

Blockhouse Bay Healthcare Limited - Blockhouse Bay Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Blockhouse Bay Healthcare Limited

Premises audited: Blockhouse Bay Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 23 February 2023 End date: 23 February 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 59

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

Blockhouse Bay Home provides rest home and hospital level care for up to 64 residents. This service is one of two privately owned and operated by the same provider. It is managed by a facility manager who is a registered nurse. Residents and families spoke very positively about the care provided.

This surveillance audit was conducted against the Ngā Parewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora – Te Toka Tumai (Auckland). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, a manager, director, and a general practitioner.

Improvements have been made to staffing hours for cleaning and activities, addressing those areas requiring improvement at the previous audit. There were no new areas identified as requiring improvement.

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.

Staff have completed training on cultural awareness and Te Tiriti o Waitangi. The needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. Cultural and spiritual needs are identified and considered in daily service delivery. The service works collaboratively to support and encourage a Māori world view of health in service delivery provided.

Principles of mana motuhake practice were evidenced in service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required.

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 director and facility manager assumes accountability for delivering a high-quality service.

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 and hazards 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.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Blockhouse Bay Home has developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

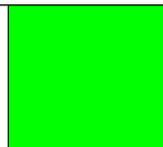
The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau.

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

The food service is provided on site and special needs are catered for. Food culturally specific to te ao Māori food is provided. Residents verified satisfaction with meals.

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.

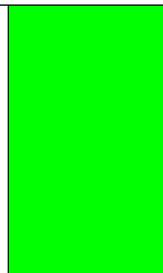


Subsections applicable to this service fully attained.

There is a current building warrant of fitness. The service has an approved evacuation scheme and fire drills are completed regularly.

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 pandemic and infectious disease response plan in place is reviewed regularly. Sufficient infection prevention resources including personal protective equipment (PPE) was available and readily accessible to support the plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Healthcare associated infections are communicated to residents in a culturally safe manner. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint free environment. This is supported by the director and policies and procedures. There were six residents using restraint at the time of audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	0	0	0	0
Criteria	0	50	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The director and facility manager interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies would be employed if appropriate for the applied role. There is currently one staff member that identifies as 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>	Not Applicable	<p>The service is currently working towards developing and implementing a Pacific plan that will enhance the residents health and wellbeing that identify as Pasifika. There are seven staff employed at this facility and three residents who identify as Pasifika. Staff interviewed highlighted the importance of understanding and supporting each other’s culture. Residents and family interviewed were happy with the cultural care that was provided.</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The service recognises Māori mana motuhake by involving Māori residents, family/whānau or their representative of choice in the assessment process to determine residents' wishes and support needs. Residents who identify as Māori and family/whānau confirmed they were consulted on their values and beliefs. The cultural awareness policy is utilised to guide care for residents who identify as Māori.</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>	FA	<p>Blockhouse Bay home has implemented policies and procedures that reflect the principles of Te Tiriti o Waitangi. Staff have completed training in Te Tiriti o Waitangi to support residents in their activities of daily living that identify as Māori. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process. Tāngata whaikaha's needs are responded to in an appropriate manner.</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>	FA	<p>Staff have received education on abuse and neglect, and communication. Residents reported that they are free to express any concerns to the management team when required and these are responded to promptly. Systems to monitor institutional and systemic racism in place include annual residents' satisfaction surveys and regular residents' meetings where residents confirmed they are free to express their concerns.</p> <p>Te Whare Tapa Wha Māori health model is used to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</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>Tikanga guidelines in relation to consent is practiced. Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person or enduring power of attorney (EPOA) were involved in decision making and consent processes. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements and consent forms were evidenced in the sampled residents' records. Staff were observed to gain consent for daily cares.</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>	<p>FA</p>	<p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. Residents and families interviewed understood their right to make a complaint and felt comfortable to do so if needed.</p> <p>The director and facility manager interviewed expressed that they would ensure that the complaints process works equitably for Māori by already providing a code of rights brochure written in te reo Māori in the resident's room, offering internal and/or external cultural support for the resident and/or whānau and extra time if required. The complaints management system has not been reviewed to ensure this works effectively for Māori.</p> <p>There have been five complaints since the previous audit. Issues raised were around food, laundry and a residents table that was broken. These complaints were managed by the facility manager in a timely manner with evidence showing the complainants were happy with the outcomes. There were no open complaints at time</p>

