

# Northbridge Lifecare Trust - Northbridge Lifecare Trust Rest Home & Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Northbridge Lifecare Trust
<b>Premises audited:</b>	Northbridge Lifecare Trust Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 31 October 2022      End date: 1 November 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	85



# Executive summary of the audit

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## 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

Northbridge Lifecare Trust Rest Home and Hospital provides aged-related residential care (ARRC) rest home and hospital and dementia services for up to 96 residents. It is owned and operated by Northbridge Lifecare Trust. The only changes to the service since the previous audit have been the appointment of a care facility manager in December 2021.

This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard 2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Waitemata. The audit process considered a sample of relevant policies and procedures, resident and staff files, observations, interviews with residents, whānau, staff, a nurse practitioner, and a member of the trust board. All interviewees were positive about the care provided.

A full-time care facility manager manages the facility with the support of registered nurses. A prospective clinical manager has been appointed and will take up the role on registration as a nurse by the Nursing Council of New Zealand. Orientation of the prospective clinical manager by a senior New Zealand registered nurse has commenced. There is office support through the trust which also owns the adjacent retirement village.

Corrective actions from the previous certification audit have been closed by Te Whatu Ora Waitemata. However, six areas relating to analysis of adverse events, orientation of new staff, staff performance appraisal, staff availability, care planning, and restraint monitoring are recurring findings. The previous finding into the facility's building warrant of fitness has been resolved.

Further improvement is required in the area of risk and hazard management , registered nurse availability, and monitoring the effectiveness of pro re nata (PRN) medication.

## 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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Northbridge Lifecare Trust Rest Home and Hospital has a recruitment policy in place. There were Māori staff employed by the facility during the audit.

A Cultural Safety Policy is in place which covers care for Pacific peoples.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, harassment, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

There is a process in place to manage complaints. There were seven complaints received since the last audit. Six were made directly to the facility and one came via the Health and Disability Commissioner (HDC). There have been no complaints received from any other external sources.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service is governed by Northbridge Lifecare Trust. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals. There is a documented risk management system which includes processes to meet health and safety requirements. Quality data is collected, and adverse events recorded. The service complies with statutory and regulatory reporting obligations.

There is a systematic approach to identify and deliver ongoing learning supports for staff, and a policy in place in relation to orientation of new staff and performance appraisal for current staff.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with whānau and residents noting their activities of interest. In interviews, residents and whānau expressed satisfaction with the activities programme provided.

There is a medicine management system in place. The general practitioner (GP) and nurse practitioner (NP) are responsible for medication reviews.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. Resident areas are personalised. Spaces are culturally inclusive and suited to the needs of the resident groups. The building warrant of fitness is current.

A New Zealand Fire Service approved fire and evacuation plan is in place. Fire and emergency procedures are documented, and related staff training has been carried out. Emergency supplies are available. Staff are trained in the management of emergencies. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The service ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical services manager coordinates the programme.

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

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak of COVID-19 in May and August 2022, and this was well managed.



## 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.		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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Restraint minimisation is documented in policy. There were 18 residents using restraint at the time of the audit. Policy documents how the need for restraint is to be assessed and approved, as well as the monitoring and review processes. Assessment and approval processes are in place. Staff demonstrated a sound knowledge and understanding of the restraint process and the provision of least restrictive practice, de-escalation techniques, and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	11	0	0	5	1	0
Criteria	0	28	0	0	6	1	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>	Not Applicable	The service does not, as yet, have processes in place for active recruitment of Māori (refer criterion 1.1.3). There are people who identify as Māori on staff.
<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</p>	Not Applicable	A Cultural Safety Policy is in place (reviewed 2020) which also covers care for Pacific peoples. The plan has not been reviewed to meet the requirements of the Ngā Paerewa standard. There has been input into the policy from Māori but not from anyone/any group who identifies as Pasifika (refer criterion 1.2.3). There are staff in the service who identify as Pasifika.

