

Home of St Barnabas Trust - Home of St Barnabas

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:

Legal entity: Home of St Barnabas Trust

Premises audited: Home of St Barnabas

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 19 January 2023 End date: 19 January 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: 38

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

Home of St Barnabas, located in Dunedin, is governed by a charitable trust board who provide support and oversight to the general manager. The home provides rest home level care for up to 41 residents. On the day of audit, there were 38 residents.

This surveillance audit was conducted against a subset of the relevant Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora Health New Zealand - Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff, and the general practitioner.

The facility is managed by an experienced general manager who has been in the role for 26 years. There is an implemented quality and risk programme in place which is reviewed annually. The residents, family/whānau, relatives and general practitioner commented positively on the care and services provided.

This audit identified the service is meeting the intent of the standards.

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.

The aim of Home of St Barnabas is to build a workforce that can confidently and competently apply tikanga Māori to enable them to support residents and their whānau; to incorporate tikanga into daily practice; to ensure policies and procedures meet Ngā Paerewa health and disability services standards 2021; and to assist in health equity for all. A Pasifika health plan is developed for the service to ensure that their Pasifika residents enjoy good health and wellbeing. Staff have completed cultural training which includes Māori current issues and rights in relation to health equity. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing with the aim to improve outcomes for Māori staff and Māori residents. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern.

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 general manager and the board are committed to working in partnership with Māori. The board consults with the Māori branch of the Anglican organisation in addition to local Māori authorities with the aim of implementing solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. A quality and risk management system is fully implemented. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. Family and resident meetings are held and both residents and families have provided feedback via annual satisfaction surveys. The 2022 resident and

family surveys results indicated that most families and residents are either very satisfied or satisfied with the services being provided. The staff roster provides sufficient and appropriate coverage for the effective delivery of care and support. Training is available to staff as in-services, toolbox talks at handover and online.

Ngā huarahi ki te ora | 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.

Home of St Barnabas has an admission package available prior to, or on entry to the service. The care managers assess, plan and review residents' needs, outcomes, and goals with family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The care managers/registered nurses, and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Home of St Barnabas has embedded culturally themed activities into the activities programme. There are a range of community visitors and resident outings.

The kitchen accommodates all resident requests and accommodates a range of special diets and cultural requests.

Transfers and discharges are coordinated between services.

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

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

Subsections applicable to this service fully attained.

There is a current building warrant of fitness in place. Reactive and preventative maintenance schedules are in place.

The facility has an approved fire evacuation plan. The building is secure overnight.

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 type of surveillance undertaken is appropriate to the size and complexity of The Home of St Barnabas. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The pandemic plan and the Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There have been two outbreaks since the previous audit, both were appropriately reported and effectively 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.

The Home of St Barnabas is restraint free. The board and general manager are committed to remaining restraint free. The restraint coordinator is an experienced RN who is also the quality coordinator. There are appropriate procedures, and forms for the safe assessment, planning, monitoring, and review of restraint should this be required.

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	22	0	0	0	0	0
Criteria	0	54	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 aim of Home of St Barnabas is to build a workforce that can confidently and competently apply tikanga Māori to enable them to support residents and their whānau; to incorporate tikanga into daily practice; to ensure policies and procedures meet Ngā Paerewa health and disability services standard 2021; and to assist in health equity for all. The general manager stated that they support increasing Māori capacity by employing more Māori applicants when they apply for employment opportunities. There are staff members who identify as Māori. Māori staff interviewed confirmed they feel supported by the managers.</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>	FA	<p>A Pasifika health plan is developed for the service to ensure that their Pasifika residents enjoy good health and wellbeing. Policy references the United Nations Declaration on the Rights of Indigenous Peoples. Links are in place with Pacific Trust Otago for consultation. Pasifika were residing at the facility at the time of the audit.</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>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 Māori cultural safety policies and procedures identify how the service support Māori mana motuhake. Staff have completed cultural training which includes Māori current issues and rights in relation to health equity. The Māori Health plan and a review of care plans, including a resident that identified as Māori, included a resident-centred approach, input into their care and evidenced choice and promotion of independence.</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. 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>Te reo Māori is supported by the managers, and staff are encouraged and supported to speak te reo Māori. Te reo Māori resources are available for staff to access. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. Staff cultural competencies include assessing their understanding of te reo Māori. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the regular resident meetings and annual satisfaction survey results.</p>
<p>Subsection 1.5: I am protected from abuse</p>	FA	<p>Home of St Barnabas policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation.</p>

<p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Cultural days are held to celebrate diversity in the workplace. Staff house rules are discussed during the new employee's induction to the service. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the house rules.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing with the aim to improve outcomes for Māori staff and Māori residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The RNs demonstrated a good understanding of the organisational process to ensure they inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting. Resident files reviewed evidenced decision making was collaborative with resident and whānau input.</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</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held in hard copy.</p> <p>Only four complaints have been received since the previous audit (June 2021). No external complaints have been received. Documentation including follow-up letters and resolution demonstrates that complaints</p>

