

The Napier District Masonic Trust - Elmwood House and Hospital

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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:	The Napier District Masonic Trust	
Premises audited:	Elmwood House and Hospital	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care	
Dates of audit:	Start date: 7 September 2022	End date: 8 September 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:	38	

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

Elmwood House and Hospital is certified to provide hospital and dementia levels of care for up to 39 residents. There were 38 residents on the day of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contract with Te Whatu Ora – Health New Zealand.

The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff.

The clinical nurse manager/registered nurse (RN) is appropriately qualified and experienced. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified the service is meeting the intent of the standard.

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.

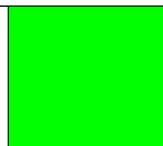
Elmwood House and Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific Health plan has been implemented.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service.

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.

A strategic management plan is documented. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation/analysis of clinical data takes place as scheduled, with corrective

actions as indicated. Health and safety processes are in place. Health and safety is a regular agenda item in all meetings. Contractors and staff are orientated to health and safety processes. Hazards are identified with appropriate interventions implemented.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme is implemented, and a staff education and training programme is well-established.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

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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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan, and review residents' needs, outcomes, and goals with family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses (RNs) and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist provides and implements a meaningful and varied activity programme which includes outings and entertainment in line with the individual 24-hour activity plan created for each resident.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. There are nutritious snacks available 24 hours per day. Transfers are conducted in a coordinated manner with appropriate communication between services.

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 building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors (secure for the dementia wing), seating and shade. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including Covid-19. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in first aid is always on duty.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff on entering employment and as part of the ongoing competency education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There have been no outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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 restraint coordinator is an RN. There were five residents using restraint at the time of the audit. Working towards a restraint-free environment is included in the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	29	0	0	0	0	0
Criteria	0	167	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>A Māori Health Plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, the service acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. They are committed to providing services in a culturally appropriate and equitable manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are being developed.</p> <p>The service has residents who identify as Māori. These residents’ cultural identity, values and beliefs are documented in their care plan. They and their whānau were not available for interviews.</p> <p>Cultural training for staff begins during their orientation and continues as a mandatory training topic that is repeated each year. Plans are in place to measure staff’s cultural expertise through competency assessments. Staff are knowledgeable and have access to relevant</p>

		<p>tikanga guidelines.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. One clinical nurse manager/registered nurse (RN) and ten care staff interviewed (six healthcare assistants, three RNs, and one diversional therapist) described how the delivery of care is based on each resident's values and beliefs.</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 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>FA</p>	<p>A Pacific health plan is developed that is focused on achieving equity and efficient provision of care for Pasifika. This includes working collaboratively with Pasifika communities for guidance. Linkages with Pacific stakeholders and community groups are being developed through the Te Whatu Ora – Te Matau a Maui - Hawkes Bay.</p> <p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Family members of Pasifika residents will be encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The clinical nurse manager described how they encourage and support any staff that identifies as Pasifika during the interview process. The management team report there are low numbers of people who identify as Pasifika living in the community. There were no staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with the Board and managers (one acting Board chair, one chief executive officer (CEO), one clinical services manager, one clinical nurse manager, one property and maintenance manager) and thirteen staff (ten care staff, one cook, one laundry assistant, and one cleaning assistant), one resident (hospital), and eight family (five</p>

		dementia, three hospital) identified that the service puts people using the services at the heart of their services.
<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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and HDC Advocacy information is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family. The clinical nurse manager, or clinical coordinator discuss aspects of the Code with residents and their relatives on admission. Residents (or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the resident/family meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service (HDC – advocacy) is available to residents. Posters are displayed in English and te reo Māori in visible locations referencing this service.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews with staff and in policy.</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</p>	FA	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care.</p>