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>Not Applicable</p>	<p>There were no residents who identified as Māori on the audit days. Staff reported that they respect residents' rights and support them to know and understand their rights. The cultural safety policy in place does not adequately guide staff to ensure Māori residents' mana motuhake is recognised and respected. The service is actively working towards implementing new policies and procedures in order to meet the requirements of the Ngā Paerewa standard. Enduring power of attorney (EPOA), whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required.</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>The organisation's orientation programme requires all staff to read and understand the principles of Te Tiriti o Waitangi, though orientation has not been consistently carried out (refer criterion 2.4.4). Staff had completed training on Te Tiriti o Waitangi in 2021 to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the cultural safety policy sighted. Policies and procedures are being updated to ensure that te reo Māori is incorporated in all activities undertaken. Staff reported that national events are celebrated including language week. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>There was no specific plan in place to respond to tāngata whaikaha residents and support and encourage participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The prospective clinical manager (CM) and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's code of conduct. This has not been experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. This was reiterated in whānau interviews</p>

		<p>conducted. A cultural safety policy is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents. However, resident meetings have not been conducted over the last year due to COVID-19 infection of residents and staff (refer subsection 2.2). A resident satisfaction survey is currently in progress.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. Staff reported that they are encouraged to refer to the cultural safety policy on tikanga best practice. The prospective CM and registered nurses stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora - Health New Zealand Waitemata (Te Whatu Ora Waitemata) if required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints. This meets the requirements of the Code but has no specific criteria for management of complaints from Māori (refer criterion 1.8.5). Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>Seven complaints have been received since the last audit. Six were received internally and one via the Health and Disability Commissioner (HDC). Internal complaints related to a resident attack on a staff member, staff not wearing face masks when this was regulated, following a fall with injury, food quality, in relation to</p>

		<p>the actions of a family member of a resident, and following a change to the level of care for a resident. All complaints except the latter were addressed and have been closed. The HDC complaint was received in November 2021. It related to visiting a dying relative while COVID-19 restrictions were in place. The complaint was closed by the HDC in April 2022 after advice was given to the facility by the HDC around allowing visiting when a resident is palliative. An apology was made to the family/whānau of the resident. There have been no other complaints received from external sources.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>Not Applicable</p>	<p>The governing body is the Northbridge Lifecare Trust. The trustees have not undertaken education in Te Tiriti o Waitangi, health equity, or cultural competence and were unaware of the requirement to do so (refer criterion 2.1.10).</p> <p>There is a Cultural Safety Policy in place, but this has not been reviewed to meet the requirements for equity required by the Ngā Paerewa standard. The care facility manager (CFM) is aware of this and is moving to an externally sourced suite of policy documents which includes equity for Māori, Pasifika and tāngata whaikaha, but the transition has not yet been implemented (refer criterion 2.1.5 and 2.1.7).</p> <p>There is no specific plan in place for the care of tāngata whaikaha (refer criterion 2.1.6). The service holds a contract for dementia care; residents entering these services could be under 65 years of age. There were no residents aged under 65 in the facility on the day of audit.</p> <p>The service holds contracts with Te Whatu Ora Waitemata for the provision of age-related residential care (ARRC) rest home and hospital and dementia care services. During the audit 33 residents were receiving rest home care, 38 hospital level care, and 14 under the dementia care services contract.</p>
<p><b>Subsection 2.2: Quality and risk</b></p> <p>The people: I trust there are systems in place that keep me safe, are</p>	<p>PA Moderate</p>	<p>There is a risk management policy in place and a risk and hazard register. Information is collected in relation to risk management</p>

