

Heritage Lifecare (BPA) Limited - Broadview Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Heritage Lifecare (BPA) Limited
Premises audited:	Broadview Rest Home & Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 27 February 2023 End date: 28 February 2023
Proposed changes to current services (if any):	Close the mental health service and increase the number of psychogeriatric beds by 10 to 20.
Total beds occupied across all premises included in the audit on the first day of the audit:	74



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

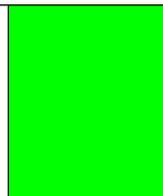
Broadview Lifecare provides rest home, dementia care, residential mental health, hospital and psychogeriatric care for up to 87 residents. The service provider has notified their intention to exit the provision of mental health care and increase the number of psychogeriatric beds by 10. A partial provisional audit to determine the suitability and capacity to double the number of psychogeriatric beds was conducted at the same time as this certification audit.

This audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, the nurse practitioner and a visiting wound care specialist.

This audit identified two areas which require improvement. These relate to monitoring the effectiveness of cleaning and documenting medication allergies.

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.

Broadview Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with culturally safe services that recognise their worldviews.

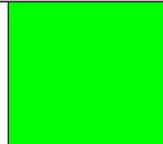
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy to understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at scheduled intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

Broadview Lifecare works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and are evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

Te aro ki te tangata me te taiao haumarū | 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. There is a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. 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.

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

The governing body, Heritage Lifecare Ltd, 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. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator, who is a registered nurse, is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the infectious diseases outbreak response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required and there are clear processes for communication.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry 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 service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were three residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the 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	27	0	2	0	0	0
Criteria	0	173	0	2	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Heritage Lifecare who operate Broadview Lifecare, has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The governance group and all managers have completed the Ministry of Health education series aimed at meeting Te Tiriti o Waitangi requirements in these standards.</p> <p>Mana motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. There are Māori staff employed.</p> <p>A Māori health plan has been developed with input from the head of cultural partnerships and is used for residents who identify as Māori. There has been significant work with local and national Iwi and Māori organisations to promote better service integration and support for Māori.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service provider identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that support culturally safe practices for Pacific peoples using the service. There were very few Pacific residents, but one interviewed felt their worldview, cultural and spiritual beliefs were embraced. There are Pacific peoples employed. The bi cultural training provided to all staff includes Pacific components and creating care plans for Pasifika people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Heritage Lifecare Ltd is aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected.</p> <p>Staff interviewed understood the requirements of the Code, including the right to self-determination, and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Written information on the Code is displayed throughout the facility. Staff and residents interviewed identified how resident rights were respected with residents able to acknowledge how their rights are upheld.</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>	FA	<p>Broadview Lifecare supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender,</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>privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room, which is spacious and reflects their individuality.</p> <p>All nurses and cares staff receive training on Te Tiriti o Waitangi. Resident centred care and the culture of the organisation are strengthened by this training and other cultural opportunities for further learning.</p> <p>Te reo Māori and tikanga Māori are strongly promoted within the service through policy and education of staff. Bilingual signage is evident in the facility and key resident information such as the Code of Rights is displayed in te reo Māori. Te reo Māori is used in the care plans of Māori residents.</p> <p>The service responds to the needs of individual residents including those with disabilities and staff described ways to enable participation in te ao Māori. Residents and whānau, including those with age related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity and needs.</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 service provides culturally and clinically safe services for all residents. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs.</p> <p>Processes are place to secure residents valuables and residents reported that their property is respected. Enduring Power of Attorney (EPOA) documentation was on file to protect residents personal and property assets and decision making where required.</p>