<p>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>Residents also have control and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect. Resident and family satisfaction survey results confirm that residents and families are treated with respect. This was also confirmed during interviews with a resident and families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>The promotion of te reo Māori was evident. The care home manager opened and closed the audit with a karakia, and the CEO introduced themselves through a pepeha, sharing their connections with the people and places important to them.</p> <p>Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori; referencing the interconnectedness and interrelationship of all living & non-living things.</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</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Abuse/neglect policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and the celebration of cultural days acknowledge cultural diversity. Training on abuse/neglect begins during orientation and continues as a staff training topic. Mandatory training days cover the subjects of</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>harassment, racism, and bullying.</p> <p>Staff are educated on how to value the older person, showing them respect and dignity. The resident and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the RNs and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation and mandatory training.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/whānau on admission. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fifteen accident/incident forms reviewed identified family are kept informed. Families interviewed stated that they are kept informed when their family member's health status changes, following GP visits, or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents unable to speak/understand English unless this was due to their disability. Staff can communicate effectively with non-verbal residents, as evidenced through observations and interviews.</p> <p>Non-subsidised residents are advised in writing of their eligibility and</p>

		<p>the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to the range of services available. Health professionals involved with the residents may include hospice and Te Whatu Ora specialist services (eg, geriatric nurse specialist, mental health team). The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</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>	<p>FA</p>	<p>There are policies around informed consent and advance directives. Seven resident files reviewed included signed general consent forms. Consent forms for Covid and flu vaccinations, van outings, involvement of next of kin, sharing of clinical information and use of photographs are also on file where appropriate. A resident and relatives interviewed (where appropriate) could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files reviewed, including a short-term admission agreement for a respite resident. Admission agreements include information related to charges.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' file and activated as applicable for residents assessed as incompetent to make an informed decision. The EPOA had been activated in all the files reviewed for the dementia unit. The medical certificate of</p>

		<p>incapacity was available in all the files with an activated EPOA.</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</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 I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The clinical nurse manager maintains a record of complaints in the complaint register. There were seven complaints lodged in 2021 and three in 2022 (year-to-date). There have been no external complaints lodged. Three complaints reviewed reflected evidence of the clinical nurse manager acknowledging and investigating each complaint within timeframes determined by the Health and Disability Commission (HDC). One complaint included input from the HDC advocacy service. All complaints are documented as resolved.</p> <p>Discussions with residents and families confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents/families have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held and are another avenue to provide residents with the opportunity to voice their concerns. The clinical nurse manager has an open-door policy and encourages residents and families to discuss their concerns.</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</p>	FA	<p>Elmwood House is certified to provide hospital (geriatric and medical) and dementia levels of care for up to 39 residents (14 hospital level beds and 25 dementia level beds). There were 38 residents living at the facility during the audit (14 hospital level and 24 dementia level). One resident (dementia level) was on respite, and three residents (dementia level) were on the long-term support - chronic health conditions contract (LTS-CHC). The remaining residents were on the</p>