<p>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>such as numbers of adverse events, incidents, and infections, and some internal audits are conducted. Outcomes from these activities do not link to the quality and risk system (refer criterion 2.2.2). The service does not undertake analysis of the information it generates to improve service delivery and there is little evidence of feedback from residents. There have been no resident meetings in 2022 (primarily due to COVID-19) and a resident satisfaction survey sent out recently has currently generated only one response. Analysis of adverse events and incident data was outlined as an issue in the previous audit (HDSS 2008 criterion 1.2.3.6), this has not been rectified and is a recurring finding.</p> <p>Policy and procedure in relation to care of Māori and Pasifika does not reflect the equity requirements of the Ngā Paerewa standard. There is no policy in place in respect of tāngata whaikaha (refer criterion 2.2.4).</p> <p>The CFM understood and has complied with essential notification reporting requirements. There have been 13 section 31 notifications sent since January 2022 re: the RN shortage due to the nationwide shortage of registered nurses. Two other section 31 notifications have been made; one relates to the change of facility manager and another due to an unstageable pressure injury.</p> <p>The Cultural Safety Policy in place does not adequately guide staff in the care for Māori and, while there has been staff training in the care of Māori in the facility in 2021, only four staff have attended (refer criterion 2.2.7).</p> <p>Equity is not considered as part of the analysis of organisational practices. Ethnicity data is not collected for residents and staff and cannot, therefore, be utilised to improve service delivery (refer criterion 2.2.8).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally</p>	<p>PA High</p>	<p>The service provides hospital level care. There is a requirement that there be 24 hours a day, seven days a week (24/7) registered nurse cover when hospital level care is being delivered. Hospital level care is being delivered in the facility to 38 residents. The service provides dementia level care. There is a requirement that at least</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>one staff member on each shift will be dementia qualified. It is also required that staff giving medication are medication competent (refer criterion 3.4.3) and that at least one staff member on each shift will be first aid certified.</p> <p>There is a significant shortage of registered nurses (RNs) in the service. Currently there are six registered nurses, two of whom are casual, available to support resident care in the facility. Deficits are covered by two enrolled nurses (ENs) and HCAs who are health and wellbeing qualified at level three or four or five who are internationally qualified nurses awaiting registration with the Nursing Council of New Zealand. The prospective clinical manager recently appointed is also awaiting registration consideration by the Nursing Council of New Zealand. Section 31 notifications had been made but there was no dispensation in place from Te Whatu Ora Waitemata to cover the RN deficit.</p> <p>There are insufficient staff rostered who have documented medication competency, were dementia qualified when working in the dementia unit, or were first aid certified on night duty.</p> <p>There is a training plan in place, but this has not been revised to cover the requirements of Ngā Paerewa in terms of equity and care of Māori, Pasifika and tāngata whaikaha. Te Tiriti o Waitangi was covered in the culture and support education programme delivered by the service in 2021. Staff received a good level of training in 2021 but this was affected in 2022 due to COVID-19 in the facility and affecting staff.</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</p>	<p>PA Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Professional qualification for health care professionals had been validated and then checked and documented annually. A sample of staff records reviewed showed that orientation was not being documented in most instances (refer criterion 2.4.4). This was a finding in the previous audit (HDSS 2008 criterion 1.2.7.4). Staff interviewed reported that orientation does not always take place due to pressure on staffing and staff and manager turnover.</p>



<p>culturally safe, respectful, quality care and services.</p>		<p>Performance appraisals were identified as an issue in the previous audit (HDSS 2008 criterion 1.2.7.4). Files sampled evidenced that performance appraisals are still not being undertaken and this remains an issue. This finding still needs to be addressed by the service (refer criterion 2.4.5).</p> <p>Ethnicity data is not currently recorded for staff.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>Not Applicable</p>	<p>The service admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form.</p> <p>There were no Māori residents at the time of the audit, the service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively making contacts to work in partnership with local Māori communities and organisations. The prospective CM stated that Māori health practitioners and traditional Māori healers for residents and whānau who may benefit from these interventions will be consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>A total of seven files sampled identified that initial assessments and initial care plans were resident centred. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. Not all initial InterRAI assessments, re-assessments and long-term care plans were completed in a timely manner. Thirty-one interRAI assessments were overdue for review with timeframes ranging from four to 209 days. Two residents' files sampled had no long-term care plans in place and three were not evaluated following completion of interRAI assessments. No restraint evaluations were documented in residents' files reviewed and none of the residents in the memory care unit had 24-hour activities care plans in place. Cultural assessments were completed by the nursing team in consultation with the residents, and</p>