<p>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>are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Discussions with six residents and three family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held where concerns can be raised. During interviews with family/whānau, they confirmed the managers and registered nurses (RNs) are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process.</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>	FA	<p>Home of St Barnabas, located in Dunedin, is listed as a charitable trust, and is governed by a board of trustees. The service provides rest home level of care for up to 41 residents. On the day of the audit, there were 38 residents. One resident was on respite and one resident was on a long-term support – chronic health condition contract. The remaining residents were under the age-related residential care contract.</p> <p>The service has a documented mission statement, philosophy, annual business plan and a quality and risk management programme that describes annual goals and objectives. Goals and objectives are regularly reviewed by the board. The general manager reports to the board monthly, against the quality and risk plans and on a variety of operational issues and clinical matters.</p> <p>Home of St Barnabas is managed by a general manager/RN who has been in the role for 26 years. The manager is supported by a house manager, quality coordinator/RN and two care managers/RNs.</p> <p>Management and the board are committed to working in partnership with Māori by providing high quality cultural and strategic advice and support as well as facilitating Māori participation in decision-making. The Board consults with the Māori branch of the Anglican organisation in addition to local Māori authorities (Arai Te Uru Whare Haura, Te Hou</p>

		<p>Ora and Te Kaika) with the aim of implementing solutions on ways to achieve equity and improve outcomes for all residents. Plans are in place for all board members to attend cultural training in 2023.</p> <p>The service ensures tāngata whaikaha has meaningful representation and a voice through resident meetings and annual satisfaction surveys.</p> <p>The general manager has completed a minimum of eight hours of professional development annually relating to the management of an aged care service.</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>	FA	<p>Home of St Barnabas has a fully implemented quality and risk management system purchased from an external consultant which is embedded into practice. Quality and risk performance is reported across facility meetings and to the board. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the general manager, kitchen manager/house manager, quality coordinator, two care managers, an activities coordinator and two caregivers confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures (purchased from an external consultant) align with current good practice, have been updated to reflect the Ngā Paerewa standard and are suitable to support rest home level of care. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and progress towards meeting Ngā Paerewa are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. An internal audit programme is being implemented. Examples of quality improvements implemented since the previous audit include (but are not limited to): staff recruitment, staff education to address an increase in admissions of residents with anxiety, updating policies and procedures in relation to the Ngā Paerewa standard 2021, and cultural training for staff.</p>

		<p>Family and resident meetings are held and both residents and families have provided feedback via annual satisfaction surveys. The 2022 resident and family surveys results indicated that both families and resident responses were very positive; however, scores were lower than in previous years. Corrective actions have been implemented and the survey is scheduled to be repeated in six months.</p> <p>Health and safety policies are implemented and monitored. Board trustees and staff are kept informed. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The general manager is aware of situations that require essential notifications. No section 31 reports have been required since the previous audit. Public health authorities are notified in relation to outbreaks.</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>	FA	<p>There are staffing policies documented that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a minimum of one first aid trained staff member on duty 24/7. All staff receive training in cardiopulmonary resuscitation (CPR).</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The care managers and general manager are on site Monday – Friday and share an on-call roster. A quality coordinator/RN is rostered one day a week. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>An education programme is in place. Training available to staff includes (but are not limited to); in-services, and toolbox talks at handover and online. Staff are provided with cultural training specific to Māori and the Treaty of Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and</p>

		<p>disparities, and health equity. Facility meetings also provide a forum to encourage collecting and sharing of high-quality Māori health information. Training opportunities for care staff include training through Te Whatu Ora - Southern and hospice.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-one caregivers are employed. Seven have completed their level three certificate, one their level two certificate. One caregiver is a medical student, and one is a nursing student.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) training and competencies completed include (but are not limited to) medication, fire safety, first aid, mental health/challenging behaviours, hoist training, infection prevention and control, continence management, pressure injury prevention. Cultural competencies have been completed by the majority of staff. Three RNs are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Staff qualifications are verified prior to employment. A register of practising certificates is maintained. Five staff files were selected for review and evidenced employment practices were implemented as per policy.</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 programmes support RNs and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. All files reviewed identified completed competencies corresponding to the individual's role and responsibilities.</p> <p>Staff files are stored securely. The service plans to begin collecting staff ethnicity data during the employment process. The service is planning to report this data to the board. Staff cultural competencies</p>

		are being implemented to ensure the service can deliver high quality care for Māori.
<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>	FA	<p>There are policies documented around admission and declining processes including required documentation. The general manager keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. The general manager reported they are working towards a process of routinely analysing ethnicity data.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and staff identifying as Māori at the time of the audit. The service currently engages with local kaumātua and has access to Māori health providers to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals 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>	FA	<p>Five resident files were reviewed, including one respite and one resident on a long-term support - chronic health contract (LTS-CHC). The care managers are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. This was documented in progress notes. The Home of St Barnabas provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans.</p> <p>The Home of St Barnabas uses a range of assessment tools alongside the interRAI care plan process. The initial support plan is completed within 24 hours of admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan. Long-term care plans</p>