<p>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>age-related residential care contract (ARRC).</p> <p>The Napier District Masonic Trust (NDMT) commenced ownership and governance of Elmwood House and Hospital in 2014. The Trust also owns and operates one other aged care facility in Napier and nine retirement villages (eight in Napier and one in Wairoa). The Board is governed by a Board chair. Board meetings occur monthly. A new chief executive officer (CEO) was appointed in June 2022 who has held previous roles in health communications and mental health in New Zealand and Australia. The deputy chair and CEO were interviewed. A strategic management plan has been developed since the new CEO appointment and is under review. This plan includes the Trust's objective, governance statement and four specific goals that are linked to previous goals, include milestone targets and person to action. The identification of barriers with implemented strategies to address these barriers are included in the plan under priorities, trends, opportunities, and challenges. Organisational performance is monitored by the Trust Board through monthly reports received from the management team (eg, quality report, education report). This includes (but is not limited to) the reporting of complaints, resident meeting feedback, survey results, clinical indicator data and health and safety data. Plans are being implemented to ensure that the Board members can demonstrate expertise in Te Tiriti, health equity, and cultural safety. Collaboration with Māori and tāngata whaikaha (the Māori disability sector) is also planned to take place at a governance/strategic level. Clinical governance is the responsibility of the nursing team. This includes (but is not limited to) the review of clinical risk in clinical review/RN meetings.</p> <p>The clinical nurse manager is a registered nurse who began employment at Elmwood House July 2021. This individual has over two years of experience as a nurse manager, eight years of experience in aged care and due to complete their nurse practitioner training in October 2022. The clinical nurse manager reports directly to the CEO. A clinical services manager assists with quality activities. A clinical coordinator/RN provides additional clinical support.</p>
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<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>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies have been purchased from an external contractor and are in the process of being implemented. These policies meet the Ngā Paerewa Health and Disability Services Standards 2021.</p> <p>Elmwood House has implemented quality and risk management systems that are reviewed at defined and regular intervals utilising a health equity and quality lens approach. The identification of barriers with implemented strategies are identified. Performance monitoring and trending of data occur through internal audits and through the collection and collation of clinical indicator data (eg, falls, skin tears, infections, pressure injuries, challenging behaviours). Results are shared with the Board and with staff via monthly reports and in quality meetings.</p> <p>Resident and family satisfaction surveys are due to be completed later in the year. Resident meetings are held regularly, and input is sought at each meeting, evidenced in the meeting minutes.</p> <p>A health and safety system is being implemented. Each year, the health and safety programme is reviewed with 23 hazards identified in 2021 and 12 staff incidents. There are three designated health and safety representatives who are scheduled to undergo training. There are regular manual handling training sessions for staff. Hazard identification forms and an up-to-date hazard register were sighted. The hazard register is reviewed a minimum of annually. Staff and external contractors are orientated to the health and safety programme. A site-specific health and safety plan was implemented for a recent facility renovation. One contractor interviewed confirmed his awareness of safety precautions while working in the dementia unit. Health and safety is discussed in the staff meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include offering employees an employee assistance programme. The mandatory study day for all staff includes discussions in relation to staff wellness including mindfulness and work-life balance. Scholarships are made</p>
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		<p>available to all staff to support their educational aspirations.</p> <p>Work is underway to assess staff cultural competency to ensure a high-quality service is provided for Māori.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Each resident undergoes a falls risk assessment after experiencing a fall. Strategies are implemented to prevent the fall from happening again. This includes (but is not limited to) the use of sensor mats, intentional rounding for those residents who are at risk and regular toileting for residents. Physiotherapy services are available as needed. Physiotherapy services are available as required until a more permanent arrangement can be established. Discussions at staff handovers include residents who have had a recent fall.</p> <p>Accident/incident reports are completed for adverse events, evidenced in 15 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising, episodes of challenging behaviours). Incident and accident data is collated monthly and analysed. Each event involving a resident reflects a clinical assessment and follow up by an RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Relatives/whānau are notified following adverse events. Opportunities to minimise future risks are identified by the clinical nurse manager who reviews every adverse event.</p> <p>Discussions with the clinical nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been three section 31 notifications completed in regard to a fire, altercation between residents and notification of the clinical nurse manager's appointment. There have been no outbreaks since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff confirms that overall staffing is adequate</p>