		<p>of audit.</p> <p>There has been two separate complaints received from Te Whatu Ora – Te Toka Tumai (Auckland) in October 2021 and April 2022 where staff have raised concerns about inappropriate manual handling of two individual residents. In both situations Blockhouse Bay Home completed investigations, as a result, corrective actions were developed and implemented in an appropriate timeframe. Both complaints were closed by Te Whatu Ora – Te Toka Tumai (Auckland) with no further actions and/or interventions required. No complaints` have been received from the Health and Disability Commissioner (HDC) or Ministry of Health (MoH) since the last audit.</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>In interviews with the director, facility manager and review of the services policy and procedures there is a commitment to deliver services that improve the outcomes and achieve equity for Māori. The service has a Māori and Pacific health Policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people including services for tangata whaikaha.</p> <p>Training records showed that the facility manager and staff have attended training specific to Te Tiriti o Waitangi, however the director is yet to complete this training. Training on equity has not occurred. Improving outcomes and achieving equity for Māori and review barriers for equitable access to services for Māori have not been evaluated.</p> <p>There were 59 residents at the time of audit. The service holds contracts with Te Whatu Ora – Te Toka Tumai (Auckland) for rest home and hospital level care. The service also holds contract with Whaikaha - Ministry of Disabled People services and long-term</p>

		<p>support – Chronic Health conditions (LTCH)</p> <p>Twenty-six (26) residents have been assessed as requiring rest home level of care and 29 residents were receiving hospital level care under the Aged related Residential Care Contract. A further three residents were supported by Whaikaha – Ministry of Disabled People and one resident was admitted under LTCH contract. One resident was admitted for three weeks of respite care. There were no residents admitted as a boarder.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures and staff training. The facility manager is responsible for implementation of the quality and risk system.</p> <p>Internal audits are completed as per the annual calendar. Relevant corrective actions are developed and implemented to address any shortfalls and discussed at the relevant meetings. Progress against quality outcomes is evaluated and closed out as required.</p> <p>The facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. There have been 10 section 31 notification forms completed and sent to HealthCERT since the last audit and relate to notification of pressure injuries, RN shortages, the two Te Whatu Ora Te Toma Tumai (Auckland) complaints, four covid outbreaks and an unexpected death of a resident.</p> <p>The staff at Blockhouse Bay home have completed training in Te Tiriti o Waitangi. Training is planned for education regarding equity</p>

		<p>of which the director interviewed stated will also complete to ensure that the residents that identify as Māori receive appropriate cultural care and support.</p> <p>Blockhouse Bay home has not yet been able to evaluate and include any potential inequities.</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 responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>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 and two staff are medication competent. The facility manager is on call and available to come in as required outside of their rostered shifts. A contracted podiatrist, hairdresser and maintenance team support the service and visit regularly. Bureau is not used at this facility.</p> <p>There is a registered nurse on each eight-hour shift. The health care assistants (HCA) have a dual role of care and laundry duties. The morning shift is supported by seven health care assistants rostered from 7.00 am to 3.00 pm with one HCA supporting from 7.00 am to 1.00 pm. The afternoon shift consists of six HCAs rostered from 3.00 pm to 11.00 pm and one supporting HCA from 3.00 pm to 9.00 pm. The night RN is supported by three HCAs from 11.00pm to 7.00 am. There is a diversional therapist who works Monday to Friday from 9.00 am to 4.30pm and is supported by an activity's assistant working from 7.00am to 3.00pm Monday to Friday. There are designated hours for the cooks and kitchen assistants.</p> <p>Two cleaners are rostered from Monday to Friday. One cleaner works 7.00 am to 3.00pm, the second cleaner works from 7.00 am</p>