		<p>had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes for all residents. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly. Short-term care plans were utilised for issues such as infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely once a week and provides out of hours cover. The GP reviews the residents at least three-monthly or earlier if required. The GP (interviewed) commented positively on the responsiveness of the care managers and the care provided at the Home of St Barnabas. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service provides a physiotherapist as required by referral and the podiatrist visits regularly. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local public hospital.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and the care managers record progress against identified goals each week or as required. Caregivers record progress notes in the electronic system; however some caregivers continue to write paper-based progress notes.</p> <p>The residents interviewed reported their needs and expectations were being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the care manager who then initiates a review with a GP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status and this was consistently documented in the resident's file.</p> <p>There were two current wounds reviewed which included two chronic</p>
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		<p>wounds. One of these wounds is managed by the District Nursing Service, all information regarding this wound is kept in the resident's room so it is available for the district nurses and the staff at The Home of St Barnabas. The wounds had comprehensive wound assessments including photographs to show progress. A wound register and wound management plans are available for use as required. Caregivers and the care managers interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Incontinence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day and night use.</p> <p>Monitoring charts are completed by caregivers and the care managers/registered nurses including bowel charts, vital signs, weight, food and fluid charts, blood sugar levels, and behaviour on the paper-based forms as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy. Incident reports reviewed, evidenced timely follow-up by the care manager and opportunities to minimise future risks were implemented.</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 unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator accompanies residents on outings. Community visitors include entertainers, church services and the local Māori community representatives. There are themed days such as Matariki, Waitangi, ANZAC Day. The Home of St Barnabas has embedded culturally themed activities into the activities programme such as making poi and using these in the exercise programme.</p> <p>Families/whānau interviewed spoke positively of the activities programme with feedback and suggestions for activities made via resident meetings and surveys.</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>	FA	<p>The Home of St Barnabas has policies available for safe medicine management that meet legislative requirements. The care managers and medication competent caregivers who administer medications have been assessed for competency on an annual basis. Education around</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>safe medication administration has been provided. The care managers have completed syringe driver training.</p> <p>There is an electronic management system and staff reported an improvement with accessing the system through the upgraded wireless reception. Staff were observed to be safely administering medications. The care managers and caregivers interviewed could describe their role regarding medication administration. The Home of St Barnabas uses packaged medications and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. At the time of audit, no residents were self-medicating. No standing orders were in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. Over-the-counter medication is considered during the prescribing process and nutritional supplements are documented on the medication chart. The care managers described how they work in partnership with all residents and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>	FA	<p>Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. The kitchen provides food for the cultural themed days in line with the theme. The kitchen manager interviewed stated they do their best to accommodate any requests</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>from residents.</p> <p>Residents and family members interviewed indicated satisfaction with the food.</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>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. The residents and families were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested. The care manager stated a comprehensive handover occur between services.</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</p>	FA	<p>The building holds a current warrant of fitness which expires 3 March 2023. The house manager coordinates the maintenance requirements both reactive and preventative. A maintenance request book for repair and maintenance requests is located at reception. These are checked and signed off when repairs have been completed. There is a maintenance policy which includes an annual preventative maintenance plan that includes resident and medical equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. A gardener is employed to</p>

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>look after the gardens.</p> <p>The service has no current plans to undertake new building construction. However, they do have links with local kaumātua which enable them to ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved, should any construction occur in the future.</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>	FA	<p>A fire evacuation plan is in place. Fire drills are held six monthly with the most recent fire six-monthly drill taking place on the 2 November 2022. The building is secure out of hours with a bell to summon assistance from staff. Staff perform security rounds during the evening/night to ensure The Home of St Barnabas is secure.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is a pandemic plan and covid-19 response plans in place. There are adequate supplies of personal protective equipment as sighted during the audit. All staff have completed training around donning and doffing of personal protective equipment.</p> <p>The service is working towards incorporating te reo Māori information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around culturally safe practices around infection control in relation to their roles.</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>	FA	<p>Infection prevention control surveillance is an integral part of the infection prevention control programme and is described in the infection prevention control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality/staff meetings and daily updates held during the recent outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The Home of St Barnabas receives regular notifications and alerts from Te Whatu Ora Health - Southern for any community concerns.</p> <p>There have been two outbreaks since the previous audit (Norovirus in March 2022, and Covid-19 over May/June 2022), affecting a number of residents and staff, which was appropriately managed with Te Whatu Ora Health - Southern and Public Health unit appropriately notified. All appropriate isolation measures were in place to prevent the spread of infection to other residents and staff.</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>	FA	<p>Home of St Barnabas is committed to providing services to residents without the use of restraint. At the time of the audit there were no residents using restraint. The board is committed to remaining restraint-free. The designated restraint coordinator is the quality coordinator (RN). Systems are in place to ensure restraint use (if any) will be reported to the board. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standards 2021. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible.</p>

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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.