

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

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:	Ngati Porou Hauora Charitable Trust Board
Premises audited:	Te Whare Hauora o Ngati Porou
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
Dates of audit:	Start date: 24 May 2022 End date: 25 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:	8



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

Ngati Porou Hauora Charitable Trust operates Te Whare Hauora o Ngati Porou which provides aged residential services for hospital and rest home level patients. The hospital also provides inpatient maternity and medical services in this remote region.

During the recent Covid pandemic the hospital beds were re-located to an unused hospital wing. This reconfiguring of the ward space created the necessary demarcation of red and green exclusion zones. The patients were rehoused in the repurposed ward for a limited period. Prior to the patients being returned to the hospital, the facility underwent a comprehensive refurbishment, including purchase of new beds and equipment.

In November 2021, there was a change in the governance structure and the Ngati Porou Hauora Charitable Trust's general manager now reports to the chief executive officer of Te Runanganui o Ngati Porou who is governed by a new board. A hospital services manager oversees the hospital, with the support of a contracted clinical advisor as required.

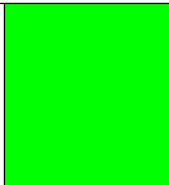
Patients and whanau spoke positively about the care provided.

This spot surveillance audit included review of policies and procedures, review of residents/patients' and staff files, observations and interviews with residents, whānau, staff, a manager two general practitioners and a board member.

Seven areas identified for improvement at the previous certification audit regarding transportation consent, activities, restraint management, including monitoring, documentation, review, and evaluation, have been addressed satisfactorily. There is currently no employed clinical manager for the inpatient service, so this remains as an area requiring improvement.

This audit identified one new area for improvement regarding trial fire/emergency evacuations.

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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The provider maintains a socially inclusive and person-centred a 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 patients who identify as Māori are met in a manner that respects their cultural values and beliefs. All patients in the whare identify as Māori. 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

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
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Te Runanganui o Ngati Porou assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori and specifically Ngāti Porou members in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Ngāti Porou Hauora quality and risk management systems are focused on improving service delivery and care. Patients, residents and whānau provide feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential internal and external risks are identified and mitigated. The hospital complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of patients and residents. Staff are appointed, orientated, and managed using current good practice. Staff information is accurately recorded, securely stored and not accessible to unauthorised people.

A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery. Collection and sharing of high-quality Māori health information is encouraged.

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.

The service has developed meaningful partnerships in this Māori community to benefit Māori individuals and whānau. Suitably qualified personnel complete patients' assessments and care plans. The service works in partnership with the patients and their family/whanau to assess, plan and evaluate care. Only four of eight patients have contact with their whanau. The care plans demonstrated appropriate interventions and individualised care. Patients are reviewed regularly and are referred to specialist services and to other health services as required. Patients in the maternity care setting receive personalised care and management from the sole midwife, throughout all stages of service delivery.

The activity programme promotes independence and meaningful individual activities for the patients with three long-term patients aged under 65 years.

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

The food service meets the nutritional needs of the patients with special needs catered for. Food is safely prepared by food service staff and menu plans have been reviewed in a timely manner. Patients were pleased with the meals provided.

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

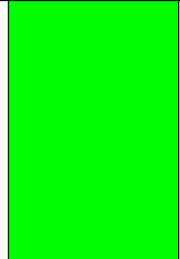
Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

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

Te Whare Hauora o Ngati Porou meets the needs of patients and residents including supporting cultural practices relevant to the region. The building was clean and well maintained and there was a current building warrant of fitness. Electrical equipment has been tested as required. Aspirations and identity of Māori are reflected in all aspects of the environment.


There is a Fire and Emergency New Zealand approved evacuation plan and security is maintained effectively.

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.
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There is a pandemic plan in place. Infectious disease outbreaks would be managed as per the policies and procedures in place. No infection outbreaks have been reported since the previous audit. There are sufficient infection prevention resources, including personal protective equipment (PPE) available and this is readily accessible if needed.