		<p>to 11.00 am. There is a weekend cleaner who works Saturday and Sunday from 7.00 am to 11.00am. There is some flexibility with the cleaners' hours to allow support with spring cleaning and events such as Covid-19 outbreaks.</p> <p>The previous audit identified an area for improvement (criterion 1.2.8.1) to ensure that there were sufficient numbers of staff allocated for cleaning and activities. This corrective action is now addressed and records were available to demonstrate this.</p> <p>In the event that there has been a RN shortage, the facility manager has stepped into the RN role. No shifts are left uncovered.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Related competencies are assessed. The service is working towards providing training and competencies regarding equity. Three RN's and the facility manager are interRAI trained. All staff have completed first aid training and are medication competent.</p> <p>Staff reported feeling well supported and safe (including culturally) in the workplace. The facility manager interviewed confirmed that they have an open-door policy.</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</p>	<p>FA</p>	<p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised and additional time is provided as required. Staff interviewed felt well supported. Staff performance is reviewed and</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>discussed at regular intervals. Staff ethnicity data is being recorded.</p> <p>All staff information held on record is relevant, secure, and confidential.</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>Blockhouse Bay home maintains a record of the enquiries and those declined entry. Analysis of entry and decline rates including specific data for entry and decline rates for Māori is completed monthly. The service has developed links with local Māori communities and organisations to benefit Māori residents and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses (RNs) complete admission assessments, care planning and evaluation. There were four trained interRAI assessors. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>The Māori health care plan utilised for Māori residents using Te Whare Tapa Wha model of care includes Māori healing methodologies, such as karakia, mirimiri, Rongoa and special instructions for taonga. The care planning process support residents who identify as Māori and whānau to identify their own pae ora outcomes in planning their care where applicable. All residents' files</p>

	<p>sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of concern. Behaviour monitoring charts were completed where applicable with appropriate interventions implemented as required. Residents and family/whānau or EPOAs confirmed their involvement in the assessment and care planning processes.</p> <p>The care plans reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified were addressed in the care plans where applicable. Tāngata whaikaha and whānau are supported to access information as required.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Any changes in residents' health were escalated to the general practitioner (GP). Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The GP confirmed satisfaction with the care being provided.</p> <p>Medical assessments were completed by the GP and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Residents' transfers to other health services were managed effectively with appropriate documentation provided to allow continuity of care.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the healthcare assistants. Any changes noted were reported to the RNs, as confirmed in the records sampled. The</p>
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		<p>care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions were resolved. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</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>	FA	<p>Opportunities for Māori to participate in te ao Māori include celebration of Waitangi Day and Matariki day with Māori music played. The Māori language week was celebrated with Māori words posted around the facility and kapa haka performances by community groups organised. Residents visit their family/whānau in the community and family can visit the residents in the facility. Residents who identify as Māori expressed satisfaction with activities programme.</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</p>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. A healthcare assistant was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and</p>

<p>current legislative requirements and safe practice guidelines.</p>	<p>responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RN when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be</p>
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		<p>provided.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required and staff understood the requirements. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents, family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>Culturally specific to te ao Māori food such as boil up or hangi is provided at least once per month. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents who identify as Māori expressed satisfaction with the food 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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p>
Subsection 4.1: The facility	FA	There is a current building warrant of fitness with an expiry date of

<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>24 June 2023. This is displayed at both entrances to the facility. Tag and testing was last completed in September 2022.</p> <p>The director and facility manager confirmed in an interview that they would consult with local iwi if a decision was made to make any changes to the current building.</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>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. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>A fire evacuation trial was last completed on the 10 August 2022. The fire evacuation plan has been approved by the New Zealand Fire Service, 31 July 2019.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and staff were familiar with emergency and security arrangements. Staff ensure that the building is locked, and windows are closed during that afternoon and night duties with rounds occurring regularly. Cameras monitor the main corridors of the facility, outside perimeter and gardens. Signage is clearly visible throughout the facility.</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. 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>	FA	<p>The pandemic and outbreak management plan in place was last reviewed in November 2022. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>Culturally safe practices in IP is provided in consultation with residents and family/whānau as needed to acknowledge the spirit of Te Tiriti. In interviews, staff understood these requirements. Educational resources in te reo Māori were available.</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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There were COVID-19 infection outbreaks reported since the previous audit that were managed effectively with appropriate notification completed.</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 restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. The facility manager is the restraint co-ordinator. The facility manager and director interviewed demonstrated commitment to this. At the time of audit the restraint register documented that there were six residents using restraint. The staff interviewed had a good understanding of restraints. Staff are provided with training around restraint and managing challenging behaviours.</p> <p>The facility manager provides a report monthly to the director,</p>

		however reporting of restraint, defined intervals and restraint data and analysis is yet to be provided and discussed to ensure the health and safety of people and health care and support workers.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.