

Goodwood Park Health Limited - Goodwood Seadrome Ltd

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:	Goodwood Park Health Limited	
Premises audited:	Goodwood Seadrome Ltd	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care	
Dates of audit:	Start date: 19 October 2022	End date: 20 October 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:	41	

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

Goodwood Seadrome provides services for dementia and hospital level care for up to 45 residents. There were 41 residents on the day of audit. The service is owned by Goodwood Park Health Limited.

The service is managed by a suitably qualified facility manager who is supported by a general manager, quality coordinator and registered nurses. There have been no significant changes to the facility or services since the last audit.

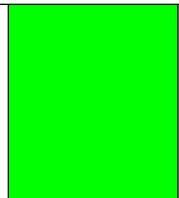
Residents and family/whānau spoke positively about the care provided. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Waitematā. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, management, staff, and the nurse practitioner.

There are quality systems and processes implemented. The team are well diversified. There is a stable team of experienced healthcare assistants and non-clinical staff to support the management team and nurses. Feedback from families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented.

This certification audit identified three shortfalls related to registered nurse staffing, essential notifications, approval of the evacuation scheme, and obtaining of first aid certificates.

The service was awarded a continuous improvement rating for falls management.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Goodwood Seadrome provides an environment that supports resident rights and safe care. They embrace Māori culture, beliefs, traditions and te reo Māori. Staff demonstrated an understanding of residents' rights and obligations. The service works to provide high-quality and effective services and care for all its residents. There is a Māori and Pacific health plan in place. There is a cultural advisor and a Māori reference group that reviews and comments on policies and procedures.

Residents receive services in a manner that considers their dignity, privacy, and independence. Services and support are provided in a way that is inclusive and respects the residents’ identity, choice, and their experiences. Whānau participation is evident throughout service provision.

Information is communicated in a manner that enables understanding. Consent is obtained where and when required. Residents are supported to make informed decisions.

The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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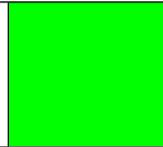
There is a strategic plan that includes a vision and mission statement, values, and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach. These systems are in place to meet the needs of residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and the collection/collation of data were all documented as taking place as scheduled, with a robust corrective process implemented where applicable. There is an implemented education schedule and staff competencies are reviewed. Health and safety processes are in place, led by a health and safety manager. Health and safety is a regular agenda item in all meetings. Contractors and staff are orientated to health and safety processes. Staff incidents are managed, and staff wellbeing is made a priority.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents and staff 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.

The clinical team and the facility manager efficiently manage entry processes. The registered nurses, nurse practitioners, occupational therapist and diversional therapist assess residents on admission. The service works in partnership with the residents, their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers and discharges are managed in a safe manner.

The planned activities programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities in the dementia unit and hospital unit. A safe electronic medication management system is used. Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. The service has an approved food control plan and current menu reviewed by a qualified dietitian. Residents verified satisfaction with meals. Nutritious snacks are available 24 hours a day.

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

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

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. The dementia unit is secure with a secure outdoor area to wander safely. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located.

There is a current building warrant of fitness. There is a preventative maintenance plan implemented including monitoring of hot water temperatures and regular call bell audits. Monthly environmental audits occur. Equipment testing, tagging, and calibration is completed as required. Emergency procedures include a pandemic plan and a process to deal with non-clinical emergencies. Fire drills occur six-monthly.

Systems and supplies are in place for essential, emergency and security services. Security measures are implemented to keep staff and residents safe at night.

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 residents, 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 as part of their orientation and as part of the ongoing in-service 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 two Covid-19 exposure events; these were appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place. 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 governance group is aware of their responsibilities in relation to restraint elimination and aim for a restraint-free environment. This is supported by policies and procedures. There was one resident using restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process occurs for restraint in use. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring. Education on restraint has been undertaken.

The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body.

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	26	0	1	2	0	0
Criteria	1	171	0	3	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Goodwood Seadrome has embraced Māori culture, beliefs, traditions and te reo Māori. Goodwood Park Healthcare Group (GPHC) as a collective effort endeavour to enable and empower the strengthening of Tāngata Māori access to knowledge, identity, whānau, culture, destiny, and equity. This is embedded in practice not only for potential residents and their whanau, but also for staff (recruitment and retention).</p> <p>The Māori health plan has been written with advice from a cultural advocate and cultural advisory committee. This plan is written in te reo Māori and in English. It acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Staff have access to the Tikanga and te reo Māori course offered at the Wananga Raukawa. The service had residents who identified as Māori at the time of the audit.</p> <p>Goodwood Seadrome is committed to respecting the self-determination, cultural values, and beliefs of their residents and family. Evidence is documented in the resident care plans and</p>