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.
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Ngati Porou Hauora aims for a restraint free environment at Te Whare Hauora o Ngati Porou. This is supported by the governing body. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	1	1	0	0
Criteria	0	64	0	1	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>	FA	<p>Ngati Porou Hauora is an iwi lead health service which actively encourages tangata whenua back to their home region to work. Most staff and managers interviewed, including the newly appointed quality advisor, identify as Māori and specifically as Ngati Porou.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	Not Applicable	<p>The Pacifika population in the Ngati Porou Hauora region is very low; however, staff reported culturally safe practices are supported by the Pacific community as required when a person is admitted to the hospital. The board member interviewed indicated an understanding of the need to include a Pacific voice in their planning. Two key staff identify as Pacifika, and they stated they would support culturally safe practices being included in the care planning.</p>

<p>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>		<p>The need for a documented Pacific plan for all staff to access, to ensure equitable culturally safe health services are available should any Pacific peoples be admitted in the future, was understood by senior staff spoken with.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All patients in the hospital and primary maternity service identified as Māori. All patients interviewed felt their Māori mana motuhake was respected and were well supported by staff. All staff at the time of the audit in the ward and maternity service also identified as Māori. The two medical officers interviewed were knowledgeable and able to recognise Māori mana motuhake (self-determination).</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 in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff have an excellent knowledge of Te Tiriti o Waitangi which is reflected in their service delivery to all their patients, and residents. They described having attended cultural competency workshops earlier this year. Karakia and waiata were observed to occur routinely.</p> <p>Te reo Māori and tikanga is actively promoted and incorporated in all activities indicating they can respond to tāngata whaikaha needs when required. Te Whare Hauora o Ngati Porou is predominantly a Māori health service and most staff involved in the audit process identified as Māori and spoke fluent te reo. Te reo is promoted at every opportunity. The registered midwife interviewed spoke fluent te reo both in the hospital and when caring for women in the community. The management team interviewed, including the hospital services manager ,all speak fluent te reo.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>The registered nurse and the registered midwife interviewed stated that any observed or reported racism, abuse or exploitation is addressed promptly. Patients expressed that they have not witnessed any abuse or neglect, they are treated fairly, respectfully and are</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>protected from abuse and neglect. There are monitoring system in place, such as patient satisfaction surveys and feedback mechanisms, to monitor the effectiveness of the processes in place to safeguard patients. The registered nurse and midwife interviewed understood the Te Whare Tapa Wha Māori health model and this is used and supports a strengths-based and holistic model.</p> <p>The midwife stated that cultural needs are discussed with wahine to meet their needs holistically. Homebirths are not discouraged if safe to do so. The midwife strived to meet the outcomes for all women and Māori wahine in the best possible way. The midwife's approach to service delivery is about safety, providing culturally and safe services and to ensure women are protected from abuse. Any wahine that have experienced abuse are fully protected. Empathy is also provided and respect to manage the pregnancy, labour, birth and the post-partum period.</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 to exercise independence, choice, and control.</p>	FA	<p>Guidance on tikanga best practice is available. Tikanga is well embedded within the organisation. There is a tikanga best practice policy to guide staff if needed. Staff interviewed clearly understood the principles and practice of tikanga in obtaining consent when and as required.</p> <p>Consents for transporting long-term patients has been included in the admission agreement and examples of these were seen onsite therefore this corrective action for NZS 8134 1.1.10.4 from the previous audit is now closed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain</p>	FA	<p>A fair, transparent, and equitable system is in place for Ngati Porou Hauora which includes the outpatient clinics on the East Coast as well as the outpatient and inpatient hospital services. Residents and whānau understood their right to make a complaint and knew how to</p>

<p>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>		<p>do so. The system is designed to receive and resolve complaints that lead to improvements. The policy meets the requirements of the Code. The organisation recognises Ngati Porou preference for kanohi ki te kanohi conversation to receive feedback to facilitate improvements. Minutes of a Ngati Porou Kaumatua Hui show this feedback is documented and actions taken to address concerns. Of the six complaints on the register only two relate to the hospital, as do the two open HDC complaints from 2021 all of which are outside this audit scope.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Te Runanganui o Ngāti Porou (TRONP), the governing body, is currently implementing changes to Ngāti Porou Hauora (NPH), which have already impacted Te Puia hospital management. In November 2021, the NPH chief executive became the NPH general manager. The board of TRONP is responsible for forestry and fisheries as well as health services provided by NPH with an emphasis on the health and wellbeing of Ngāti Porou. The development of new branding is reportedly underway to signal planned changes. The TRONP board member interviewed, who is a medical practitioner, indicated the board assumes accountability for delivering high-quality equitable services to the local population through:</p> <ul style="list-style-type: none"> • supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti • appointing an experienced and suitably qualified person to manage NPH • being focused on improving outcomes for Māori and tāngata whaikaha people with disabilities <p>A sample of reports to the general manager and board showed adequate information to monitor performance is reported.</p> <p>Ngati Porou Hauora services manager appointed since the last audit has a background in education and business with experience in the Australian and New Zealand health sector. They confirmed knowledge</p>

