

# Sunrise Healthcare Limited - West Harbour Gardens

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Sunrise Healthcare Limited
<b>Premises audited:</b>	West Harbour Gardens
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 1 November 2022      End date: 2 November 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	66



# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	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
Red	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

West Harbour Gardens is privately owned and is located in Hobsonville, Auckland. There are two directors/owners, at least one of whom are on site most days of the week, in addition to a nurse manager (registered nurse). The service is certified to provide hospital (medical and geriatric), rest home, dementia level of care, and residential disability (intellectual and physical) for up to 72 residents. On the day of audit there were 66 residents.

This surveillance audit was conducted against a subset of the Nga Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand – Waitematā. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, staff, the owners, manager, and the general practitioner.

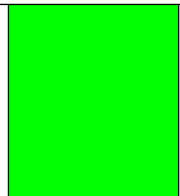
The nurse manager (registered nurse) provides clinical oversight for the service. A group clinical manager also supports the service. The service is working to complete review of policies to the new Standard. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

The service has addressed ten of the eleven shortfalls identified at the previous audit around: advocacy services; the quality improvement programme; orientation programme; staffing; an integrated file for each resident; the activities programme; dating of eye ointments; safety for residents who smoke; and cleanliness of the facility.

There is an ongoing area for improvement around care plan interventions.


This audit identified a shortfall relating to care plan reviews.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori health plan is in place for the organisation. The service plans to partner with a Pacific organisation (or leader who identifies as Pasifika) to provide guidance and consultation as the Pacific health plan is developed and implemented. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

## 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.
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The owners/directors own four aged care facilities in Auckland and provide hands-on support for West Harbour Gardens. The group clinical manager provides oversight and support for the four sites, with support from the nurse manager. The business plan includes mission, vision, and values statements with goals documented. These are regularly reviewed at least six-monthly.

The service has an effective and organisation-wide quality and risk management programme in place with systems that meet the needs of residents and their staff. Internal audits, staff and resident meetings, and collation of data were all documented as taking place as scheduled, with corrective actions completed and improvements to service noted.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training is in place. The service has a relatively low turnover of staff.

## 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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The service promotes equity of access to their facility through a documented entry and decline process. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision.

The electronic care plans demonstrate service integration. There is a plan in place for registered nurses to review assessments and care plans on the residents six-monthly. Resident files are electronic and included medical notes by the general practitioner, and allied health professionals.

Activities are provided by the diversional therapist which include cultural celebrations. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurses are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and are reviewed at least three-monthly by the general practitioner. Medications are stored securely.

The kitchen accommodates cultural requirements.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness which expires on 3 November 2022 and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.


## **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.
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There is a pandemic plan in place. Adequate supplies of personal protective equipment were sighted, and staff were knowledgeable around outbreak management procedures. Staff were observed to be practicing in a culturally safe manner in relation to infection control and had a good understanding of this. Surveillance data is undertaken, analysed and reported appropriately.

There have been two outbreaks since the previous audit which were well managed.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims to achieve a restraint-free environment. This is supported by the owner/directors, policies, and procedures. There were three residents using restraint at the time of audit. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	1	0	0	0
Criteria	0	54	0	1	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