	<p>observed in practice. A comprehensive Māori assessment plan is ready when needed that informs the care plan.</p> <p>The aim of Goodwood Seadrome is to build a workforce that can confidently and competently apply tikanga Māori to enable them to support tāngata whenua residents and their whānau; to incorporate tikanga into daily practice; to ensure policies and procedures meet Ngā Paerewa Health and Disability Services Standard 2021; and to assist in health equity for all.</p> <p>The general manager stated that they support increasing Māori capacity by employing more Māori staff members when they apply through the equal employment opportunities process. Te reo Māori is included in all new position advertisements. At the time of the audit, there were staff members who identify as Māori. Māori staff interviewed confirm they feel supported by the organisation and the organisation's commitment to improve labour market outcomes for Māori.</p> <p>The service has established links with Ngati Whatua Iwi, Oraki Marae, Nga Puhī Iwi, Reweti Marae, Te Wai Takere Oranga Marae and Waitakere Hospital including ongoing partnerships with Māori Academia. Te Roopu Mana Tautoko maintains a list of Māori health providers and community agencies.</p> <p>Residents and families are involved in providing input into the resident's care planning, their activities, and their dietary needs. Four executive team members (health and safety manager, quality assurance manager [QAM], general manager mental health services and aged care services [GM], and general manager operations {GMO}) interviewed describe the organisations commitment to provide services and support to people in a way that upholds their rights and complies with legal requirements. The facility manager and eight care staff interviewed (four healthcare assistants (HCAs) who work across the am and pm shifts in both units, three registered nurses (RNs) [one a quality coordinator], and one diversional therapist (DT) described how care is based on the resident's individual values and beliefs.</p> <p>Residents and staff participated on the days of the audit in a welcoming ceremony, karakia and citing of pepeha.</p>
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<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>There is a Pacific Health plan that follows the guidance provided in the Ola Manuia: Health and Wellbeing Action Plan 2020-2025. Service planning and provision is in line with Pacific concepts, values, and beliefs specific to their country of origin.</p> <p>Pasifika staff assist with advocating for Pasifika residents and link to their Pasifika affiliations, elders, Mātua, religious groups and specific Pacific community organisations. These individual liaisons are invited to assist in developing individual care plans for Pasifika residents to improve wellbeing outcomes. There is governance commitment to provide service planning and provision in line with Pacific concepts, values, and beliefs specific to their country of origin.</p> <p>On admission all residents state their ethnicity. There were residents that identify as Pasifika. The resident's whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. A resident interviewed, and six family/whānau (two dementia, four hospital), confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>Goodwood Seadrome partners with Pasifika organisations through their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Code of Rights are accessible in a range of Pasifika languages.</p> <p>The service is actively recruiting new staff. There are currently staff employed that identify as Pasifika. The general manager described how the equitable employment process helped to increase the capacity and capability of the Pasifika workforce.</p> <p>Interviews with managers and ten staff (eight care staff, one laundry assistant, one cook) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
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<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager and/or the registered nurse discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori.</p> <p>The resident and family interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance, throughout the facility and in the entry pack of information provided to residents and their family/whānau. There is a spirituality policy that links to spiritual supports and regular church services. The service recognises Māori mana Motuhake that is reflected in the Goodwood Seadrome Māori health plan. Interviews with staff confirmed that the resident engaged with their service has determined their own goals, plan, and interventions.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants and RNs interviewed described how they support residents to choose what they want to do. Interaction and communication with residents and their family/whānau is in a manner that respects their cultural, ethnic, religious, social, and spiritual context. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The</p>

		<p>service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>There are three double rooms and at the time of the audit, one was a shared room. The facility manager explained a process of screening residents to be suitable to share a room and staff interviewed explain how they manage to protect the dignity of residents during cares who share a room.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Demographic information includes a variety of gender options.</p> <p>Staff were observed to use person-centred and respectful language with residents. The resident 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. There were four residents under the age of 65 on long term support-chronic health conditions contract (LTS-CHC) who are supported to formulate their own routine and their identity, gender and sexuality is respected.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Staff cultural competencies include assessing their understanding of te reo Māori.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. Staff described how they implemented</p>
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		<p>this knowledge when engaging in discussions with or providing cares to residents.</p> <p>The organisation's strategic plan has a culturally anchored approach to supporting Māori with disabilities (tāngata whaikaha) and their whānau.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Goodwood Seadrome policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days celebrate diversity in the workplace. Staff house rules are discussed during the new employee's induction to the service with evidence of staff signing the house rules document. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the house rules. There is a whistle blower and protected disclosure policy for disclosure and investigation of serious wrongdoing in the workplace.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents 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. This is scheduled to be repeated three-yearly. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions and is covered during the orientation process. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing with the aim to improve outcomes for Māori</p>

		staff and Māori residents.
<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>	FA	<p>Information is provided to residents/family/whānau on admission. There are six-monthly care review meetings where families are invited to; this provides an opportunity to provide feedback to the service and be involved in all aspects of the resident's care.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Residents are asked for their consent before adverse event data is passed to family/enduring power of attorney (EPOA). 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/whānau are kept informed following consent by the resident (if able). This was confirmed during interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and 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 service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora- Health New Zealand Waitematā specialist services. The delivery of care involves a multidisciplinary team approach. Residents/family/whānau provide consent and are communicated with in regard to services involved. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>The resident and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails and regular phone</p>

		calls.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately including sharing of rooms.</p> <p>Consent for residents in the dementia unit were signed by the residents' legal representatives/ enduring power of attorney (EPOA). The end of life and goals of care consent include cardio-pulmonary resuscitation (CPR). CPR treatment plans were signed by residents who are competent and able to consent, and a medical decision was made by the nurse practitioners for residents who were unable to provide consent. The interviewed nurse practitioner stated that they discuss the CPR treatment plan with the resident, where applicable, or with the resident's family/whānau or legal representative as verified in interviews with residents and their family/whānau. Staff were observed to gain consent for daily cares.</p> <p>Residents' EPOAs, family/whānau and residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved (eg, family/whānau), with the resident's consent. Information about the nominated residents' representative of choice, next of kin, or EPOA is provided on admission. Residents in the dementia unit had activated EPOAs in their files. Communication records verified inclusion of support people where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent and these are practiced when consent is obtained.</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>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register.</p>