		<p>of the regulatory and reporting requirements within the sector.</p> <p>The service holds contracts with Tairāwhiti DHB, for hospital maternity and medical services, aged residential care (ARC) and respite, and MoH under 65 residential care. Four residents were receiving services under the ARC contract, of the three residents aged under 65 years, under a MoH DSS contract one was receiving hospital level care and two people were receiving rest home level care at the time of audit. There were no medical patients and one wahine in the maternity unit.</p> <p>Executive clinical advice is provided on a contractual basis as Ngati Porou Hauora has been unable to secure the appointment of a clinical manager, therefore the corrective action for NZS 8134 2008 1.2.8.1 from the previous audit remains open.</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>Ngati Porou Hauora have an established quality and risk system that reflects the principles of continuous quality improvement.</p> <p>The hospital services manager and NPH quality manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including potential inequities, and development of mitigation strategies. The organisation's robust Covid pandemic plan is an excellent example of the ability of Ngati Porou Hauora to identify and respond to external risks and opportunities.</p> <p>The new hospital services manager understood and has complied with essential notification reporting requirements regarding issues since the last audit.</p> <p>Managers and staff at Ngati Porou Hauora describe a 'For Māori, by Māori, with Māori (Mō te Māori mā te Māori me te Māori) approach to service delivery which was clearly evident onsite.</p> <p>Critical analysis of NPH, including Ngati Porou Hauora practices, and priorities for action is documented within the Ngāti Porou Hauora Dashboard and the Ngāti Porou Hauora Māori Health Action Plan</p>

		2020 - 2025 (Kia tu pakari, kei tua o kapenga). Managers described their accountability to improve health equity for the region.
<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>	PA Moderate	<p>Ngati Porou Hauora has 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 RNs adjust staffing levels to meet the changing needs of patients and residents. HCAs reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. There is 24/7 RN coverage in the hospital.</p> <p>The maternity service continues to be challenged with difficulties recruiting midwives to this remote region. The midwife interviewed works to cover this service twenty four hours a day seven days a week and is supported to have annual leave by a locum midwife, when available, through the national rural midwifery locum service. The midwives work in whānau homes, the community and within the maternity unit to fulfil the needs of the local women and babies. The dedicated fulltime midwife manages their competencies as part of their professional practice, and they are included in the organisation's mandatory training plans. Hospital Care Assistants (HCAs) and RNs support the midwives in the maternity unit as required and are orientated to the maternity service.</p> <p>Planned education, including mandatory training requirements has been affected by the Covid pandemic and recent natural disasters; however, there is an onsite Careerforce assessor and access to online learning. Related competencies are assessed and support equitable service delivery. HCAs have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Training is currently recorded in more than one place. The new quality advisor for TRONP described the organisation's electronic systems</p>