		<p>There is a code of staff conduct in place, staff demonstrated professional behaviours throughout the audit visit and professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed understood the concept of institutional racism and stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic encompassing the pillars of Te Whare Tapa Whā and is based on the identified strengths of residents. Wellbeing outcomes for all residents including Māori, are evaluated six monthly to ensure the needs of residents are met. All residents and whānau reported the service provided care to meet their mental, physical and cultural health needs.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened too. Information was provided in an easy to understand format and each residents preferred form of communication was documented in their lifestyle plan. Changes to residents' health status were communicated to relatives and whānau/EPOA in a timely manner.</p> <p>All residents and whānau interviewed stated they felt included in discussions and staff kept them informed of any decisions made by their medical team. Open communication was observed with clear information and respectful approaches between staff and residents witnessed. The nurse practitioner interviewed stated communication from staff was appropriate, timely and included all relevant information.</p> <p>Staff knew how to access interpreter services, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Those interviewed felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving resident and whānau in the process. Tikanga guidelines are available to support staff when working with Māori residents and whānau.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in the dementia and psychogeriatric units have a documented enduring power of attorney or welfare guardian on file that has been activated by an appropriate medical practitioner. Informed consent documentation using the Heritage Lifecare Ltd standard consent form was evident in all files reviewed. These were signed by the EPOA where this was activated.</p> <p>Residents interviewed in the mental health and psychogeriatric areas all reported they had choices in their care. Whānau interviewed stated they had been included in the initial admission and had contributed to the care plan at that point. Whānau who were the appointed EPOA were provided with updates including the recent proposed change of service for those whose loved ones were affected.</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>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints in ways that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation related to the 20 complaints sampled confirmed that complainants had been informed of findings following investigation and that these matters were closed off. There had been two</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>complaints submitted to the Office of the Health and Disability Commissioner (HDC) in 2022. These were still under investigation and open at the time of audit.</p> <p>One whānau member interviewed stated they had recently made a complaint to management regarding their loved one's care and reported this was addressed promptly and the issue has been resolved to their satisfaction.</p> <p>A resident interviewed stated they would complain directly to staff in the first instance or complete a form available in the unit. They had no complaints about the service they had received to date.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Information garnered from these sources translates into policy and procedures. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (for example, information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted. A sample of reports to the board of directors showed adequate information to monitor performance is reported.</p> <p>Board members have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the NZ Ministry of Health.</p> <p>The service holds contracts with Te Whatu Ora Whanganui for rest home, hospital, dementia, psychogeriatric and residential mental health. This includes short term/respite care, and long-term support</p>

		<p>chronic health conditions (LTS-CHC). There were 74 residents on the first day of audit; 24 were assessed as hospital level care (five of these were under the age of 65 years) 18 rest home residents (including one on respite and one on a six-week intermediate assessment) eight mental health residents (including one who was in public hospital), nine residents in the psychogeriatric unit and 16 dementia care residents. The dementia unit is certificated as maximum capacity for 15 residents. A rest home resident was assessed as requiring secure care due to wandering, within their first month of admission. Converting a whānau room in the dementia unit as a temporary bedroom for this person was discussed with the portfolio manager who agreed to extending the maximum capacity by one as an exception. The provider has notified the Ministry of Health about this interim measure.</p> <p>The Care Home and Village Manager (CHVM) has been in the role for 12 months. The clinical services manager and unit coordinator are both RNs with extensive experience in aged care and they confirmed knowledge of the sector, regulatory and reporting requirements. This leadership team is being supported by the regional operations manager who is frequently on site.</p> <p>Partial Provisional</p> <p>Increasing the number of psychogeriatric beds from 10 to 20 will not impact on the governance processes or systems in place for reporting to the board. The funder is aware of the reconfiguration. Because the service is already providing psychogeriatric care, there is sufficient understanding about the requirements for staffing and other requirements in the Aged Residential Hospital Specialised Services agreement (ARHSS). Five of the existing residents in the mental health unit are expected to be reassessed as requiring psychogeriatric care. Their unique needs are already known to the service provider.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and accidents, complaints, audit activities, a regular resident satisfaction survey, monitoring of outcomes, clinical incidents including any infections, falls, skin tears, wounds, challenging behaviours, and pressure injuries. Residents, whānau and staff contribute to quality improvement through surveys, internal audits, and meetings. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed were current and covered all necessary aspects of the service and contractual requirements.</p> <p>The CHVM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. This person who is the nominated health and safety officer, has achieved qualifications in health and safety and demonstrated in depth understanding about the requirements of the Health and Safety at Work Act 2015.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these provided an auditable record of the event, next of kin were informed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The senior leadership team understood and have complied with essential notification reporting requirements. At least 50 section 31's have been submitted in the past 12 months. The majority of these relate to resident aggression or unwanted behaviour which reflects the scope of services being provided (psychogeriatric and dementia care). Covid 19 positive cases in November/December 2022 were</p>
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		<p>notified to public health. Registered nurse shortage reports have been submitted but there has never been a shift without an RN being on site.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital and psychogeriatric area.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora- Health New Zealand. Of the 73 care staff, 22 have achieved level 4 of the national certificate in health and disability, 13 are at level 3, 18 are at level 2 and 20 are yet to engage. Twenty-two staff have completed the limited career path-dementia modules and five are enrolled to begin. The rosters reviewed confirmed that the staff working in the dementia and psychogeriatric care area have either completed or are enrolled in the required education. Records reviewed demonstrated completion of the required training and competency assessments. Staff reported feeling well supported and safe in the workplace.</p> <p>There are policies and procedures relating to whānau and consumer participation. Whānau and consumers who participate in an advisory capacity have clear terms of reference and/or position descriptions that outline their accountabilities, obligations to maintain confidentiality and processes for addressing conflicts of interest.</p>