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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 service supports increasing Māori capacity by employing more Māori staff members. The owners/directors and nurse manager confirmed that the service supports a Māori workforce with the facility having staff identifying as Māori (or having whānau connections) at the time of the audit. The management team described encouraging applicants who identify as Māori and supporting all applicants through the employment processes. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. Ten caregivers interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff.</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</p>	Not Applicable	<p>The service does not currently have a Pacific health plan and policy that commits to providing appropriate and equitable care for residents who identify as Pasifika specifically; however, there is a policy around being culturally safe. The organisation is working towards the development of a Pacific health plan and to link with Pacific providers to support care for</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>residents who identify as Pasifika. Cultural safety training has been provided to staff through an online training provider.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Discussions relating to the Code are held during the six-monthly care plan review meetings and as part of the resident meetings.</p> <p>Six residents (two rest home and four hospital) were interviewed on the day of audit. All stated that they had been informed about The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and felt that their rights were upheld. Interactions observed on the days of audit between staff and residents were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance to the facility. Staff are trained on the Code at orientation and annually with the last training provided to staff in February of this year. This training included understanding the role of advocacy services. Awareness of advocacy services among residents and families was confirmed in interviews with six relatives (one rest home, four hospital and one dementia level). The finding at the previous audit related to (NZS 8134:2008 criteria # 1.1.11.1) has been resolved.</p> <p>Māori independence (mana motuhake) is recognised by staff through the cultural training programmes. The nurse manager stated that they would welcome Māori residents as and when the opportunity arose, in alignment with the mission statement.</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>FA</p>	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language.</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake. 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>The staff noticeboards contain information on Māori tikanga practice. Interviews with 16 staff (two registered nurses, ten caregivers, one diversional therapist, one maintenance, one cook and one cleaner) confirmed their understanding of tikanga best practice in relation to their roles with examples provided. Cultural training is also included in the orientation programme for new staff.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment, including an awareness and safeguards against institutional and systemic racism.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori. At the time of the audit, there were no Māori residents; however, a section of the electronic care plans reviewed captures any required Māori health and cultural information for each resident. The care plans reviewed evidenced a resident centred approach.</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>	FA	<p>There are policies around informed consent. The service follows the appropriate best practice tikanga guidelines in relation to consent. Residents and family members interviewed could describe what informed consent was and knew the residents/family had the right to choose. There was evidence in the resident files reviewed that residents and relatives are involved in decision making and care planning processes.</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>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. 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>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The nurse manager maintains a record of all complaints, both verbal and written in a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been five complaints in 2022 year to date, and three lodged in 2021 since the previous (certification) audit. Two complaints received from HDC have been closed off; one received in 2019 and closed 5 September 2022, and one received July 2021 and closed 30 September 2022. The Ministry requested follow up against aspects of the July 2021 complaint that included early warning signs and risks with a focus on prevention or escalation for appropriate intervention. This audit has made a recommendation in respect to this clinical risk (link 3.2.3).</p> <p>Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the unit. Residents and families have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held monthly.</p> <p>Interviews with the owners/directors and nurse manager confirmed their understanding of the complaints process. Staff interviewed confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights.</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>West Harbour Gardens has a documented mission statement, philosophy and values that is focused on the provision of quality care where residents' independence is encouraged, and individual needs identified and met in order to enhance each resident's quality of life. The philosophy is about providing needs-based care. The business plan for 2022 provided specific aims, and ambitions to be achieved with this reviewed on a quarterly and annual basis. The 2022 plan has been reviewed annually.</p> <p>The service is certified to provide hospital (medical and geriatric), rest home, dementia level of care, and residential disability (intellectual and physical) for up to 72 residents. There is a 12-bed dementia unit; all remaining beds are dual purpose. On the day of audit there were 66 residents: 22 rest home residents, including two residents on LTS-CHC and one resident on respite; 35 hospital residents, including two on respite, and one funded by ACC; nine residents in the dementia unit, including one resident on respite; and 12 younger persons with a disability (YPD).</p> <p>The owners own four aged care facilities in Auckland and attend the facility most days. The nurse manager is able to contact the owners/directors at any time and stated that they are extremely responsive. A group clinical manager has been appointed to oversee the four facilities owned by the owners/directors. The group clinical manager is able to be contacted at any time by the nurse manager and they oversee clinical operations at an organisational level. Cultural training is accessible and available for all managers. Interviews with the owners/directors and nurse manager confirmed they are committed to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. The owners/directors are able to collaborate with mana whenua through the local marae in business planning and service development to improve outcomes and achieve equity for Māori; to ensure tāngata whaikaha have meaningful representation, and to identify and address barriers for residents to provide equitable service delivery. The service provides support for people with disabilities as part of the care provided and as per care plans. Education records and interviews with the owners/directors and nurse manager confirmed they have undertaken cultural safety and Treaty training as part of their commitment to support the Ministry of Health's Whāia Te Ao Mārama</p>
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		Māori health strategies.
<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>	FA	<p>West Harbour Gardens implements the organisation's quality and risk management programme that is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation. A programme of internal audits and a process for identifying and addressing corrective actions is part of the quality management system.</p> <p>Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. These were being consistently communicated to staff, and the finding from the previous audit (NZS 8134: 2008 criteria #1.2.3.6) has been resolved. The monthly staff meeting provides an avenue for discussions in relation to: key performance indicators; quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. The service has continued to hold face to face meetings throughout 2022. The nurse manager and all staff interviewed stated that there had been good communication around data and other information through informal meetings, emails and staff meetings.</p> <p>The service surveys residents and families annually and reports from the survey held in February 2022 showed that residents and family were satisfied with the service offered. The average rating was 3.8 out of 5. There were no adverse comments noted. Results were similar in 2021. Corrective actions relating to verbal feedback at resident meetings (food/household) have been completed with feedback to residents documented. The finding from the previous audit (NZS8134:2008 criteria #1.2.3.8) has been resolved. The education planner includes training around resident conditions and cultural safety.</p> <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by the nurse manager; however, neurological observations were not always carried out according to policy (link 3.2.4).</p>