<p>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>	<p>to meet the needs of the residents. Good teamwork amongst staff was highlighted during the staff interviews. Staff are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The clinical nurse manager is an RN who works Monday – Friday. A clinical coordinator/RN is also rostered Monday – Friday. These two individuals are rostered in addition to the RN’s stated below. On-call cover is shared between the clinical nurse manager (Monday – Thursday) and a senior RN (Friday – Sunday). A clinical services manager, based in Taradale, works collaboratively with the clinical nurse manager on quality systems.</p> <p>The hospital wing (14 hospital level residents): AM shift: one RN and four HCAs (three long shift (eight hour) and one short shift (0700 – 1100); PM shift: One RN and two long shift HCAs. The night shift is staffed with one RN with support from one of the caregivers in the dementia wing if needed.</p> <p>The dementia wing (24 residents). A RN is rostered on the AM shift although due to RN staff shortages, a senior (level four) healthcare assistant covers for an RN three or four times per week. They are supported by four healthcare assistants (two long and two short (0700 – 1230 and 0700 – 1230). Four healthcare assistants are rostered on the PM shift (two long and one short (1630 – 2030) and two healthcare assistants are rostered on the night shift.</p> <p>Job interviews ensure applicants have the necessary skills, attitudes, qualifications, experience, and attributes for the services being delivered. Job descriptions reflect the expected positive behaviours and values, and responsibilities required.</p> <p>There is an annual education and training schedule being implemented. The education coordinator/RN is responsible for the development and implementation of the training schedule, which begins during orientation. Speakers include those within the facility (eg, education coordinator) and invited speakers. Each staff is required to attend one full day of training each year in addition to job-specific competencies. The 2022 mandatory education programme</p>
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	<p>covers: Code of Rights; code of conduct; professional boundaries; abuse/neglect; complaints; ethics and privacy; cultural, spiritual, sexuality and intimacy; Te Whare Tapa Whā; Te Tiriti o Waitangi; work life balance; mindfulness; bullying and harassment; health and safety; reporting accidents/incidents; emergency response; and training topics relating to dementia (eg, managing behaviours that challenge, de-escalation, restraint minimisation). An education report is submitted monthly to the Board. Ninety percent of staff have attended the 2022 mandatory education day, a significant achievement during the pandemic. Interviews with healthcare assistants confirmed their engagement with the education programme and teachings offered.</p> <p>A competency framework is also in place, specific to the job role and responsibilities. Competencies are first completed at orientation and are repeated every year. All staff complete competencies in relation to the Code of Rights, privacy, needs of the elderly, infection prevention and control, and emergency procedures. In addition to this, healthcare assistants and RNs complete competencies for manual handling, and restraint minimisation. The RNs complete all of the mentioned competencies as well as medication management, syringe driver, oxygen administration, insulin administration. Senior healthcare assistants assist with medication administration and complete annual medication competencies.</p> <p>Work is underway to ensure that staff complete cultural competency assessments.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 27 healthcare assistants, 13 have completed their level four qualification, 3 their level three qualification and 1 their level two qualification. Eighteen of twenty-seven healthcare assistants work in the dementia unit. Staff who have not completed this qualification have been employed for less than 18 months and are enrolled and in the process of completion.</p> <p>Four of nine RNs (including the clinical nurse manager) have</p>
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		completed interRAI training. Nurses are encouraged to complete their professional development recognition portfolio. They have also been provided with online resources for training opportunities.
<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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the clinical nurse manager's office. Eight staff files reviewed (four healthcare assistants, one clinical coordinator, two RNs, one kitchen support) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals (RNs, GPs, pharmacy, podiatry). All staff undergo a 90-day performance appraisal followed by an annual performance appraisal. Appraisals were up-to-date.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. The collection and retention of staff ethnicity information is completed as part of the employment process.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	Resident files and the information associated with residents and staff are retained in hard copy and electronically. Hard copy resident information is stored securely and held indefinitely. Electronic

<p>and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>information is regularly backed up using cloud-based technology.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed during this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an acceptance and decline entry to service policy. Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The prospective residents are screened by the clinical nurse manager and clinical coordinator.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The clinical nurse manager described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing and the needs of the prospective resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The clinical nurse manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the chief executive officer. The records do not currently capture ethnicity. The clinical nurse manager advised the service will actively work towards gathering data for specific entry and decline rates pertaining to Māori.</p> <p>At the time of audit, the service had one vacancy. The service</p>