<p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>This register is held in hard copy and electronically.</p> <p>Four complaints had been received since the last audit. Documentation including follow-up letters and resolution demonstrates that complaints were managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). These complaints included an investigation, follow up, and replies to the complainant. Staff are informed of any complaints received (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted). There was one complaint lodged through HDC in July 2021. The complaint was referred back to the Nationwide Health and Disability Advocacy Service and in December 2021 confirmed as resolved. No corrective actions were required as a result of the complaint.</p> <p>Discussions with a resident and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility, adjacent to a suggestions box. Relatives have a variety of avenues they can choose from to make a complaint or express a concern. Families stated the facility manager has an open-door policy and they feel comfortable raising concerns by phone, email or during visits. During interviews with family/whānau, they confirmed the managers are available to listen to concerns and act promptly on issues raised.</p> <p>Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication. The HDC complaint brochure is available in Māori and English.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance</p>	<p>FA</p>	<p>The facility is across one level and includes 45 beds. There is 20 hospital (geriatric and medical) beds and 25 dementia level of care beds (including three double rooms). The service is owned and operated by Goodwood Park Health Limited since October 2018 and is a provider of specialist intensive rehabilitation services across both its traumatic brain injury and mental health services. Goodwood</p>

<p>bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>Seadrome is the only aged care facility in the portfolio.</p> <p>At the time of the audit there were 41 beds occupied: 18 residents at hospital level of care including one resident on a long -term support-chronic health contract, and 23 residents (including one shared room) at dementia level of care including three residents on LTS-CHC contract. All other residents were on the ARRC contract.</p> <p>The service is managed by a suitably qualified facility manager who is supported by a general manager, quality coordinator and registered nurses. There have been no significant changes to the facility or services since the last audit.</p> <p>The Governance Board consists of four Board members. The Board members have relevant experience in healthcare and management of healthcare services. They have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a term of reference for the Board. Te Roopu Mana Tautoko collaborates with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. A monthly reporting structure informs the senior management team and Board. There is a cultural advisor that informs and advises the Board.</p> <p>The senior management team including the general manager mental health services and aged care service, health and safety manager, quality assurance manager and business development manager is responsible for the overall leadership of the organisation including clinical governance.</p> <p>The facility manager (registered nurse) reports to the general manager and shares the responsibility of the day-to-day operations of Goodwood Seadrome. The quality coordinator reports to quality assurance manager and health and safety manager. There are clinical governance meetings that take place monthly, monitoring adverse events, restraint use, infections, documentation reviews, trend and analysis, internal audit compliance and corrective actions.</p> <p>The Goodwood Seadrome annual business plan (2022) has clearly identified their mission, services, and values which link to the strategic direction (2021-2026) of the organisation. Identified goals are regularly reviewed with outcomes reported. The business plan reflects a</p>
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		<p>commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Goodwood Seadrome are holistic in nature, inclusive of cultural identity, and respect connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The diversional therapist supports residents to maintain links with the community. Te Tiriti o Waitangi values and principles are embedded throughout the organisation and reflected in the Te Mana Orite/Māori Action Plan.</p> <p>The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in the range of meetings that take place across the organisation.</p> <p>The facility manager has been at the facility for many years. A part time experienced quality coordinator supports the facility manager. Both have maintained at least eight hours of professional development activities, each related to their respective roles.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Goodwood Seadrome is implementing a quality and risk management programme. This includes performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data.</p> <p>Monthly quality/staff meetings, and registered nurse (RN) meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collection/collation of data takes place as scheduled. Corrective actions are documented where indicated to address service improvements with evidence of progress and sign off by the quality assurance manager and quality coordinator when achieved.</p> <p>Meeting minutes, and quality results data are posted on a noticeboard, located in the staff room. Corrective actions are discussed in staff meetings to ensure any outstanding matters are</p>

		<p>addressed with sign-off when completed.</p> <p>Staff complete cultural training and their competency is assessed to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>The 2022 resident and family satisfaction surveys indicate that both residents and family have high levels of satisfaction with the services being provided. Results have been communicated to staff, residents, and families. Corrective actions are implemented to improve on any specific comments.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. 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 are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. The cultural advisor assists with reviewing of policies to provide a critical analysis of practice to improve health equity. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. A health and safety manager oversees the organisation's health and safety, incident and accident data and staff wellbeing. There are two health and safety representatives who have received health and safety training. The health and safety team meets monthly to review the hazard register and to complete an environmental walk-through audit. The team meets quarterly with the health and safety manager. Health and safety notices are posted on a noticeboard in the staff room. Hazard identification forms are completed and timely follow up and elimination or minimisation of hazards occur. The register was sighted. Newly identified hazards have been discussed and managed appropriately. Each hazard is risk rated with controls put in place. Staff incidents, hazards and risk information is collated at facility level, reported to the health and safety manager, and a monthly report is also provided to the Board of Directors.</p> <p>There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented</p>
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		<p>on the accident/incident form. There have been no serious staff injuries in the last twelve months recorded for Goodwood Seadrome. Staff are supported with rehabilitation when an injury occurs.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist and occupational therapist is contracted for four hours each week. Registered nurses collaborate with healthcare assistants to evaluate interventions for individual residents at risk of falling. Residents are encouraged to participate in daily exercises. The management of falls has improved. This has resulted in a rating of continuous improvement.</p> <p>Reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed (witnessed and unwitnessed falls, pressure injuries, skin tears, challenging behaviour, one episode of absconding). Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Data is analysed and compared with historic data. Results are discussed in the quality/staff and RN meetings and at handover. Each event involving a resident, triggers a clinical assessment and timely follow up by a registered nurse. Neurological observations reviewed were consistently recorded as per policy. Family/whānau are notified following incidents unless the resident requests that they not be informed. Opportunities to minimise future risks are identified by the RNs and HCAs.</p> <p>Discussions with the facility manger evidenced some awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT in relation to a pressure injury; however section 31 notifications have not been completed for the RN shortages. There is evidence of continuous discussions with Te Whatu Ora- Health New Zealand Waitematā of ongoing RN unavailability on night shifts. There have been two Covid 19 exposure outbreaks in March 2022 and July 2022. These were appropriately notified.</p>
Subsection 2.3: Service management	PA	There is a staffing policy that describes rostering and safe staffing