		<p>Partial Provisional</p> <p>The only change proposed in the number of staff allocated between the psychogeriatric units is the addition of an activities person. Currently for 16 residents across the mental health and psychogeriatric units, there are three care staff and one RN each morning and afternoon and two care staff and one RN at night. Five of the current eight mental health residents will be reassessed and confirmed as psychogeriatric. Their needs and behaviours are well known by staff which will make the transition easier and minimise potential risks. If the resident numbers increase to 20, additional care staff will be rostered to these units.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Qualifications are validated prior to employment. There was evidence of orientation having been completed. New staff interviewed were satisfied with the extent of their induction. Each of the RNs had copies of current practicing certificates in the personnel records and records of current membership with professional organisations for medical staff, pharmacist, and physiotherapists. Staff performance is reviewed and discussed at regular intervals. Ethnicity data is recorded and used in line with health information standards.</p> <p>Partial provisional</p> <p>The service provider already delivers psychogeriatric care and the staff allocated to these areas have the required skills, knowledge, and competencies. A number of staff have experience working in mental health settings and have achieved the level 4 certificate in mental health support work.</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>	<p>FA</p>	<p>Policies and procedures are in place to guide staff on the management of health-related records and data. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Hard copy clinical notes were current, integrated, and legible and met current documentation standards including details of the person making the entry.</p> <p>Staff were aware of the facility policy and the need to maintain privacy of resident information. No personal or private resident information was on public display during the audit. Residents' files are held securely for the required period before being destroyed.</p> <p>National Health Index (NHI) requirements specified by the Ministry of Health are met by the organisation. The service is not responsible for NHI registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Entry criteria is clearly documented in policy and available on the organisation's website and known to referrers.</p> <p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Residents may be admitted to a fully funded assessment bed for a period of up to six weeks for full assessment by the Community Assessment and Rehabilitation Team (CART) to determine the level of care requirements for the resident. All referrals are admitted to the psychogeriatric unit following an assessment by a psycho-geriatrician.</p> <p>Residents and whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p>

		<p>Enquiries are documented and where a prospective resident is declined entry, there are processes for communicating the decision, although this rarely occurs. Where the facility is unable to accommodate a resident, they will assist the resident and whānau to find an alternative facility. Related data, including ethnicity, is documented, and analysed at organisational level and was sighted.</p> <p>There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. Broadview Lifecare has developed links with local Māori providers to enable this to occur when needed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Broadview Lifecare work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by a registered nurse following comprehensive nursing and medical assessments, including consideration of the resident's lived experience, cultural needs, values and beliefs and considers wider service integration where required.</p> <p>Clinical assessments including for mobility, falls risk, pain, pressure injury risk, continence, and nutritional needs inform care planning. An initial care plan guides care during the assessment process. InterRAI assessments are completed within three weeks of admission, or when long term care is confirmed by the CART team and inform long term care planning. Care plans detail strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community.</p> <p>Cultural needs are identified for residents during the assessment process and supports to meet these needs are documented. Māori residents have a Māori health care plan, using the Te Whare Tapa Whā framework, completed which details their cultural needs,</p>