		<p>that will be used to support NPH systems to improve the recording and reporting of training.</p> <p>The NPH general manager is working with an experienced external contractor on projects which require high-quality Māori health information. This data is being actively sought from Te Whatu Ora - Health New Zealand and is collected locally, as able, to support Māori.</p> <p>Te Tiriti o Waitangi education by external experts has been undertaken by NPH to support the organisation and staff to support expertise in achieving health equity.</p> <p>The opportunity for improvement raised at the previous certification audit remains open as whilst contracting an external clinical advisor to ensure the safety of residents and despite advertising and best efforts of the organisation they have been unable to secure a Clinical Manager for the service as required by the Age Related Residential Care Agreement.</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>A sample of staff records reviewed confirmed professional qualifications are validated prior to employment and staff described the process in place to ensure annual practising certificates are current. A designated staff member is responsible for ensuring these are current. Orientation and induction processes are followed as described by staff and evident within the staff files reviewed. Staff for all services say they felt safe and informed following their orientation process. No new staff have been employed recently for the maternity service; however, the organisation's processes include all services.</p> <p>Staff files are stored in a locked secure environment with limited access. Ethnicity data is collected, and the manager commented that whakapapa information is particularly important to NPH.</p>
<p>Subsection 3.1: Entry and declining entry</p>	FA	<p>The service maintains a record of the enquires and the declined entry for the long-term care patients. No patients are declined entry for</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>		<p>emergency and/or medical reasons due to the nature of the service being a rural hospital. The hospital register is used to record ethnicity data. This can be easily monitored for quality purposes and for any specific data on entry and decline rates as needed.</p> <p>Ngati Porou Hauora Charitable Trust works in partnership with local communities and other organisations. The service has three medical practitioners to cover Te Whare Hauora o Ngati Porou and is closely connected to other health practitioners in the local community. Meaningful partnerships are encouraged with local maraes. Traditional Māori healers for patients and whanau who may benefit from these interventions will be consulted if required.</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 registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. This commences for this service in the admission room for any acute medical admissions. The admission room is fully stocked with resources and equipment for all emergencies and/or other admissions. The patients/family consent to the assessment and care planning process when admitted to the hospital. This was verified by the general consent form signed on admission. These were evident in the patients' records reviewed.</p> <p>The service uses assessment tools that include consideration of patients' lived experiences, cultural needs, values and beliefs. All patients in the ward at the time of the audit were long term care patients. There were no medical patients. One wahine was present in the maternity unit. For the long-term care residents interRAI assessments were completed within three weeks of an admission. Cultural assessments, Māori health and wellbeing assessments, ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The cultural responsiveness for Māori patients includes Māori healing methodologies, such as karakia, rongoa, spiritual assistance, tohunga, whanaungatanga. Cultural assessments were completed by the registered nurses all of whom identify as</p>

		<p>Māori.</p> <p>The care plans were developed within three weeks of an admission using the Te Whare Tapa Wha model of care. A range of clinical assessments, including interRAI, referral information, and the needs assessment and service coordination assessment (NASC) served as a basis for the care planning. Patients' and family representatives of choice were involved in the assessment and care planning processes. All patients' records sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Patients/whanau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected patients' strengths, goals, and any aspirations aligned with their values and beliefs. The strategies to maintain and promote the patients' independence, wellbeing and where appropriate any early warning signs and risks were documented. Management of specific underlying medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. All clinical care was overseen by a nursing services consultant from Tairāwhiti district health board (TDHB), Gisborne Hospital, as there is no designated nurse manager at Te Whare Hauora o Ngati Porou.</p> <p>The care plans evidence service integration with other health providers including activity records, medical and allied health professionals (eg, physiotherapist). Any changes in patients' health conditions were escalated by the hospital medical officer. Records of referrals made by the doctor to specialist services as indicated were timely and responses were documented in the records reviewed. The medical officers interviewed stated that the registered nurses contact them in a timely manner when required, and that medical orders were implemented.</p> <p>The sole midwife documents the care and support required for each individual wahine and pepe for the ward staff to follow when a wahine and their support person are staying in the maternity unit. Progress records are maintained for each point of contact with the mother</p>
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		<p>and/or the pepe.</p> <p>Medical assessments were completed by the medical officer on admission. Routine medical reviews were completed every three months and as required. Medical records were evidenced in the sampled records reviewed. Patient care was evaluated on each shift and reported in the progress records. The care plans were reviewed six monthly following the interrail assessments and updated earlier if any changes occurred. Short term care plans were completed for any identified acute patient care needs, or as a result of a measurable trigger. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the patients' progress to meeting their individual goals and aspirations previously set. Where progress was different from that expected, the service, in collaboration with the patient/or family, responded by initiating changes. Where significant changes in the patient's condition, interRAI reassessment was completed and a referral made to the local NASC team for review of the level of care.</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 current activities programme supports all individual patients with social and meaningful activities that meet their health needs and aspirations of Māori and whanau. Outings in the community have not occurred recently due to COVID-19 and the frailty of some of the longer-term patients. There are activities organised daily by the care staff. Celebrations of special events including Waitangi Day and Matariki were provided and documented on the activities calendar. Māori language week was celebrated. Patients and staff speak te reo most of the time. Activities each day commence with a karakia.</p> <p>The midwife ensures that any inpatient wahine are taught the skills they need for breast feeding their pepe, breast care and general care of their pepe. Activities such as baby bathing, safe sleeping techniques and settling baby are provided as needed.</p> <p>Family/whanau can visit the patients in the facility and patients can go to their home/whare in the community as arranged with staff. Activities that are meaningful for the three under 65 years of age patients are managed effectively and patients interviewed enjoyed the activities</p>