	<p>whānau/EPOA. Care plans developed were evidenced that resident, whānau/EPOA, and that general practitioner (GP) and/or nurse practitioner (NP) involvement is encouraged in the plan of care.</p> <p>The GP and NP complete the residents' medical admission within the required time frames and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The prospective CM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>The nursing team would ensure that where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The cultural safety policy in place does not adequately guide staff in the care of Māori residents. The service was awaiting the implementation of new suite of policy documents that reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the cultural safety policy. The prospective clinical manager reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>A recommendation has been made in relation to 24-hour activity care plans for residents in the memory care unit.</p>
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		The previous audit shortfall (HDSS:2008 criterion 1.3.3.3) around the electronic record management system not identifying when the care-plans were reviewed remains open. A recommendation has been made relating to this.
<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 activities are conducted by four diversional therapists (DTs) across all wings. The DT reported that the service will support community initiatives that meet the health needs and aspirations of Māori and whānau and this includes celebrating national events, Matariki, ANZAC holidays, Māori language week, and use of basic Māori words. Opportunities for Māori and whānau to participate in te ao Māori will be facilitated. The planned activities and community connections are suitable for the residents. Van trips are conducted once a week except under COVID-19 national restrictions.</p> <p>Whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>	PA Moderate	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation is conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments.</p> <p>The controlled drug register was current and correct. Weekly and six-monthly stock takes had been conducted. The prospective CM reported that controlled drugs are stored securely following requirements and checked by two staff for accuracy when being administered and records were reviewed to confirm this.</p> <p>The RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards. Monitoring of medicine fridge and medication room temperatures is conducted</p>

		<p>regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>There were no residents self-administering medications. There is a self-medication policy in place when required. Medications were stored securely. There were no standing orders in use. The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>An improvement is required to ensure all staff who administer medicines have current medication competencies (refer criterion 2.3.3) and that the effectiveness of PRN medications is documented.</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>There were no residents who identify as Māori. The cultural safety policy in place included cultural values, beliefs, and protocols around food. The catering manager stated that culturally specific menu options will be provided as required. Whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and whānau expressed satisfaction with the food portions and options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A standard transfer notification form from Te Whatu Ora Waitemata is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents’ records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A building warrant of fitness (BWoF) is in place with an expiry of 18 November 2022. Biomedical testing was carried out on 22 November 2021 and electrical tagging and testing on 18 August 2022.</p> <p>The service currently has no plans for new buildings but is aware of the requirement to consult with and co-design with Māori if this is envisaged.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation plan was approved by the New Zealand Fire Service on 19 November 2007.</p> <p>There is not always a first aid certified staff member on duty (refer criterion 2.3.3).</p> <p>Call bells alert staff to residents requiring assistance. Call bell response monitoring was part of a corrective action in the certification audit (HDSS 2008: criterion 1.2.8.1) and this was linked to staffing levels. There is still no process in place to monitor call bells but residents and whānau reported that call bells were answered promptly, and prompt response was sighted during the audit. Appropriate security arrangements are in place though an interviewee reported that they had been discussing better methods of collecting contact information from people who take residents out of the facility with the CFM and this was being addressed. Staff wear name badges that are easy to read.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	<p>FA</p>	<p>A pandemic plan is in place, and this is reviewed at regular intervals. There was an infection outbreak of COVID-19 in May 2022 and August 2022 and a total of 67 residents were affected. Residents and the service were managed according to MoH</p>

