p>The owner/general manager (GM) is aware of the requirement to recruit and retain a Māori workforce across all levels of the</p>

		organisation and this is identified in staffing policy and procedure. There are staff at Bryant House who identify as Māori; nursing and health service assistants (HCA).
<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>Bryant House identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that support culturally safe practices for Pacific peoples using the service. On the day of audit, there were residents and staff who identify as Pasifika. The organisation's Pacific People's Culture and General Awareness Policy refers to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated</p> <p>Pasifika resident interview reported that worldview, cultural and spiritual beliefs are supported.</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>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Residents identifying as Māori said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring Power of Attorney (EPOA)/whānau/family or their representative of choice are consulted 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> <p>As service providers: We provide services and support to people</p>	FA	<p>The admission process at Bryant House ensures that, residents and family/whanau are involved in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p>

<p>in a way that is inclusive and respects their identity and their experiences.</p>		<p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The support services manager (SSM), general manager (GM) and the registered nurse (RN) reported that residents are supported to maintain their independence. Residents were able to move freely within the facility and outside, the rest home and the secure area. COVID-19 restrictions imposed some restrictions to visitors and outings.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff were observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> <p>All staff have completed online training on the Te Tiriti o Waitangi and was culturally inclusive of care. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>Close circuit television (CCTV) monitors communal areas, and signage at the entrance to the facility informs everyone who enters that monitoring is operating.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The SSM, GM and RN stated that any observed or reported racism, abuse or exploitation at Bryant House is addressed promptly and they are guided by the code of conduct.</p> <p>Residents and family/whanau of 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 CCTV, and monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p> <p>During interview, the RN, GM and SSM stated that a holistic model of</p>

		health at Bryant House is promoted, that encompasses an individualised approach that ensures best outcomes for all. A Māori health care plan was sighted and includes the use of Te Whare Tapa Wha model of care to ensure best wellbeing outcomes for residents who identify as Māori.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	Three staff who identify as Māori, assist staff to support cultural practice. Residents who identify as Māori are offered the opportunity to be supported by the local Māori health care provider. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when a resident had a choice of treatment options available to them. Staff have received training on tikanga best practice.
<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	A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of consumer rights legislation. All residents and their whānau are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed and is available in te reo Māori. Residents and whānau understood their right to make a complaint and knew how to do so. There have been four complaints since the last audit, records confirmed that each complaint was managed in line with Right 10 of the Code, and that they had been closed to the satisfaction of the complainant. There have been no complaints received from external sources since the previous audit.
Subsection 2.1: Governance	FA	Bryant House is governed by the owner/GM of the service. The owner/GM assumes accountability for delivering a high-quality

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>service, honouring Te Tiriti o Waitangi, defining a governance and leadership structure (including for clinical governance) that is appropriate to the size and complexity of the organisation, and in appointing an experienced and suitably qualified person to manage the service. A senior staff member provides meaningful Māori input into the quality team, which also includes the owner/GM and the Support Services manager (SSM).</p> <p>The quality team is responsible for identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. There is leadership commitment to quality and risk management that is evident in quality and risk documentation. Positive outcomes for Māori and people with disabilities are part of quality and risk activities.</p> <p>Quality data includes adverse events which are analysed to identify and manage trends. All incidents are being reliably reported and recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations</p> <p>The owner/GM manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p> <p>The service holds contracts with the MCDHB (now Health New Zealand, Central Region) for aged residential care (ARC) in rest home and dementia care, Long Term Support-Chronic Health Conditions (LTS-CHC), restoration in aged residential care, respite, and day care. Thirty-one (31) residents were receiving services on the day of audit. Fifteen (15) residents were receiving rest home services, one under the LTS-CHC contract, 14 under the dementia contract, and one (in the dementia unit) under the day care contract.</p> <p>There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, and tangata whaikaha. This was demonstrated by interviews with staff, residents</p>
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		and their whanau/family, results of satisfaction surveys, the demographic population of residents and ethnic composition of staff.
<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>	FA	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the operator and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy. Activities to monitor adherence to the business, quality and risk plan, and the service provider's policies and procedures include regular internal audits, quality team and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents/accidents, infection and outbreak events, complaints, resident and family/whānau satisfaction surveys. and staff surveys. A sample of quality and risk and other documentation showed that, where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Ethnicity data is being consistently gathered for residents and staff. High-quality care for Māori is embedded in organisational practices and was confirmed by residents and staff who identify as Māori.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. The owner/GM understood and has complied with essential notification reporting requirements. Two section 31 notifications have been submitted to the Ministry of Health (MoH) related to RN shortage (one) and positive COVID19 infection (one) since the last audit. There have been no other significant events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is</p>