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Moderate</p>	<p>ratios. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses, core group of HCAs and diversional therapist are required to hold first aid certificates; however, there is not always a first aid trained staff member on duty 24/7 (link 4.2.4). At the time this audit was undertaken, there was a national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Interviews confirmed care requirements of the residents are attended to in a timely manner. There is evidence that staff hours are increased to assist with changes in acuity. On the day of the audit there was a staff member allocated to provide one-on-one care and support for one resident that was awaiting a referral for changes in care.</p> <p>The service is actively recruiting for an RN, HCA, a cleaner and a kitchen assistant.</p> <p>The facility manager works Monday to Fridays and the quality coordinator works three days a week. On-call cover is shared between the facility manager, registered nurses, and the quality coordinator.</p> <p>Occupancy at the time of the audit was 41 residents.</p> <p>The hospital unit (18 residents) has one RN on in the morning and afternoon.</p> <p>AM: Three HCAs working form 7 am-3 pm and one from 7 am-1 pm. PM: Three HCAs working form 3 pm-11 pm.</p> <p>Night: Two HCAs (one medication competent level four). Due to RN unavailability, there is no RN on night shift.</p> <p>The dementia unit staffing (23 residents) is as follows: AM: RN on morning shift supported by three HCAs working from 7 am-3 pm. PM: Three HCAs (one medication competent and level four) working</p>
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		<p>from 3 pm-11 pm.</p> <p>Night: Two HCAs working 11 pm-7 am (one medication competent and level four).</p> <p>There is an office administrator, a team of maintenance staff, separate laundry, and cleaning staff.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training and a Māori cultural competency. External training opportunities for care staff include training through Te Whatu Ora- Health New Zealand Waitematā, and hospice. RN specific training includes understanding dementia; management of delirium and depression; assessment of the unwell older adult; and pressure injury prevention and management. Eight RNs are employed (including the facility manager and quality coordinator). There is one full-time RN whose position is dedicated to only interRAI and care planning of the residents. One RN is supported to transition through a post graduate education for mental health and addiction. All RNs attend quality/staff, and RN meetings where possible.</p> <p>Staff are encouraged to participate in learning opportunities and are provided with resources that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The education and expertise of Māori staff creates opportunities for that workforce to learn about and address inequities. Staff are expected to answer competency assessment questions such as: what the meaning of health equity is; how to apply the five principles of Te Tiriti O Waitangi to their work; and to define the meaning of mana Motuhake.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-three healthcare assistants are employed. They are supported to transition through the NZQA Careerforce certificate for health and wellbeing. Eleven are NZQA level four, seven are NZQA level three and one is NZQA level one. There are fourteen staff allocated to the dementia unit and twelve have completed the required dementia training standards. Two employees are enrolled and on track to</p>
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		<p>complete the dementia unit standards in the required timeframes following commencement of their employment. The staffing in the dementia unit complies with the contractual requirements E4.5.c.</p> <p>A competency assessment policy is being implemented. Staff complete competency assessments as part of their orientation (eg, fire safety; hand hygiene; falls prevention; aging process; communication; personal cares; restraint; challenging behaviours; infection control; personal protective equipment; manual handling; and health and safety). Additional RN competencies include medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; syringe driver; and wound management. A selection of healthcare assistants complete medication administration competencies. If agency staff are used, their orientation covers health and safety and emergency procedures (clinical and non-clinical).</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling; hoist training; chemical safety; emergency management including (six-monthly) fire drills; personal protective equipment (PPE) training; and hazard reporting. Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the employee assistance programme (EAP) is posted in the staffroom. Contractors are orientated to health and safety via the sign-in process that is held at reception.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed electronically (three healthcare assistants and three RNs) 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 include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, NPs, pharmacy, physiotherapy, podiatry, and</p>

		<p>dietitian). There is an appraisal policy. The initial appraisal is after three months. All staff who have been employed for over one year are scheduled to undergo an annual performance appraisal.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified and collated during the recruitment process.</p> <p>Following any staff incident/accident, evidence of debriefing, support 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 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>	FA	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented 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 in 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</p>	FA	<p>Accurate information about the services provided is in the information pack. The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies,</p>