<p>policies, systems, and processes to manage my risk of infection.  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.  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>guidelines and requirements. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings. The prospective CM reported that the GP/NP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>The service is actively working towards including ethnicity data in the surveillance of HAIs.</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.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of</p>	<p>Not Applicable</p>	<p>There is no reporting of restraint use to the governance group (refer criterion 6.1.4) and the governance member interviewed was unaware of their responsibilities to eliminate restraint (refer criterion 6.1.1).</p> <p>An RN is the restraint coordinator. The RN was on extended leave during the audit and there was no deputy in place to manage restraint in their absence (refer criterion 6.1.3)</p> <p>There are high numbers of residents using restraint in the facility; in</p>

<p>restraint in the context of aiming for elimination.</p>		<p>2022 between 13-18 per month, the numbers have been increasing over the year (e.g., 13 in June, 18 in October). Most restraints are bedrails with minimal lap belt use. Assessments and approval for restraint have been carried out but resident restraint reviews and evaluations have not been undertaken (refer criterion 3.2.5), nor has general review of restraint use in the facility.</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>PA Moderate</p>	<p>Restraint monitoring is not being carried out as required, this was a finding at the previous audit (HDSS 2008 criterion 2.2.3.4). Added to this, monitoring of restraint, when it is being done, is sometimes being recorded as a restraint and sometimes as an enabler indicating that staff are unsure of the difference between these.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Moderate	Information is collected in relation to adverse events, incidents, and infections, and some internal audits are conducted. Outcomes from these activities do not link to the quality and risk system. The service does not undertake analysis of the information it generates to improve service delivery. Analysis of adverse events and incident data was outlined as an issue in the previous audit (HDSS 2008 criterion 1.2.3.6), this has not been rectified and is a recurring finding.	There is reporting and recording of adverse events, incidents, and infections. Internal audits are conducted but corrective actions are not always completed. There is no analysis of the information collected to inform the quality and risk management system and improve service delivery.	<p>Ensure data collected from quality and risk activities are analysed and that the information generated is used to improve the quality or care and service delivery.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient</p>	PA High	There is a significant shortage of registered nurses (RNs) in the service, and this is evidenced in the	There are insufficient registered nurses on duty to provide safe clinical and cultural care for	The service considers the number of residents receiving care so that there is sufficient RN



<p>health care and support workers on duty at all times to provide culturally and clinically safe services.</p>		<p>backlog of interRAI assessment, care planning, and review and evaluation of restraints in use (refer criterion 3.2.5 and 6.1.4). Currently there are six registered nurses, two of whom are casual, available to support resident care in the facility. Deficits are covered by two enrolled nurses (ENs) and HCAs who are health and wellbeing qualified at level three or four and five staff who are internationally qualified nurses awaiting registration with the Nursing Council of New Zealand. Five weeks of roster were analysed (35 days). During the five weeks there was no registered nurse or enrolled nurse available in the facility over a 24-hour period on 10 occasions and on five occasions by an EN only (15 in total). Where RNs were rostered, this was to cover the entire facility primarily in the morning and based in the hospital area. The prospective clinical manager recently appointed is also awaiting registration consideration by the Nursing Council of New Zealand and is being orientated and supported into the role in the interim by a senior New Zealand qualified RN. The care facility manager (CFM) described conversations with Te Whatu Ora Waitemata in relation to the shortage of RNs in the facility and one email between the CFM and the portfolio manager was sighted. Section 31 notifications had been made to the Ministry of Health copied to Te Whatu</p>	<p>residents.</p>	<p>cover to provide safe clinical and cultural services.</p> <p>30 days</p>
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		Ora Waitemata.		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>Fifteen files were sampled in total and six specifically for staff who had been employed since the last audit. None of the six files sampled had recorded orientation completion on their files. There is an orientation programme in place for bureau staff, but no documented orientation completion was evidenced.</p>	<p>Orientation programmes are not being completed for new staff entering the service or for bureau staff who are working in the service for the first time.</p>	<p>Complete orientation for new staff entering the service or bureau staff who are working in the service for the first time and ensure this is documented.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Moderate</p>	<p>Performance appraisals were identified as an issue in the previous audit (HDSS 2008 criterion 1.2.7.4). Seven staff files were sampled with due performance appraisals, none of the staff had a performance appraisal completed and staff, at interview confirmed that performance appraisals were not being completed, this remains an issue.</p>	<p>Staff who were due performance appraisal have not had these completed.</p>	<p>Undertake annual performance appraisal for all staff.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p>	<p>PA Moderate</p>	<p>All residents' care, in the rest home, hospital and memory care unit, was evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of</p>	<p>(i) Thirty-one interRAI assessments are overdue for review with timeframes ranging from 4-209 days.</p> <p>(ii) Two resident's files sampled had no long-term care plans in place while three care plans were not evaluated following completion of interRAI assessments.</p>	<p>(i) Ensure interRAI assessments are completed within the required timeframes.</p> <p>(ii) Provide evidence of completed long term care plans and ensure these are evaluated following interRAI assessments.</p> <p>(iii) Ensure there are documented restraint evaluations</p>