		<p>receives referrals from the NASC service and directly from whānau.</p> <p>The service has an information pack relating to the services provided at Elmwood (including dementia specific information) which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The clinical nurse manager described how Elmwood has a person and whānau-centred, rather than profit driven focus. Interviews with family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The clinical nurse manager and clinical coordinator explained how they recently visited a prospective resident to meet the whānau within their home environment to explain the services provided at Elmwood and subsequently the resident was admitted to the facility.</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>Seven resident files were reviewed (two in the hospital and five in the dementia level of care (including one LTS-CHC and one respite), with the registered nurses currently being responsible for conducting all assessments and development of care plans. There is evidence of whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes through whānau meetings in their own home (where possible) prior to entry and admission. This was evident in the resident on respite cares file. Care planning follows a holistic approach and reflects a person-centred approach to delivering care.</p> <p>Resident files reviewed evidenced staff work in partnership with residents and families when completing assessments and care plans to ensure they deliver services that give tāngata whaikaha choice and control over their care. The service supports and advocates for</p>

		<p>residents with disabilities to access relevant disability services.</p> <p>The service was in the process of transitioning to an electronic resident management system, all paper-based documentation had been uploaded to the system. The service uses a range of assessment tools in order to formulate an initial support plan, completed within 24 hours of admission. The assessments include the Coombes falls, Norton pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments (including LTS-CHC) had been completed within the required timeframes for all residents. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly. Care plans identify cultural needs, values, and beliefs as identified through the assessment process. Residents in the dementia unit and with behaviours that challenge, all had behaviour plans with triggers, strategies to de-escalate and a 24-hour support.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely twice-weekly and provides out of hours cover. The GP interviewed was complimentary of service provision and stated they receive timely information when a resident's health changes. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service utilises a physiotherapist as required, and a podiatrist provides for resident foot care. Specialist services including older persons mental health, ophthalmologist, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local hospital.</p> <p>Healthcare assistants and registered nurses interviewed could</p>
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		<p>describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by HCAs. The registered nurse further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the staff alert the registered nurses who then initiate a review with a GP. Family are notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status. A family communication sheet records family notifications and discussions.</p> <p>There were six current wounds including four skin tears, one chronic wound and one skin condition recorded in a wound register. There were no residents with pressure injuries at the time of the audit and the wound register evidenced that there have been no pressure injuries for some time. The service has comprehensive wound assessments including photographs showing wound progress. A wound register and wound management plans are in use as required.</p> <p>There is access to the wound nurse specialist via local Te Whatu Ora Hawkes Bay. Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and registered nurses complete monitoring charts including bowel chart, vital signs, weight, restraint, food and fluid chart, blood sugar levels, and behaviour as required. Neurological observations are completed for unwitnessed falls, or where there is a suspected head injury as per policy.</p> <p>The GP reviews the residents at least three-monthly or earlier if</p>
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		<p>required. Ongoing nursing evaluations are currently undertaken by the enrolled nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated resident file.</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 service employs two activities persons (one with a diversional therapy qualifications) who lead and facilitate the activity programme Monday to Sunday from 9am-5.30pm. A weekly activities calendar is posted on the noticeboards located in each area. Families are also kept informed of activities and upcoming events via email, a monthly newsletter which facilitates family/whānau attendance at special events and celebrations (subject to Covid traffic light settings).</p> <p>Residents can participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, reminiscence, creative, and social activities. Residents who do not participate regularly in the group activities are visited for one-on-one sessions. The activity programme supports Māori to participate in te ao and includes poi dancing, Māori sing a long and incorporated te reo in the activities programme. Te reo Māori phrases are used to encourage pronunciation.</p> <p>The residents in the dementia unit have a 24-hour diversional plan to assist the HCAs in the individual's daily routine, specific behaviours, triggers, and de-escalating activities. Activities for residents with dementia allow them the freedom and confidence to fully use their abilities and reinforcing their personal identity.</p> <p>Interviews and observation confirmed activities are meaningful and appropriate for the cohort of residents. The activity plans sampled were comprehensive and reviewed at least six-monthly. The resident files reviewed included a section of the long-term care plan for activities and Te Whare Tapa Whā is recognised and implemented in the activities care plan to improve outcomes for Māori. A weekly activities calendar is posted on the noticeboards located in each area. Hospital residents go through to the main (dementia) unit for joint communal activities. There are quiet spaces available for residents</p>