<p>the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>verbally on enquiry and on the Eldernet website.</p> <p>Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). The enduring power of attorney (EPOA) have consented for admission of residents in the dementia unit and where applicable. Signed admission agreements and consent forms were sighted in the records reviewed. Family/whānau and EPOAs interviewed stated they were satisfied with the admission process and the information that was made available to them on admission. Residents' information is kept confidential. The quality coordinator stated that any delay to entry to service will be discussed with the resident or family/whānau.</p> <p>The quality coordinator reported that if a referral is received and the prospective resident does not meet the entry criteria or there is no vacancy, entry to services is declined. The prospective resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The service maintains a record of the enquiries and the residents declined entry. The pre-admission information form includes ethnicity data. The service works in partnership with Māori academics, a cultural advisor and a kaumātua who provide the service with advice and support when required, including blessing of rooms. The nurse practitioner (NP) and the quality coordinator stated that the service has established links with a Te Whatu Ora- Health New Zealand Waitematā Māori pharmacist who is willing to work with the NP to support residents who may require traditional Māori medicines. Routine data analysis to show entry and decline rates including specific data for entry and decline rates for Māori is yet to be implemented.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and</p>	<p>FA</p>	<p>Seven residents' files were sampled for review (four dementia level, and three hospital level of care). The qualified personnel (including the registered nurses (RNs), diversional therapist (DT), physiotherapist, occupational therapist and NP are responsible for completing the admission assessments. The RNs complete care plans and evaluation of care plans. The initial nursing assessments and initial care plans sampled were developed within 24 to 48 hours of an admission in</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>consultation with the residents and family/whānau where appropriate, with resident's consent. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Initial interRAI assessments were completed within three weeks of an admission and six-monthly reassessments were completed. There is a dedicated interRAI assessor who completes all interRAI assessments. All interRAI assessments were up to date in residents' files reviewed and the interRAI summary report showed that all assessments were current.</p> <p>Care planning for Māori residents includes accessing advisory advice and tāngata Māori knowledge. Whānau/family and residents are involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The Māori Action plan/ Te Mana Orite was developed in consultation with a cultural advisor. The Māori Action plan supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training. The person-centred long-term care plans reviewed reflected partnership and support of residents, whānau, and the extended whānau as applicable, to support wellbeing. Tikanga principles are included within the Māori Health Action Plan. Te Whare Tapa Whā model of care is used. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau. Interviewed family/whānau confirmed satisfaction with cultural support provided by the service.</p> <p>The person-centred long-term care plans were developed within three weeks of an admission. A range of clinical assessments, referral information, observation and the NASC assessments served as a basis for care planning. Residents' and family/whānau representatives of choice or EPOAs for residents in the dementia unit were involved in the assessment and care planning processes. Residents and family/whānau confirmed their involvement in the assessment</p>
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		<p>process.</p> <p>The person-centred long-term care plans sampled identified residents' strengths, goals and aspirations aligned with their values and beliefs. Detailed strategies to maintain and promote the residents' independence, and wellbeing were included. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed as part of the long-term care plans for residents in the dementia unit. Triggers were identified and strategies to manage these were documented. Behaviours that challenge were monitored and recorded on the behaviour monitoring charts.</p> <p>The person-centred long-term care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Allied health interventions were documented. There is a contracted physiotherapist who visits the service once a week, and they assess residents as required. A podiatrist provides podiatry care six-weekly. A dietitian visits once a month and supports with assessing residents' needs as required. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the nurse practitioners. Records of referrals made to the nurse practitioners when a resident's needs changed were available in sampled records. Timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. Examples of referrals sent to specialist services included referrals to the mental health services for older adults, radiology department and wound care specialist nurses. In interview, the nurse practitioner confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>There were five active wounds at the time of the audit. Wound management plans were implemented with regular evaluation completed as per wound management plans.</p> <p>Two nurse practitioners (NPs) provide medical services twice per week, with each visiting the service once a week and are available after hours for on-call consultations when required. Medical</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The diversional therapist (DT) works four days a week and they are supported by the occupational therapist (OT) who visits the service once a week and provides oversight of the activities programme. Healthcare assistants are rostered to support with the activities programme that covers seven days a week. The weekly activities programme is posted on noticeboards around the facility. The DT invites residents each day to activities on the schedule. The DT attends to external meetings/workshops every six weeks for professional development.</p>

	<p>Residents' activity needs, interests, abilities, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, and social requirements are assessed on admission with input from residents and family/whānau. The OT utilises a sensory assessment and uses the pool activity level (PAL) checklist. The OT works with the sensory assessment team comprised of the facility manager, OT, and DT to assess residents' needs. A sensory cues summary, an assessment summary and plan are compiled, which informs the resident's activity individual plan. Residents' files sampled reflect their preferred activities. The activities programme is regularly reviewed through satisfaction surveys and care review meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six-monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>Individual group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities on the programme for the hospital level residents include individual outings; chair volleyball; bingo; ukulele music; checkers; movies; puzzles; quiz; walks; performances from local schools; and birthday celebrations. Monthly themes and international days celebrated include Queen's birthday and St. Patrick's Day. Daily activities attendance records were maintained. Waitangi Day and Matariki Day were celebrated with a hāngi. Opportunities for Māori to participate in te ao Māori include Māori language week celebration, Te wa Māori group run by staff who are Māori and Māori residents are allowed to practice their culture.</p> <p>Activities for residents in the secure dementia unit are specific to the needs and abilities of the people living with dementia. The residents have free access to the secure garden. Activities on the programme includes: Tai chi; exercises; breakfast group; walking groups; Te wa Māori; music performances by residents; friendship singing with ukulele practice (run by healthcare staff); and morning tea groups. Church services are provided once a month. Individual activities provided include manicure, massages, short walks, one-on-one</p>
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		<p>chatting, and fiddle box. The residents in the secure unit can join the activities group for the hospital level residents with an escort. The DT reported that the activities are flexible and can be changed to meet the needs of the residents. There are detailed 24-hour activity plans completed for residents in the dementia unit. There is a sensory garden that residents can access and enjoy as desired.</p> <p>Residents were observed participating in a variety of activities on the days of the audit. Healthcare assistants were also observed during the days of the audit providing musical sessions for residents. Interviewed residents, family/whānau and EPOA confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. An RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency. Regular medication management education was completed.</p> <p>Medicines were prescribed by the NPs. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over the counter medication and supplements were documented on the medicine charts reviewed where applicable. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and medication trolleys were stored safely in locked medication</p>