		<p>provided. There are three long term care patients that are under 65 years of age. Each patient has an activities plan documented in their long-term care plan. The three records reviewed provide a plan of meaningful activities to suit each patient individually. The plan reflects the interests and skills for each patient to meet their specific needs. The area for improvement identified from the previous audit (CAR HDSS 1.3.7.1) has been addressed.</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 implemented medicine management system is appropriate for this acute, medical and long-term care 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. The RN was observed administering medicines correctly. The RN interviewed demonstrated good knowledge and had a clear understanding of the role and responsibilities related to each stage of medicine management. The registered nurses administer the medications on each shift and complete medication competencies annually.</p> <p>Medicines were prescribed by the medical officer for the patients in the ward and the registered midwife prescribes medicines within the scope of practice for the patients in the maternity unit. 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 medication and supplements (not observed) would be documented on the medicine charts where required. The national medication record is implemented. Medicine allergies and sensitivities were documented on the patients' charts where applicable. The three-monthly medication reviews for the long-term patients were consistently completed and recorded on the medication charts sampled. There are no standing orders.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RNs when the regular medicine</p>

		<p>packs were received from the pharmacy and when a patent was transferred back into the service (eg, from the DHB). There is a medication cupboard for controlled drugs and a medication trolley in the nurses' office, which are both locked when not in use. A separate locked pharmacy room for the hospital is located near the hospital clinics. Stocks are checked regularly. Unwanted medicines are returned to the contracted pharmacy in a timely manner.</p> <p>Controlled drugs were stored securely in accordance with requirements and are checked weekly 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>Patients and their whanau are supported to understand their medications when required and how to access them as needed. The RN interviewed stated that, when requested by Māori, appropriate support and advice is provided. One resident is self-administering insulin and completing the blood sugar levels under full supervision of the RN. There is a system in place for analysis of medication errors, and if necessary, any and corrective actions are implemented. Regular medication audits were completed with corrective action plans implemented, as required.</p> <p>In the event of Anti D - Immunoglobulin is required for a woman in the maternity unit, this is prescribed by the midwife and organised and dispensed through the hospital laboratory service. The informed consent process is followed by staff and the medication is checked by two trained staff before administration.</p> <p>Should plasma products and/or a blood transfusion be required for a patient policy and processes will be followed closely by the medical, midwifery and nursing staff.</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>FA</p>	<p>The patients' nutritional requirements are assessed on admission to the services in consultation with the patient/family/whanau. The nutritional assessments identify patients' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The menu in use was reviewed by a</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>dietitian within the past two years.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. The food service manager stated that menu options culturally specific to te ao Māori, which is for all patients at the time of audit, is offered to all patients. Family/whanau are welcome to bring culturally specific food in for their relatives if they wish. The interviewed patients expressed satisfaction with the food options provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a transition, transfer, exit or discharge policy to guide staff on the correct processes. Transfers and discharges are managed by the RNs and the medical officer as needed in consultation with the patient and their family/whanau. Transfers out to the DHB as needed for emergency, acute, long-term care, or maternity are managed in a coordinated manner. Handovers are provided by phone and a documented transfer form is also completed to ensure continuity of care.</p> <p>Transportation is arranged depending on the urgency of the patient transfer required. Road or helicopter air ambulance services are considered, prioritised by acuity level of the patient. The ambulance service triages patients prior to transfer. The midwife accompanies any wahine needing to be transferred as able. As she is the sole midwife, currently this does not always occur. Ambulance services are available with two ambulance persons, and this has made a significant difference for this region for staffing transfers as needed.</p> <p>Patients’ record sampled evidence that transfer and discharge planning included risk mitigation and the current needs of the individual patient.</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>FA</p>	<p>Ngati Porou Hauora has appropriate systems in place to ensure the residents’ physical environment and facilities (internal and external) are fit for their purpose, are well maintained and that they meet legislative requirements. The recent capital investment and refurbishment of the hospital has enhanced the environment for</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>patients and staff of all cultures.</p> <p>The hospital is owned and operated by Ngati Porou, and most patients/residents and staff identify as Ngati Porou. They and their whānau are consulted and involved in the design of any new buildings.</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>	PA Low	<p>The fire evacuation plan for Ngati Porou Hauora has been approved by the New Zealand Fire Service; however, there has not been a trial evacuation since 29 July 2020. This is overdue.</p> <p>Appropriate security arrangements are in place as observed and described by staff. Additional 'CCTV' cameras in public internal and external areas have been added since the last audit and signage was evident indicating their presence.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic and infectious disease outbreak management plan is in place that is reviewed at regular intervals. There are sufficient infection prevention (IP) resources including personal protective equipment (PPE). The infection prevention resources were readily accessible to support the pandemic response plan if required. The medical officer interviewed stated that during the COVID-19 pandemic they have been able to ensure that no cases were admitted or contracted for the inpatient services. The ward at the time was relocated to be further away from the acute admission room and the maternity unit services. This initiative worked well at the time. From an infection prevention focus, the ward was totally upgraded and refurbished. Residents interviewed and staff are pleased with the new environment.</p> <p>The general manager for the organisation provides support with culturally safe practices in infection prevention and acknowledges the Te Tiriti. Patients are regularly consulted on infection prevention</p>