		<p>who do not want to participate in activities.</p> <p>The activities assistants seek verbal feedback on activities from residents and families to evaluate the effectiveness of the activity programme, enabling further adaptation if required. Residents and family/whānau interviewed were positive about the activity programme. Some activities are set; however, the programme allows for flexibility and resident choice of activity.</p> <p>The service provides a range of activities such as crafts, art deco, men's meetings/club, choir, exercises, bingo, baking, quizzes, sing-alongs, movies, and twice a week van trips. Residents enjoy visits to local parks, gardens, and the beach. Community visitors include entertainers, canine pet therapy, and the local churches. The service provides music therapy, audible books, exercise, and medication sessions for the residents. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. Cultural themed activities including the use of Māori music, language and TV/film are utilised. The use of te reo Māori for everyday use is encouraged and residents are assisted in karakia before meals by the activities team.</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>There are policies available for safe medicine management that meet legislative requirements and support safe storage of complementary, over the counter and alternative medicines. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the electronic chart and any discrepancies are fed back to the supplying pharmacy. There are regular medication chart audits.</p>

		<p>Medications were appropriately stored in one treatment room located in the hospital. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. There is a policy around residents self-medicating, however, due to the level of care this is not occurring.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The clinical coordinator described working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>	FA	<p>Food service policies and procedures include basic Māori practices respecting and supporting cultural beliefs, values, and protocols around food. The main cook (qualified chef) oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the chef (interviewed) works closely with the care staff on duty. The service purees foods on site to those residents requiring this modification. Lip plates and special utensils are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen is situated in the dementia unit, with meals being</p>

		<p>served directly from the kitchen into the dementia unit dining room and transported in hotboxes already plated for hospital residents. A tray service to resident's rooms is also available as required.</p> <p>There is a current food control plan which expires on 28 February 2023. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Current chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau surveys and one-to-one interaction with care staff in the dining rooms allows the opportunity for feedback on the meals and food services. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and culturally appropriate dishes are prepared. Nutritious snacks and finger foods are available for the residents at any time of the day or night. Residents and family/whānau members indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented transfer-discharge of resident policy. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. Discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. The management team reported the service facilitates, encourages, and supports all residents to access other health and disability services, social supports or kaupapa Māori agencies where appropriate. The clinical nurse manager stated there is a comprehensive handover between services and discharge notes are kept on file and instructions integrated into the care plan.</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</p>	FA	<p>The building holds a current warrant of fitness which expires 1 January 2023. The property and maintenance person oversees maintenance and utilises external contractors for any repairs and/or maintenance required. The maintenance person is on site three days</p>