		<p>rooms. Medication reconciliation is conducted by the RNs when regular medicine packs are received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medications in the medication storage cupboards and trolleys were within current use by dates. The quality coordinator reported that clinical pharmacist input is provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range. Opened eyedrops were dated.</p> <p>The quality coordinator stated that residents, including Māori residents and their whānau, are supported to understand their medications when required. The NP reported that when requested by Māori, appropriate support for Māori treatment and advice will be provided. There were no residents who were self-administering medicines on the days of the audit. Appropriate processes are in place to ensure this is managed in a safe manner when required.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented.</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>Residents’ dietary requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preference were available in the kitchen folder. The food is prepared on site by two cooks and is in line with recognised nutritional guidelines for older people. The kitchen staff have received food safety and hygiene training. The menu follows summer and winter patterns in a four-weekly cycle. The menu was reviewed by a qualified dietitian on 14 June 2022. The food is served in the dining rooms of each unit and is transported in insulated trolleys and served on heated plates.</p> <p>All aspects of food procurement, production, preparation, storage,</p>

		<p>transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by local council. The current food control plan will expire on 22 March 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Decanted food was covered and labelled. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' weight is monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements are provided where required. Menu options culturally specific to te ao Māori, were included on the menu once a week. Other culturally specific menu options for Pacific people were provided once a month. Whānau are welcome to bring culturally specific food for their relatives. Nutritious snacks are available 24 hours a day for residents in the dementia unit.</p> <p>Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meal in an unhurried fashion. Residents who chose not to go to the dining room for meals had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Confirmation of residents' satisfaction with meals was verified by residents in interviews and satisfaction surveys results.</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</p>	<p>FA</p>	<p>The resident transition, exit, discharge, or transfer from Goodwood Seadrome policy guides staff on transfer, exit and discharge processes. Transfers and discharges are managed by the clinical team in consultation with the resident, their family/whānau, EPOA and the NP. A standard Te Whatu Ora- Health New Zealand Waitemātā transfer form is used to transfer residents to acute services. The charge nurse reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes</p>

<p>coordinate a supported transition of care or support.</p>		<p>were provided to ensure continuity of care. The reason for transfer was documented on the transfer letter and progress notes in the sampled files.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. Residents are supported to access or seek referral to other health and/or disability service providers including social support or kaupapa Māori agencies, where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the NPs or registered nurses. Examples of referrals completed were in residents' files sampled. The resident and the family/whānau were kept informed of the referral process, reason for transition, transfer, or discharge, as confirmed by documentation and interviews with RNs and family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The physical environment supports the independence of people receiving services. Handrails are appropriately placed, and the corridors are wide. The building consists of two units (the hospital unit, and the secure dementia unit). Doorways and corridors can readily accommodate wheelchairs, other equipment, and any escorts. There are comfortable looking lounges for communal gatherings and activities in the hospital unit and the dementia unit. Adequate space for the storage of equipment was available. There was adequate space for individual, and group activities, and quiet spaces that can be utilised by residents and their whānau/family as required. There is a nurses' station in each unit and separate offices for the management team. There are two dining rooms, one in the hospital unit and the other in the secure dementia unit. Furniture and fittings are well maintained.</p> <p>The grounds and external areas are well maintained. External areas are independently accessible for residents. All outdoor areas have seating and shade. There is safe access to all communal areas. All residents' rooms in the hospital unit are single, all are fitted with a handbasin and are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment. All rooms have external windows with safety latches to provide natural</p>

		<p>light and have appropriate ventilation. The hospital unit has an underfloor heating system and there are panel heaters in the dementia unit. There are adequate numbers of accessible bathroom and toilet facilities. There is a key coded gate with a further key coded gate at the exit on to the road. Pathways, the deck, and walkways enable residents to walk in the grounds and there are ample safe areas outside for residents to wander. There are three double rooms in the dementia unit (only one was shared). These rooms have privacy curtains, a suitable call bell system and spacious areas to provide cares for two residents. Residents who utilise these rooms had consent to share a room signed by their EPOAs. In the dementia unit, the toilets are colour coded for easy identification for residents.</p> <p>The facility car has a current warrant of fitness which expires on 3 April 2023. There is a current building warrant of fitness with an expiry date of 3 September 2023. Hazards are identified according to the health and safety programme and the hazard management process.</p> <p>There is a maintenance manager that oversees a team of five maintenance staff/gardeners. There is a weekly meeting on a Monday where work is allocated across all sites. The health and safety manager informed that there is at least one maintenance person at Seadrome daily. The two health and safety representatives complete monthly environmental audits that include visual inspections of the electrical cords, appliances, medical equipment checks, hot water temperatures and call bell audits. Outstanding maintenance issues are reported in a monthly report to the organisation's health and safety manager. There is a preventative maintenance plan that is implemented. The planned maintenance schedule includes electrical testing and tagging, residents' equipment checks, and calibrations of weighing scales and clinical equipment. The scales are checked annually. Essential contractors are available 24 hours a day.</p> <p>Home decorations reflect the culture of the resident group. There is a combination of art and craftwork around the facility including items which reflect te ao Māori. Residents' artwork was posted on walls around the facility. The facility manager reported that there is no planned development for new buildings and there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori, when required.</p>
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<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>PA Moderate</p>	<p>Emergency management policies, including the pandemic plan, outlines 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 plan is in place that is yet to be approved by the New Zealand Fire Service. Fire evacuation drills have been completed every six months (last completed August 2022). Fire warden training occurs for all senior HCAs, RNs, and night staff. The facility uses a contracted evacuation specialist to conduct these fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is an accessible generator and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores in circulating holding tanks to provide residents and staff with at least three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available during the day but not always at night.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. There are sensor mats in the dementia units. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The dementia unit is secure with swipe entry. The building is secure after hours, and staff complete security checks at night. Intentional rounding is completed at hourly intervals in the dementia unit to ensure residents are safe.</p> <p>Staff wear name badges. Sign in of visitors, health screening process</p>
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		and health declaration at entry continues. Visitors are required to not visit when unwell. Visitors are required to wear masks.
<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 registered nurse in the hospital is the infection control nurse (IC) and is supported by the quality coordinator. 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 six-monthly and significant issues are escalated through an effective communication pathway to the governance team. Documentation review evidence recent outbreaks were escalated to the executive team within 24 hours. Infection rates are presented and discussed at quality, RN and staff meetings and presented to the health and safety manager, and quality assurance manager, that provide a monthly report to the Board. Infection prevention and control are part of the strategic, business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora- Health New Zealand Waitematā. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control nurse, the senior management team, the NP, and the Public Health team.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening and health declarations continues for visitors and contractors, and all are required to wear masks.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations (logs sighted), with all staff and all residents being fully vaccinated against Covid-19.</p>
Subsection 5.2: The infection prevention programme and	FA	The designated infection control nurse has been in the role for more than twelve months. During Covid-19 lockdown there were regular