		<p>requirements as needed and staff understood these requirements.</p> <p>The service is working towards developing infection prevention educational resources in te reo Māori, so staff can provide information to patients in the form of handouts. All residents and staff currently speak te reo.</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 prevention record form reviewed. 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 definitions used. Surveillance records included ethnicity data. The infection prevention has been managed by the quality manager, a registered nurse who is responsible for monitoring infection data and the responsibility is documented in the infection control job description.</p> <p>The short-term care plans sampled for review evidenced that patients who develop a healthcare associated infection were advised of the condition in a timely manner. The ward RN reported that culturally safe processes for communication will be provided when required. The patients interviewed were satisfied with the communication provided by the staff and the medical officer as needed. The medical officer interviewed is the chairperson of the Ngati Porou Hauora infection prevention committee.</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 Ngati Porou Hauora. The governance group demonstrates commitment to this as indicated by the board member interviewed. At the time of audit, no residents were using a restraint, and this has been the case since 4 October 2021. The hospital services manager and staff interviewed indicated a strong desire the hospital will remain restraint free. There is a designated restraint coordinator and systems to provide data to the board if restraints are required in the future.</p>

<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Following the previous certification audit Ngati Porou Hauora undertook a comprehensive review of their restraint management and safe practices with the assistance of their contracted health advisor. Observations and monitoring were commenced for the person with a restraint. A restraint register was implemented, maintained and reviewed at each clinical advisory meeting. Forms and guides were reviewed to ensure each episode of restraint was evaluated and time intervals between evaluation processes were documented for the person who was receiving a restraint. Staff reported forms were made readily available for easy access.</p> <p>The five corrective actions for NZS 8134: 2008 RMSP 2.2.3.4, 2.2.3.5, 2.2.4.1, 2.2.4.2 and 2.2.5.1 from the previous audit are now closed.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The comprehensive review of safe restraint management practices included a requirement to do six-monthly reviews of restraint use and has initiated an intention to become restraint free. The reviews reflect the requirements of this criterion including but not limited to, risks, compliance with policies and data analysis. Therefore, the corrective action from the certification audit for NZS 8134:2008 2.2.5.1 has been addressed.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The corrective action request for NZS 8134:2, 1.2.8.1 raised at the certification audit has not yet been addressed by the employment of a clinical manager. As a risk mitigation clinical oversight is being supported by a Tairāwhiti clinical advisor in conjunction with the DHB who hold the Age Related Residential Care Agreement contract. Advertising for the position is reportedly ongoing. the current challenges within the health system and the mitigation actions being undertaken by the service the risk rating remains at moderate.</p>	<p>The corrective action request for NZS 8134:2, 1.2.8.1 raised at the certification audit has not yet been addressed by the employment of a clinical manager.</p>	<p>A clinical manager is employed as required.</p> <p>90 days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New</p>	<p>PA Low</p>	<p>The approved fire evacuation plan for Ngati Porou Hauora is available, staff can describe their actions if an evacuation is required, and trial evacuations have been documented in the past. However, the</p>	<p>A trial evacuation as required by the approved fire evacuation plan for Ngati Porou Hauora is overdue.</p>	<p>Book and complete a trial evacuation as soon as possible.</p>

Zealand- approved evacuation plan.		challenges of the Covid-19 pandemic have impacted on the service's ability to book and complete regular trials and the last evacuation was done on 29 July 2020.		90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.