<p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>a week. There is a maintenance request book for repair and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. The contractors are inducted to health and safety at the facility, this was evident with an interview with a contractor busy with construction of an external deck. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and calibration in July 2023. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>There are contractors that are used to look after the gardens and grounds.</p> <p>The home reflects an environment that is inclusive of peoples' cultures and supports cultural practices. There are Māori art mixed with other contemporary art throughout the facility.</p> <p>The hospital- 14 beds</p> <p>There is a central nurse's station with treatment room (shared medication storage with the dementia unit). There is a spacious lounge/dining area available with access to an outside patio with seating and shading. A separate kitchenette with dishwasher is placed centrally but separate from the dining area.</p> <p>The corridors and room door openings are wide and promote safe mobility with the use of lazy boys and transfer equipment. Residents had high acuity and majority immobile. There are separate visitor and staff toilet facilities with privacy signs when engaged. Fixtures, fittings, and flooring are appropriate. Adequate number of communal toilet/shower facilities are available. All have signage to show when vacant or occupied and privacy curtains, flooring is easy to clean. One shower can accommodate a shower bed. There is sufficient space in</p>
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	<p>toilet and shower areas to accommodate shower chairs and commodes. All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of transfer equipment and comfort chairs. Registered nurses and HCAs interviewed reported that they have adequate space to provide care to residents. Residents and family/whānau are encouraged to personalise bedrooms for the residents as viewed on the day of audit. All communal areas are easily accessible for residents.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating.</p> <p>House -25 beds (dementia unit)</p> <p>There is a nurse's station overlooking the lounge of the dementia unit.</p> <p>The dementia unit is secure with swipe card access. All dementia level residents share communal showers and toilets (one specific for women and one specific for men) and there are an adequate number to provide for cares. All have signage to show when vacant or occupied and privacy curtains. Residents in the dementia unit have two points of access into the gardens and safe walking paths within a secure environment. The dementia unit has a main lounge with dining room with smaller lounge/quiet area adjoining.</p> <p>The design of the dementia unit is dementia friendly and internally built in a circular design for purposeful walking and wanderers. Toilet doors, toilet seats and room doors are colour coded to assist residents to find/identify key areas.</p> <p>There are two courtyards out of action for use at the time of the audit due to renovations. There is a current renovation within the dementia unit with placement of composite decking in one courtyard and construction of a staffroom in place of the conservatory adjacent to another courtyard. Noise is controlled by limiting heavy equipment use for the construction. There was no noise and dust as a result of the renovation on the days of the audit. The current meeting/training room</p>
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		<p>adjacent to the dementia unit is used as a staffroom.</p> <p>The external areas and gardens (with secure loop like pathway and high fence for the dementia unit) have seating and shade. There is safe access to all communal areas. The dementia unit has a separate activity room with activity resources.</p> <p>The kitchen and laundry is situated within the dementia area and is secure and locked; residents cannot access these areas from the pathways. There is a newly refurbished kitchen with new appliances, flooring, and stainless-steel benches. The clinical nurse manager stated a new walk-in chiller and combi-oven is still outstanding and waiting to be installed.</p> <p>The service is not planning more major refurbishments or building projects. However, the clinical nurse manager explained the involvement of a Māori staff member who is also a health and safety representative, in the placement of art within the facility and environment to reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified location. In the event of a power outage, gas cooking is available. There are adequate supplies in the event of a civil defence emergency including ample water (4800 litres) and food stores for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation.</p> <p>There is a minimum of one staff always current in first aid and CPR</p>

		<p>who is available on site and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells within reach position. Call bells are routinely checked by maintenance staff.</p> <p>The building is secured after hours. There are two security cameras located outside of the facility. Staff complete regular security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical coordinator oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted twice-yearly as part of the annual audit programme. The clinical nurse manager and clinical services manager are part of the quality team where infection matters are raised. Infection rates are presented and discussed at the staff/quality meetings. Infection control is part of the strategic and quality plan.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora Hawkes Bay.</p> <p>At the time of the audit, the facility was open to visitors and contractors and requested to do rapid antigen tests prior to entry. There are hand sanitisers strategically placed around the facility. There were no residents with Covid-19 infections on the days of audit. Residents and staff are offered influenza and Covid vaccinations, with all staff and most residents being fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>The designated infection control (IC) coordinator has been newly appointed to the role and is supported by the GP, clinical services manager, and clinical nurse manager. The service has a Covid-19 response and pandemic plan which has been utilised in the</p>