<p>through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>24/7 RN coverage for the facility through set and on-call hours.</p> <p>Staffing of the service has been challenged by COVID-19 and the difficulty recruiting staff. Changes to the roster system, suggested and implemented following consultation and input from staff has meant that, while all shifts have been covered, the staffing of the facility remains under pressure. On the day of audit, the roster was complete. One registered nurse worked an eight-hour shift across the facility. In the rest home there were two HCAs on the day shift and one on the night shift. In the dementia unit there was two HCAs on the day shift and one on the night shift. The two overnight HCAs have access to 'walky-talkies to stay in touch and can access the on-call RN for any difficulties with care or for emergencies. A further 'floating' HCA worked across the rest home and the dementia unit from 0800 to 1430 hours. Residents and family/whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. There is a medication competent HCA on shift when the RN is not present.</p> <p>A diversional therapist who normally works as an HCA, provides oversight to two activities assistants. One of the activities coordinators works in the dementia unit for six hours a day, Monday-Friday and the other in the rest home four and a half hours per day Monday-Friday. Designated housekeeper hours are attributed to carry out cleaning and laundry services duties seven days a week. Meal services are carried out daily by separate kitchen staff.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training topics such as infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of emergencies and civil defence response, manual handling and safe transfer, resident cares, residents' rights, Te Tiriti o Waitangi and tikanga practices, and cultural competency. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Staff working in the dementia care area have either completed or are enrolled in the required education for dementia care; currently four staff are fully</p>
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		<p>qualified and six staff (including one casual staff member) are enrolled in the requisite education programme and are within the appropriate timeframe for completion. Both RNs employed by the service maintain interRAI competency. All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management.</p> <p>Staff reported feeling well supported and safe in the workplace.</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> <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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and COVID-19 vaccination status. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions are in place including separate job descriptions for the infection control and restraint coordinator. An RN takes responsibility for the infection control and restraint portfolios. Records are kept confirming that all regulated staff and contracted providers have proof of current membership with their regulatory bodies (e.g., the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy, physiotherapy, and podiatry board). All new staff engage in a comprehensive orientation programme which includes being 'buddied' with a peer, tailored for their specific role. Staff performance is reviewed and discussed annually.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</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</p>	FA	<p>Residents are admitted to Bryant House when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Bryant House provides. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual</p>

<p>between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>requirements. Bryant House carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Files reviewed of residents in the secure unit verify a specialist has authorised the resident's placement in the unit, an activated Enduring Power of Attorney (EPOA) is in place as is an admission agreement signed by the EPOA.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Bryant House has developed meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau, however visits by these organisations have been impacted by the COVID-19 restrictions.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Bryant House works in partnership with the resident and family/whānau to support the resident's wellbeing. Seven residents' files were reviewed, four from the rest home, and three from the secure unit. One of those files reviewed was of a resident in the secure unit receiving hospital level care. Files included a resident who identified as Māori, a resident who identified as Pasifika, a hospital resident in the secure unit receiving accident compensation corporation (ACC) funding, a resident with a wound, and a resident who self-administers medication. Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Residents who identify as Māori are offered the support required to identify their required outcomes of their care.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes met contractual requirements. This was verified by sampling</p>

		<p>residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</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>	<p>FA</p>	<p>The diversional therapist and two activities coordinators at Bryant House provide an activities programme five days a week that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in Te Ao Māori are facilitated. Prior to COVID-19 restrictions being in place, several community groups including the local Kohunga Reo and college Kapa Haka groups visited Bryant House, however this has not occurred during the COVID19 outbreak. A Māori culture week occurs each year, and Matarika was observed during a week-long session around understanding Matariki. Residents who identify as Māori are encouraged to connect with their communities (when COVID-19 restrictions permit).</p> <p>Residents at Bryant House have access to WiFi if they require it.</p> <p>Residents' meetings occur every three to four months and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are generally satisfied.</p> <p>Residents in the secure unit have a 24 hour care plan in place that addresses the residents 24 hour needs.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy at Bryant House is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are used at Bryant House, and instructions meet standing orders guidelines.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Bryant House is provided in line with recognised nutritional guidelines for older people. The menu was being reviewed by the dietitian at the time of audit, and this was verified by email. An up to date food control plan is in place, after a verification audit was undertaken by the Napier City Council on the 17 May 2022. Corrective actions were identified and promptly responded to. The plan was verified for 18 months.</p> <p>Each resident has a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements are</p>