		<p>A health and safety system is in place with identified health and safety goals. Hazard identification forms, held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored through the staff meeting. There are regular manual handling sessions for staff. Staff stated that they are kept informed on health and safety. A physiotherapist is available to provide contracted services.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. A Section 31 notification had been submitted regarding a change in management earlier in the year. There have been two Covid outbreaks in 2022 with external authorities notified.</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 staffing policy and staff contingency shortfall plan that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The nurse manager, registered nurses, caregivers, and a selection of other staff hold current first aid certificates.</p> <p>Interviews with the registered nurses and staff confirmed that overall staffing is adequate to meet the needs of the residents. The finding from the previous audit related to (NZS 8134:2008 criteria #1.2.8.1) has been resolved.</p> <p>The nurse manager is available Monday to Friday each week and on call when not available on site. The group clinical manager provides clinical cover when the nurse manager is on leave. Five registered nurses (including the nurse manager) are trained to complete interRAI assessments.</p> <p>The staff in the dementia unit carry a personal alarm that is linked to staff in the rest home/hospital wings.</p> <p>There is an annual education and training schedule being implemented. Training is delivered mostly via an online training programme, including mandatory cultural training. Training has been provided around caring for the younger person. Medication competencies are completed by staff. A record of completion is maintained in each staff members files.</p>



		<p>The caregivers are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are fourteen with a level four NZQA certificate in health and wellbeing, twelve with level three, six with level two and three with level one. All staff who work in the dementia unit hold the appropriate dementia unit standards.</p> <p>Training for the registered nurses has been provided by the local hospital in-services and online training. The service encourages all their staff to attend monthly staff meetings. Feedback through surveys and quality data discussed at meetings ensure health information (Māori health information would be included) is shared with staff.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace, including: manual handling; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; and personal protective equipment (PPE) training. The staff have had extensive training around Covid policies and protocols.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed (three caregivers, one registered nurse and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, police vetting and completed orientation programmes. The finding from the previous audit (NZS 8134:2008 criteria 1.2.7.4) has been resolved.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori and</p>

		<p>others.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or registered nurse, including designation. The organisations model of care demonstrates a person-centred approach. Residents have an integrated electronic clinical file. The finding from the previous audit related to (NZS 8134:2008 criteria #1.2.9.10) has been resolved.</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>	PA Low	<p>Six resident clinical files were reviewed: two rest home, two hospital and two dementia. Files reviewed included contracts for long term support-chronic health contract (LTS-CHC), younger person with disability (YPD), ACC, and respite residents. The service is working with tāngata whaikaha to ensure tāngata whaikaha and whānau participate in service development.</p> <p>A registered nurse completes an initial assessment and care plan on admission, including relevant risk assessments. Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. InterRAI assessments and reassessments were completed within the required timeframes. Five long-term residents' files reviewed had long-term care plans reviewed over the six-month timeframe. The interRAI assessment links effectively to the long-term care plan. The care plans reviewed on the electronic management system, were individualised. Care plans include allied health and external service provider involvement. Short term needs such as current infections, wounds, weight loss, or recent falls automatically populates the long-term care plan to reflect resident needs and removed when appropriate/resolved. Care plan evaluations were not all</p>

		<p>completed six monthly.</p> <p>Residents and whānau interviewed confirmed they participated in care planning and decision making to ensure residents identify their individual pae ora outcomes are included. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans. Assessments on the whole reflected the resident's needs and supports. Care plans reviewed included interventions to manage pressure injury, catheter care, bowel cares, continence management, shortness of breath and challenging behaviours. However, two files reviewed did not have specific care interventions documented around management of seizures and management of hyperglycaemia and hypoglycaemia. The previous shortfall around care plan interventions (NZS 8134:2008 criteria #1.3.5.2) remains ongoing.</p> <p>The service contracts with a general practitioner (GP) that provides medical services to residents. A GP visits weekly or more often if required, completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service. The GP (interviewed) stated he is notified in a timely manner for any residents with health concerns and was satisfied with the standard of care provided by the facility. All GP notes are entered into the residents' electronic clinical file. Allied health care professionals involved in the care of the resident included, but were not limited to, physiotherapist, continence, and gerontology specialist nurses. There is a contract physiotherapist employed by the service who attends the care home one day per week. The physiotherapist completes residents' mobility assessments and provides staff education, including manual handling.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs. The resident satisfaction survey completed in March 2022 shows a 76% satisfaction rate related to confidence in the nursing care received.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were two</p>
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		<p>hospital residents (including one YPD) with stage II pressure injuries. The electronic wound care plan documents assessments, wound management plan, and evaluations are documented with supporting photographs and wound assessments. Care plans reviewed included interventions around pressure injury management. The wound specialist nurse and GP have input into chronic wound management.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to): weights; neurological observations; vital signs; turning schedules; and fluid balance recordings and charts were implemented. However, not all neurological observations were evidenced as being fully completed, and there was a lack of evidence of required two-hourly turning/monitoring documentation fully completed.</p> <p>Relatives are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they invite whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in the electronic system.</p> <p>Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and</p>	<p>FA</p>	<p>The diversional therapist (DT) works full time and has been at the facility for over five years. Residents receive a copy of the monthly programme which has the daily activities displayed and includes individual and group activities. There is a monthly programme for the dementia unit with 24 hours a day activities for residents should they require them individually. The activities planner is also displayed on the noticeboards around the facility. The service has addressed the previous certification audit findings (NZS 8134:2008 criteria #1.3.7.1) relating to individual</p>