	<p>including iwi, hapu and marae. This is a strength of the service and was very well documented in all files reviewed across all service streams.</p> <p>Daily review occurs and is documented in progress notes, all residents are reviewed by the general or nurse practitioner monthly or three monthly if stable. InterRAI assessments are completed six monthly or sooner if a resident's condition changes; interRAI assessments had recently been updated for all mental health residents as a part of the service's plan for change of service provision to ensure their needs are met.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, interRAI and medical review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the nurse practitioner and visiting wound care nurse specialist and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Short term care plans are developed, if necessary, and examples were sighted for infections and wound care. These are reviewed weekly or earlier if clinically indicated. Where progress is different to that expected, or new needs are identified, changes are made to the care plan, and this was sighted in files reviewed.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals. Multidisciplinary review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensure they have access to information. For residents in the dementia and psychogeriatric units the EPOA or welfare guardian is involved at</p>
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		<p>every step of the assessment, care planning and review process. Those interviewed confirmed active involvement in the assessment, care planning and review process, including residents with a disability.</p> <p>Residents are supported to maintain their independence, and residents described care staff encouraging them to complete their own personal cares. One Māori resident interviewed maintains part of the facility garden and stated this has given their life value.</p> <p>Resident meetings are held to ensure the resident voice is heard and to give feedback on care provided. A Kau Papa Hui meeting is held for Māori residents and whānau of the facility to support cultural care. Review of meeting minutes showed residents are happy with the care provided.</p>
<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>	<p>FA</p>	<p>The service has a weekly activity plan which includes activities for residents across the wider facility. The activities plan encompasses a wide selection of activities to support the residents. Individual activity planning is in place with these documented within residents' files. The wider activity plan includes resident specific interests and caters for different levels of cognition.</p> <p>Some activities are held community wide and are inclusive for all residents to attend and other activities are unit specific. Each area has at least one daily activity provided seven days a week. Diversional activities provided after 4 pm are led by care staff to ensure activities are available 24 hours a day as required by contract in the dementia and psychogeriatric units.</p> <p>The current activities co-ordinator is a diversional therapist in training. They are supported externally to complete their qualification over an 18-month period and had only been working for this service since August last year. A mentor is provided to support their training and the service also has three other part-time activities staff to support the provision of the wider activities programme. An extra</p>

		<p>activities co-ordinator has been recruited to support the increased number of psychogeriatric residents.</p> <p>The activities co-ordinator attends resident and whānau meetings to give opportunities for suggestions and feedback. They are currently organising surveys for residents to assess the current activities and ask for any suggested changes, especially from the rest home residents.</p> <p>The activities co-ordinator reported that one-to-one activities are also provided, especially for residents who prefer not to join in with groups. Resident choice is respected, and activity plans are developed based on the assessment of need.</p> <p>Spiritual input and religious support were provided with communion available for residents who wished to participate. Staff spoke of a local church person who visited residents regularly.</p> <p>Partial Provisional</p> <p>The current activities programme will adequately meet the needs of a maximum 20 psychogeriatric residents. An additional activities coordinator has been recruited and is due to commence employment.</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>PA Low</p>	<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 using an electronic system was observed on the day of audit. However, not all medication charts recorded the resident allergies and sensitivities; refer criterion 3.4.4. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy.</p>

	<p>Medicines are stored safely, including those requiring refrigeration and all medicines were stored within the recommended temperature range.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occurring.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP or NP reviews were consistently recorded in the medicine charts. Standing orders are not used.</p> <p>No residents were self-administering medication at the time of audit and the registered nurse described the processes to safely facilitate resident self-administration when required. The registered nurse stated self-administration did not occur in the dementia and psychogeriatric units.</p> <p>All residents, including Māori, are provided access medications within the facility. Residents and their EPOA/whānau, are supported to understand their medications.</p> <p>The registered nurse discussed including whānau in decision making. Partnerships with local Māori providers are in place to support Māori residents who wish to access traditional Māori medicines if requested.</p> <p>Partial Provisional</p> <p>The processes and systems in place including storage of medications is appropriate for the change in services planned.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The service has a food control plan in place and audits continue to be held against this plan. The national office has a dietician who is involved in the development of menus across all of their rest home complexes. The current menu was reviewed, and kitchen staff interviewed spoke of how they will adjust the weekly plan when residents request any changes.</p> <p>Menu development includes resident’s preferences, and all residents have a nutritional assessment completed. Allergies, intolerances, and cultural preferences are noted, both on file and on the kitchen whiteboard. The cook oversees the provision of special dietary needs such as for diabetics or gluten intolerant residents.</p> <p>Some of the rest home residents assist with the preparation of food for morning teas.</p> <p>Designated dining areas were noted in each unit of the service and an observation of the meal service was respectful and appropriate to resident’s preferences. Kitchen staff support in dishing out meals in the dementia unit.</p> <p>Menus are reviewed by a qualified dietitian with the menu being a four- week meal plan for both summer and winter.</p> <p>All areas of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. All checks were completed regularly and identified issues had been addressed promptly.</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Food is available outside mealtimes for all residents with the assistance of care staff.</p> <p>Specific cultural foods, such as Boil-ups, are provided with portions</p>