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>meetings with Te Whatu Ora- Health New Zealand Waitematā which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan including easily accessible resources for the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control nurse has completed infection control training with Te Whatu Ora- Health New Zealand Waitematā . There is good external support from the NPs, laboratory, and gerontology nurse. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) equipment as required. The infection control nurse has input into the procurement of good quality PPE, medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control communication pathway and training and education of staff. Policies and procedures are reviewed annually by the head office in consultation with infection control nurses. 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. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service's infection control policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Infection control practices include laundry and cleaning practices that reflect Māori participation when required and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service includes the checking of these processes in the infection control management audits. All staff received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas. There</p>
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		<p>was no construction, installation, or maintenance in progress at the time of the audit. There is a communication pathway to include the infection control nurse for advice when required.</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. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Families interviewed confirmed they were kept informed and updated on Covid-19 policies and procedures through regular correspondence.</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>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns, ethnicity and summaries are presented and discussed at the RN, quality and staff meeting and discussed with the NPs. Infection rates are analysed, and antibiotic use is reported to the quality meeting and documented on the monthly report to the quality assurance manager. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Electronic charts reviewed evidence judicious, careful, and rational use of monotherapy.</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-</p>	FA	<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly. Infection control surveillance is discussed and reported to the quality assurance</p>

<p>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>		<p>manager who reports to the Board. Staff are informed through the variety of meetings held at the facility.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control nurse use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the NPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Te Whatu Ora- Health New Zealand Waitematā for any community concerns.</p> <p>There has been two Covid exposure events in 2022 (between March and July). The outbreaks were documented with evidence of comprehensive management, regular outbreak meetings and lessons learned debrief meetings. The infection control nurse interviewed described the daily update and debrief meeting that occurred. The service completed a `lessons learned` after each event to prevent, prepare for and respond to future infectious disease outbreaks. The infection control nurse confirmed that the screening process, cohorting of residents and care delivery within a constraint workforce prove to be challenging but successful. Staff confirmed that during the Covid exposure period resources including PPE were adequate.</p> <p>Ethnicity data is collected monthly and analysed by the quality assurance manager to inform strategic planning and service delivery.</p>
<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>FA</p>	<p>The facility implements a waste and hazardous management policy that conform to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry, and cleaning storerooms. Staff receive training and</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>		<p>education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Cleaning services are provided seven days a week. There are sluice rooms located in each area with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. There is a sluice cycle programmed in one washing machine. Residents' clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system with oversight from the infection control nurse. Residents and families confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	<p>FA</p>	<p>The Governance Group are aware of their responsibilities in respect of restraint elimination, and restraint information is presented at Board meetings monthly. At the time of audit one resident was using a restraint. Restraint policy confirms that restraint consideration and application is done in partnership with the resident/family, and the choice of device should be the least restrictive possible. Policies have been updated to reflect the Ngā Paerewa Health and Disability</p>

<p>restraint in the context of aiming for elimination.</p>		<p>Services Standard 2021 and meets the requirements of the standard. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>The restraint coordinator has a defined role of providing support and oversight for any restraint management. The designated restraint coordinator is the facility manager. Staff have received education in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring in October 2022.</p> <p>The general manager and the facility manager are responsible for the approval of the use of restraints and the restraint processes. The restraint in use has been approved, and the overall use of restraint is being monitored and analysed. The resident's EPOA were involved in decision making. The service works in partnership with Māori, to promote and ensure services are mana enhancing. Seadrome strives to protect and promote each person's mana, dignity, rights, maximum freedom, and functional ability. The restraint in use was requested by the resident as an aide to enable them to reposition themselves in bed.</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>Assessment for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard, including cultural requirements. Evaluations occur three-monthly or before if this is required. Access to advocacy is facilitated as necessary and includes access to culturally appropriate advocacy services or people. The resident and family/whānau confirmed their involvement and satisfaction with the assessment process.</p> <p>A restraint register is maintained by the restraint coordinator and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. The approved restraint in use were bedrails as per resident's request. The bedrails are used only when the resident is in bed. Regular monitoring is completed in each shift and reported at handover times.</p> <p>Policy and procedures include the requirements around emergency restraint and person-centred debrief. Processes are in place to ensure</p>