<p>unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>residents' activities interventions documentation. A 24-hour activities plan for dementia residents and planned activities cover for when the DT is on leave.</p> <p>There are cultural events celebrated including Matariki. The service is actively working with staff to support community initiatives that meet the health needs and aspirations of Māori, including ensuring future te ao Māori and tikanga Māori are actively promoted and included in the activities programme. The service does not currently have any Māori residents; however, is planning towards ensuring opportunities are facilitated for Māori residents to participate in te ao Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely and securely in medication rooms. The internal audit schedule includes medication management. Registered nurses administer medications, and all have completed medication competencies annually. All medication packs are checked on delivery against the electronic medication charts.</p> <p>Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent, and have safe storage of the medications. There were no residents self-administering medications on the day of the audit. Registered nurses advised that the GP prescribes over-the-counter medications. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. The previous shortfall (NZS 8134:2008 criteria #1.3.12.1) has been addressed. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in</p>

		<p>progress notes. Two registered nurses were observed administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. Standing orders are not in use.</p> <p>The registered nurses and management described working towards partnership with all residents, including future Māori residents, to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes. There were no barriers identified in relation to residents accessing medications.</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>The cook consults with residents to gain feedback of the food services and adjusts the menu if any special requests, including cultural requests. The cook advised that they had planned celebrations for Matariki, including choice of Māori foods. The cook identifies as Māori and is assisting staff with understanding of Māori tapu and noa.</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>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 16 November 2022. The owner is also the maintenance person, who is available Monday to Friday and on call. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are completed on a form and checked off once completed by the maintenance person.</p> <p>There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius. Management advised future development would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 14 August 2015. Fire evacuation drills are held six-monthly (last drill on 16 June 2022). The building is secure after hours and staff complete security checks at night. There are closed circuit TV monitoring. The front door is set to closed from 5 pm until 8 am.</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>FA</p>	<p>A pandemic response plan includes site specific procedures. Personal protective equipment (PPE) is ordered, and stock balance is maintained to support any outbreak. Adequate PPE stocks was sighted in a dedicated storage area.</p> <p>The facility is working towards involving cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents. Staff interviewed were knowledgeable</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>around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The infection control coordinator completes a monthly review, and this is reported locally to all staff and to the owners. Infection control surveillance is discussed at the infection control team meeting, clinical, quality/health and safety, staff, and management meetings. Staff are informed through the variety of meetings held at the facility and also electronically. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two Covid-19 outbreaks since the previous audit (May and July 2022). The two outbreaks were documented with evidence of comprehensive management. The infection control coordinator interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better, and discuss any learnings to promote system change and reduce risks. Residents and their families/whānau were updated regularly.</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</p>	<p>FA</p>	<p>The service has addressed the previous certification shortfalls in relation to management of residents who smoke (NZS 8134:2008 criteria #1.4.1.1) and the cleaning of rooms (NZS 8134:2008 criteria 1.4.6.2). There is a no smoking policy and residents do not smoke in their rooms. On the day of audit, the residents' rooms were clean. There are designated cleaning staff who described maintaining cleaning schedules. Cleaning is monitored through the internal audit programme</p>



<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>which is reviewed by the infection control coordinator.</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>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities. At the time of the audit, the facility had three hospital level residents utilising restraint (lap belts). Restraint documentation reviewed evidenced residents (where appropriate) and families/whānau were involved in the review of restraint.</p> <p>The use of restraint is to be reported in the registered nurse meetings and carried through to staff meetings. The restraint coordinator interviewed described the focus on restraint minimisation. The nurse manager reports restraint used and aggregated restraint data, along with other clinical indicators, to the owners/directors at least monthly. This data analysis supports the implementation of their agreed strategy to ensure the health and safety of residents and staff.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff regularly attend education and training in alternatives and the least restrictive methods, safe restraint practice, culturally appropriate interventions, and de-escalation techniques. Those interviewed demonstrated understanding about restraint procedures, risks when using restraint and monitoring requirements.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or</p>	PA Low	Policy documents that care plan evaluated are completed six-monthly or sooner if resident’s needs change.	Five of six resident care plans reviewed had not been fully evaluated in the required time period.	<p>Ensure all care plans are evaluated six-monthly or sooner if the resident’s needs change.</p> <p>90 days</p>

support plan.				
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.