		<p>pre-prepared and frozen for any weekly requests from Māori residents.</p> <p>Partial Provisional</p> <p>Increasing the number of psychogeriatric beds from 10 to 20 will not impact on the menu development or resident's nutritional supports. Because the service is already providing psychogeriatric care and both culturally appropriate and nutritional menu options to meet the needs of all residents of the service, there will be no significant changes to any aspects of the food service for the facility. There will be no increase in the maximum number of residents.</p> <p>The food control plan meets the needs of all residents, and the menu is flexible and individualised to ensure any dietary needs, intolerances, allergies and cultural preferences of all residents continue to be met.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from Broadview Lifecare is planned and managed safely with coordination between services and in collaboration with the resident and whānau/EPOA. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified. Escorts are provided as needed.</p> <p>Whānau reported being kept well informed during the transfer of their relative. Documentation evidenced EPOA and whānau were kept informed during transfer.</p> <p>The nurse practitioner interviewed confirmed the level of communication with staff was excellent and that staff transferred residents to emergency services appropriately when required.</p> <p>Transition planning is underway in relation to the closing of the mental health unit to ensure appropriate alternative placement/care is found for all residents affected. It was noted that five residents from the mental health unit will remain in the reconfigured care</p>

		facility having been reassessed by the NASC.
<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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The external environments are safe and suitable for each of the resident groups and include secure perimeter fences in each of the dementia and psychogeriatric wings. There was a current building warrant of fitness (expiry 22 June 2023). Testing and tagging of electrical equipment occurs annually and was last completed in June 2022. Lifting equipment was last checked in October 2022.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. There are no shared bedrooms. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Residents and whānau are consulted and involved in the design of any new buildings.</p> <p>Partial Provisional:</p> <p>There will be no structural change to the buildings as a result of reconfiguring the mental health unit to a psychogeriatric unit. The units are next door to each other, and an adjoining door will be installed to allow access once both units become psychogeriatric. There is a likelihood that residents in these units will be separated by gender. Cosmetic changes such as an interior repaint, replacement of the curtains and worn furniture, and installation of</p>

		electronic hand dryers in the bathroom areas are planned.
<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>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p> <p>Residents were familiar with emergency and security arrangements.</p> <p>Partial Provisional</p> <p>There will be no change to the footprint of the units and no need to review the fire evacuation plan. Six monthly fire drills will continue. The external areas are already secure, and the call bell system is functional.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues, and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and</p>

		<p>personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Partial Provisional</p> <p>Increasing the number of psychogeriatric beds will not impact how governance is accountable for the IP and AMS programme. Outcomes from IP and AMS programmes will continue to be reported and used as a quality measure.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse is the infection prevention and control resource nurse and is responsible for overseeing and implementing the IP programme with reporting lines to senior management and to the Heritage Lifecare Ltd regional manager responsible for IP&AMS. The IPC resource nurse has appropriate skills, knowledge and qualifications for the role. The clinical services manager interviewed confirmed access to the necessary resources and support. Their advice and/or the advice of the Heritage Lifecare Ltd regional manager has been sought when making decisions around procurement relevant to care delivery, and policies. There have been no facility changes or design of any new building, policy and interview with the clinical services manager confirmed IPC advice would be sought should this occur.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Policies include procedures related to the decontamination and disinfection of reusable devices and shared medical equipment and monitoring of compliance is included in the IP audit schedule. Staff were aware which items were designated single use, and these are not reused.</p> <p>There is a Pandemic Plan in place which has been tested. The service has sufficient stores of personal protective equipment</p>