<p>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>		<p>preparation and planning for the management of outbreaks.</p> <p>The infection control coordinator has completed infection control training through Te Whatu Ora Hawkes Bay study day and there is good external support from the GP, laboratory, the infection control nurse specialist at Te Whatu Ora Hawkes Bay. There are outbreak kits and trolleys readily available and a personal protective equipment store. These are regularly checked against expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities, communication pathways and oversight, the training and education of staff. The service is working towards how they can incorporate te reo Māori into infection prevention information for Māori residents, whānau and staff in order to provide culturally safe practice and acknowledge Te Tiriti o Waitangi. New policies and procedures from an external consultant are in the process of implementation. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections.</p> <p>There are policies and procedures in place around reusable and single use equipment. All residents in the hospital wing had their own slings. All shared equipment is appropriately disinfected between use with an antiviral spray. The infection control coordinator has input to the procurement of equipment and supplies. Cleaning and environmental audits are completed at regular intervals. However, the environmental audits reviewed for this audit does not include evidence that these procedures are carried out. The service is working toward including evidence of this in their environmental audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection control in-services and associated competencies such as handwashing and personal protective</p>
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		<p>equipment. Resident education occurs as part of the daily cares. Families/whānau were kept informed and updated on Covid-19 policies and procedures via email and newsletters.</p> <p>The clinical nurse manager confirmed the infection control coordinator was involved with the recent refurbishment of the kitchen and the new staffroom.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, pharmacy records and medical notes. The GP and clinical nurse manager monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is avoided where possible. A monthly report is provided with a summary of the quality, quantity and duration of antibiotics and associated infections it was prescribed for.</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>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality/staff meetings and daily updates held during the recent outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora Hawkes Bay for any community concerns.</p>

		There have been no outbreaks since the previous audit.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room (with sanitiser in hospital) in each area with personal protective equipment available including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Cleaning and laundry services are monitored through the internal auditing system and the chemical provider monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. All laundry is processed on site by a dedicated laundry person seven days per week. The laundry has a defined clean/dirty area and separate folding/sorting room. The linen storage room was well stocked.</p> <p>The cleaners' trolleys were always attended and are locked away when not in use. All chemicals on the cleaner's trolley were labelled.</p> <p>High touch areas were subject to an increased frequency of cleaning with disposable antiviral wipes. The cleaning and laundry staff interviewed were knowledgeable of their responsibilities.</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</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is an RN. At the time of the audit,</p>

<p>practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>there were five residents using an approved restraint (one dementia level, four hospital level).</p> <p>The use of restraint is reported in the monthly quality report, which is provided to the Board, and is discussed in the RN and quality meetings, evidenced in the meeting minutes. The restraint coordinator interviewed described the facility's focus on only using restraint as a last resort. Restraint has reduced in 2022 from 14 to 6 restraints and is a work in progress to becoming a restraint-free facility.</p> <p>Education on restraint minimisation is included in the annual training plan and orientation programme. It is accompanied by a competency questionnaire.</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>A restraint register is maintained by the restraint coordinator. At the time of the audit, there were five residents using six restraints (two chair support briefs, four bedrails).</p> <p>Two resident files were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). Cultural considerations are also assessed. Restraint is used as a last resort. Written consent is obtained by the resident's EPOA.</p> <p>A policy is in place for the use of emergency restraints. The restraint coordinator stated this has been used twice over the past year and was only for a very brief time with strategies implemented immediately to eliminate the need for the restraint. Each episode of emergency restraint included a debrief session by the restraint coordinator. Restraint use was discontinued in both instances in less than 24 hours after suitable measures were undertaken. Monitoring restraint considers details documented in the restraint assessment, which addresses the resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (where applicable). Monitoring forms are completed for each resident using restraint. The files reviewed indicated that monitoring is accurately recorded for each resident using restraint.</p>

		<p>Any accident or incident that occurred as a result of restraint are monitored. No accidents or incidents were identified in 2022. One incident was recorded in 2021 with appropriate action taken.</p> <p>The use of the restraints, risk associated with restraint use and frequency for monitoring are stated in each resident's care plan.</p> <p>Residents using restraints are reviewed after the first month and three-monthly thereafter. Residents using restraint are discussed in the clinical review meetings, at handovers and in the monthly quality meetings. Restraint data is reported to the Board.</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>	FA	<p>The restraint programme is reviewed annually. The governance body has endorsed this review. The annual review covers any trends identified, any incidents, review of best practice guidelines, and staff training. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried.</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.

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.