<p>(b) Include the use of a range of outcome measurements;  (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;  (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;  (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau are included and informed of all changes.</p> <p>Thirty-One interRAI assessments were overdue for review with timeframes ranging from 4-209 days. Two residents' files sampled had no long-term care plans in place and three were not evaluated following the completion of interRAI assessments. No restraint evaluations were documented in the residents' files reviewed. Not completing and evaluating residents' interRAI assessments and long-term care plans has the potential of not meeting residents' required care needs. The prospective CM reported that there were processes in place to ensure all identified gaps in the system were addressed. The CFM reiterated that the shortage of RNs and recent resignations of interRAI competent staff also had an impact on not meeting contractual obligations in the care delivery process.</p>	<p>(iii) No restraint evaluations were documented in residents' files reviewed.</p>	<p>in residents' files.  60 days</p>
<p>Criterion 3.4.3  Service providers ensure competent health care and</p>	<p>PA  Moderate</p>	<p>Indications for use are noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies are indicated,</p>	<p>(i) Effectiveness of PRN outcomes were not consistently documented.</p>	<p>(i) Ensure the effectiveness of PRN medications is consistently documented.</p>

<p>support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>		<p>and all photos were current. Eye drops in use were dated on opening and these were sighted in the medication trolleys.</p> <p>The GP/NP completes three monthly reviews, and these were completed in a timely manner. Not all staff administering medication had completed a competency assessment. Of staff administering medication only six health care assistants had current medication competencies on their file (refer criterion 2.3.3). Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit. Outcomes of PRN medications were not being consistently documented. These areas requiring improvement have the potential of not managing residents' medication in a safe and effective manner.</p>	<p>(ii) Competencies for staff administering medicines were not evidenced except in six instances.</p>	<p>(ii) Provide evidence of completed medication competencies for all staff administering medication.</p> <p>60 days</p>
<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Moderate</p>	<p>Eighteen (18) residents were using restraint during the audit. Seventeen of these were bedrails and one a lap belt. Assessments and approval for restraint had been carried out with a requirement for two-hourly monitoring in all instances. Monitoring is electronic, at the bedside. Five resident records were examined. None of the restraints had been monitored according to the schedule set in the restraint assessment. In</p>	<p>Restraints are not being monitored two-hourly as per the assessed requirements. Restraints are being documented as enablers in some instances.</p>	<p>Initiate a restraint monitoring process to ensure monitoring takes place consistently and in the assessed timeframe. Education on restraint is to be undertaken so that staff understand the difference between restraints and enablers so that they can monitor restraints accurately in the resident's record.</p>

		some instances where monitoring had occurred, the monitoring was documented as an enabler not a restraint.		90 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.