		<p>accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this.</p> <p>EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with the food options.</p> <p>Residents in the secure unit have access to food at any time.</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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. The family/whānau interviewed after a recent transfer of their family/whānau member reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment is available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. Plant and equipment are being well maintained. Residents and their family/whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>Further development is anticipated on the site. This includes the building of a new dementia unit and a rebuild of the current rest home facility. The current buildings will then be demolished. The owner</p>

<p>belonging, independence, interaction, and function.</p>		<p>plans to apply to provide hospital level (geriatric) services when the new build is complete. Resource (2015) and building (2021) consent was granted for the new buildings prior to the enactment of the 2021 Nga Paerewa; Health and Disability Standard. Interview with owner/GM confirmed understanding of the new requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori should further building be envisaged.</p> <p>The building warrant of fitness expires on 12 October 2022.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 23 November 2009. The scheme requires fire training to be completed six-monthly with attendance records sent to the New Zealand Fire Service, the last training was carried out in May 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Residents were familiar with emergency and security arrangements. Access into the facility is currently controlled as a precaution to prevent the spread of COVID-19. Rapid-antigen tests are required for entry and entry is restricted to appointments unless open access is clinically indicated (e.g., for an ill or dying resident). Appropriate security arrangements are in place with entry and exit from the dementia unit through a key coded lock pad; appropriate assessment and consents are in place. External doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building.</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>FA</p>	<p>The CM at Bryant House is the infection prevention and control coordinator (IPCC) and is responsible for overseeing and implementing the IP programme with reporting lines to the SSM and the GM. The infection prevention (IP) and antimicrobial stewardship (AMS) programme are linked to the quality improvement programme</p>

<p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>that is reviewed and reported on annually.</p> <p>A pandemic preparedness plan is in place, and this is reviewed at regular intervals. Sufficient IP resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required. Bryant House had a COVID-19 outbreak that involved 100% of their residents and 62% of staff. This was at a time that involved long weekends and closure of suppliers. Their plan and supplies were effective in enabling the outbreak to be managed efficiently with the support of the Hawkes Bay District Health Board (HBDHB), GP and Public Health. At present visiting remains restricted and by appointments RAT testing and masks are required prior to entry. Visiting is in residents' rooms and not communal areas.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate, through the local Māori health Care Provider. Culturally safe practices in IP are guided by the advice of an external advisory company whose policies have input from a Māori advisor. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and</p>	FA	<p>Surveillance of health care-associated infections at Bryant House is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Bryant House uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are</p>

<p>with an equity focus.</p>		<p>documented.</p> <p>There has been one outbreak of COVID-19 at Bryant House in 2022. Residents affected were isolated in their rooms, the unit was closed, and visiting was restricted. The Regional Public Health Unit (RPH) and the WDHB were informed of the outbreak.</p> <p>COVID-19 restrictions at Bryant House remain in place on visiting and outings. All staff are RAT tested prior to commencing work.</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>	<p>FA</p>	<p>Bryant House has been restraint free since 2007 and continues to commit to a restraint free environment. On the day of audit, no residents were using a restraint. Should restraint be used in the future, this would be as a last resort and when all alternatives have been explored.</p> <p>Policies and procedures are in place that meet the requirements of the standards. The restraint coordinator is an RN who has a defined job description outlining the role, providing support and oversight for any restraint management should this be required. Staff receive information and education in least restrictive practice, culturally appropriate interventions, safe restraint practice, and de-escalation techniques.</p> <p>The restraint approval group is the quality team and the GP; they are responsible for the approval of the use of restraints and restraint processes. There are clear lines of accountability, if restraint were to be used, there are appropriate approval, monitoring, evaluation, and analysis processes in place which include involving the resident's family/whānau/EPOA. Restraints are reported at the quality team meetings (sighted in minutes reviewed) and a restraint register is in place.</p> <p>Staff receive information and education on alternatives and least restrictive methods, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Those interviewed demonstrated understanding of restraint procedures, risks when using</p>

		restraint, and monitoring requirements.
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Specific results for criterion where corrective actions are required

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

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

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

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, 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.