		that when debrief is required, an appropriate person can undertake the debrief, including culturally appropriate personnel.
<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	The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. The use of restraint has been maintained at low rates since the last audit.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	<p>Section 31 notifications have been sent appropriately for pressure injuries. Infectious outbreaks have been appropriately notified. The service has been in continuous communication with Te Whatu Ora – Health New Zealand Waitematā regarding the RN shortages; however, section 31 notifications have not been completed for RN shortages.</p>	<p>Section 31 notifications have not been completed and sent to HealthCERT regarding RN shortages.</p>	<p>Ensure section 31 notifications are completed reporting all RN shortages.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	<p>As per the ARRC contract with Te Whatu Ora-Health New Zealand Waitematā, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times. However, the service has been unable to provide a registered nurse on site for night duty for a period of time. This audit was conducted in a time of recognised national workforce shortages and the</p>	<p>There has been RN shortages at the facility since May 2022, with a period of six weeks with no RN cover on night shifts.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p>

		<p>finding should be seen in this context. The service does not always have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.</p> <p>It was noted that the service has attempted to mitigate the risk by rostering level four healthcare assistants with medication competencies to cover the night shifts and utilising on-call services from the casual RN (neighbour).</p> <p>The facility manager and general manager are available and live short driving distance from the facility. The general manager confirm the contract portfolio manager at Te Whatu Ora- Health New Zealand Waitematā is aware of the situation. The service actively recruited RNs and is awaiting visa approval for two RNs, one RN is supported to complete a New Entrant to Specialist Practice (NESP) Programme and one employee is supported through a return to nursing programme. As required medication is managed by medication competent HCAs that provide assessment and contact the RN on call before administering medication. The pro re nata (PRN) medication policy was reviewed to reflect this requirement and recent internal audits conducted evidence the process is followed as required. Evidence of falls management data showed minimal falls occur during the night and if unwitnessed falls do occur, neurological observations are completed as required. Staff have clear communication pathways for clinical and non- clinical emergencies. First aid certificates reviewed evidence three HCAs on night shifts do not hold a current first aid certificate (link 4.2.4).</p>		90 days
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<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>Goodwood Park Health Limited owns the facility since October 2018. There is an evacuation plan, however, the quality assurance manager stated an approval letter could never be located.</p> <p>A recent application to approve the existing evacuation plan required a visit from a fire engineer. It was found that there was penetration through one firewall that needs to be rectified before the issuing of the approval letter. The health and safety manager could evidence continuous communication.</p> <p>There is a current evacuation resident list that stated the required support needed in case of an evacuation. Staff completed a fire drill in August 2022.</p>	<p>The fire evacuation scheme has yet to be approved.</p>	<p>Ensure the approval letter for the existing fire evacuation scheme is obtained from Fire and Emergency New Zealand.</p> <p>90 days</p>
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Low</p>	<p>The service currently has RN unavailability on night shift. The night shift is covered by experienced level 4, medication competent skilled HCAs. However not all night shifts have a healthcare assistant with a current first aid certificate. At the time of the audit the HCAs were booked to complete their first aid certificates in November 2022.</p> <p>There is evidence that every day shift has at least one person with a valid current first aid certificate.</p>	<p>There is not always a person with a valid current first aid certificate on night duty.</p>	<p>Ensure that there is at least one person at all times with a valid current first aid certificate.</p> <p>90 days</p>

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>A quality management framework is being implemented. Clinical indicators are monitored monthly. Falls have significantly reduced following the implementation of specific and targeted falls management strategies.</p>	<p>A service improvement plan was developed in consultation with the clinical team and quality assurance manager and included (a) Following a policy review the post falls assessment procedure was updated to ensure robust assessment to minimise harm from falls,(b) assessments completed for residents by the physiotherapist and the occupational therapist to review mobility, transfer and seating requirements; (c) medication reviews by the nurse practitioner to reduce psychotropic, hypnotic and sedation medication, d) review of the medication management policies around administration of as required medication in the absence of a registered nurse; (e) deprescription to reduce polypharmacy; (f) review of all falls accident/incidents and post falls assessments including identification of contributing factors/corrective actions; (g) monitoring, trending and analysing of accident/incident data to identify areas of improvement and increased resident participation in activities</p>

			<p>that include exercises.</p> <p>An algorithm/ flow chart was developed to ensure robust assessment occurs post falls, including the completion of neuro observations following unwitnessed falls. The education tool is based on the flow chart and regular teaching sessions were presented to staff. Clinical audits occur at regular intervals to ensure best practice is embedded in the quality system. Staff interviewed confirm confidence in management of resident falls through the use of the algorithm tool. The required strategies for improvement were discussed at regular staff meetings and handover.</p> <p>Internal audits completed at regular intervals evidence robust completion of incident forms, post falls assessments, neurological observations, next of kin participation and investigations. Falls are discussed at the six-monthly care review meetings with families to formulate specific goals.</p> <p>The quality indicator data (summary, trends, and analysis) related to falls and quality meeting minutes (sighted) showed an improvement in the management of falls through the consistent implementation of the quality frame. The quality coordinator and quality assurance manager confirmed that since implementing the strategies there have been a marked decrease in harm from falls which positively contributed to residents' wellbeing.</p>
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End of the report.