		<p>available (PPE) and staff have been trained in the use.</p> <p>Cultural advice is accessed where appropriate. Broadview Lifecare has well established links to the local Māori community and cultural advice and resources are available to ensure culturally safe practice for Māori. Educational resources in te reo Māori are not yet available.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs, this was confirmed in resident and whānau interviews.</p> <p>Partial Provisional</p> <p>The IP and AMS is comprehensive and will continue to meet the needs of the service when the number of psycho-geriatric beds are increased.</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>	<p>FA</p>	<p>An antimicrobial policy is in place, this is appropriate to the size and scope of the service has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The quality and quantity of antimicrobial prescribing is monitored through the infection surveillance programme and is reported through to governance.</p> <p>Partial Provisional</p> <p>The current antimicrobial stewardship programme is supported by policy and will continue to meet the needs of the service when the number of psychogeriatric beds are increased.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-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. Standardised definitions are used, and monthly surveillance data, including ethnicity data, is collated and analysed to identify any trends, possible causative factors and required actions. Benchmarking with other facilities in the Heritage Lifecare group occurs. Results of the surveillance programme are reported to management and shared with staff. Documentation from a recent COVID-19 outbreak was reviewed and demonstrated a thorough process for monitoring and follow up. Learnings from the event have now been incorporated into practice.</p> <p>There are clear processes for communication between staff and residents. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare acquired infection.</p> <p>Partial Provisional</p> <p>The increase in psychogeriatric beds will not impact on the infection surveillance programme. Infection surveillance, and analysis will continue to be reported and used as a quality measure.</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>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and</p>	<p>PA Low</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry processes are monitored for effectiveness but there are no internal checks or monitoring of cleaning processes. An improvement is required under 5.5.3.</p> <p>Staff involved have completed relevant training and were observed</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>to carry out duties safely. There are cleaning and laundry staff on site seven days a week. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p> <p>Partial Provisional</p> <p>There will be no increase in the size of the areas to be cleaned, nor any increase in the number of residents occupying the space proposed for reconfiguration as a psychogeriatric unit. Changing the type of residents will not impact on the cleaning or laundry service.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrated commitment to this. At the time of audit three hospital residents were using bedrails as restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.</p> <p>Partial Provisional</p>

		There will be no impact from increasing the number of psychogeriatric beds from 10-20. Restraints are prohibited in psychogeriatric areas and have never been in use.
<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>	FA	Assessments for the use of restraint, monitoring and evaluation were documented in the resident's files and included all requirements of the Standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record.
<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 coordinator and restraint committee undertake monthly reviews 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 fluctuates according to the unique safety needs of hospital care residents. There was documented evidence that alternatives to bed rails are frequently trialled to try and reduce the use of these. Where residents are no longer in need of bedrails because of changes in the resident's condition, the restraint is discontinued.

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 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people’s medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	PA Low	<p>Broadview Lifecare include an audit of medication charts in the internal audit schedule. In November 2022 the internal audit identified 30% of files reviewed did not have allergies or sensitivities recorded and actions were taken to correct this at the time. However, this audit found seven out of thirty medication charts reviewed did not contain information related to medication allergies and sensitivities. This was corrected at the time and for this reason is rated low risk.</p>	<p>Not all residents have medication allergies and sensitivities or ‘no known allergies’ recorded on the medication chart.</p>	<p>Ensure all residents have medication allergies and sensitivities or ‘no known allergies’ recorded on the medication chart and that there is a process to ensure this is consistently recorded.</p> <p>180 days</p>
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the</p>	PA Low	<p>Observations on the days of audit revealed no major concerns regarding the cleanliness of the environment. Feedback from some relatives indicated dissatisfaction with the frequency of cleaning. This was specific to the psychogeriatric and dementia areas. The</p>	<p>There were no regular processes for monitoring the effectiveness of cleaning.</p>	<p>Implement methods for monitoring the effectiveness of cleaning within the facility and provide feedback to the cleaning team.</p>

<p>health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>		<p>cleaning programmes and two cleaners interviewed confirmed that all resident areas are cleaned daily. Although cleaning had been completed for the day, food was often being dropped by residents. Some items of lounge furniture appeared grubby especially on the arms of chairs. The internal audit system does not include regular checks of the environment for cleanliness. Some audits include aspects of cleaning for example, moving equipment and medical equipment.</p>		<p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.