

FOMHT Health Services Limited - Jack Inglis Friendship Hospital

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: FOMHT Health Services Limited

Premises audited: Jack Inglis Friendship Hospital

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

Dates of audit: Start date: 19 December 2022 End date: 20 December 2022

Proposed changes to current services (if any): A reconfiguration letter dated 11 July 2022 request verification of the suitability of the switching of the dementia wing with a hospital wing which already has 13 ensuited rooms. Dual purpose bed numbers were decreased by one to make an entrance way into the main garden area.

This resulted in a decrease in dual purpose beds from 64 to 60 and an increase in the dementia unit beds from 10 to 13. The total number rooms decrease to 73.

Total beds occupied across all premises included in the audit on the first day of the audit: 71

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

Jack Inglis aged care home is governed by a Trust Board and provide hospital (geriatric and medical), rest home level and dementia care for across 74 beds. There were 71 residents on the days of audit.

This surveillance audit was conducted against the relevant subset Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Nelson Marlborough. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a nurse practitioner.

The service has reconfigured a hospital wing which already has 13 ensuited rooms to a secure dementia unit. The previous secure dementia unit was switched to a hospital wing. This resulted in a decrease in dual purpose beds from 64 to 60 and an increase in the dementia unit beds from 10 to 13. The overall bed numbers decrease from 74 to 73. This audit has verified the service as suitable to provide care in the dementia unit and hospital wing. The changes will not adversely affect the facility's ability to deliver appropriate care or services to residents.

The chief executive officer is qualified and experienced for the role and is supported by a clinical manager, quality coordinator and clinical nurse leader. Residents, relatives, and the GP interviewed spoke very positively about the service provided. There are embedded quality systems and processes.

An induction and in-service training programme are in place to provide staff with appropriate knowledge to deliver care. There is a competency schedule.

The previous shortfalls have been addressed in relation to improvement of Māori health.

This surveillance audit has identified shortfalls related to rostering.

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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There is a Māori health plan and Pacific Island health plan. The organisation has established relationships with Māori and Pacific groups. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

Jack Inglis provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and their obligations.

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.		Some subsections applicable to this service partially attained and of low risk.
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There is a documented quality and risk management systems that takes a risk-based approach. The systems meet the needs of residents and their staff.

Internal audits, meetings, and collation of data were documented and actions to improve the service are followed up. The relative and resident survey for 2022 provided positive comments in relation to key areas of service delivery.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. The documented organisational staffing policy aligns with contractual requirements and includes skill mixes.

Residents and families reported residents' needs were being met.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group.

Food preferences and dietary requirements of residents are identified at admission and the kitchen staff provided meals that support cultural values and beliefs. There are nutritious snacks available 24 hours per day.

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 holds a current warrant of fitness. The dementia unit is secure and provides for a safe and appropriate environment. There is a maintenance programme in place that include monitoring of hot water temperatures. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

There is an approved evacuation scheme. Staff complete six-monthly fire drills. Security checks are performed at night.

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 organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon and discussed with staff. The service has robust pandemic and Covid-19 response plans in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit, and these have been well documented.

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 restraint coordinator is the clinical nurse leader. There was one resident using restraint. Encouraging a restraint-free environment is included as part of the education and training plan. 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	53	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

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>There is a Māori Health Plan 2022-2024 and governance policy stated governance commitment to provide workforce diversity. Progress is regularly reviewed. The previous finding related to NZS 8134:2008 criteria #1.1.4.2 has been addressed. The quality coordinator confirmed that the service supports a Māori workforce with staff identifying as Māori (or having whānau connections) at the time of the audit and employed across key areas within the service. The service is actively recruiting staff and encourage Māori to apply. The service provides comprehensive support for all staff, including those that are seeking to pursue a further qualification in health and wellbeing.</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>	FA	<p>Jack Inglis has a documented Pacific Island health plan and partners with Pacific organisations in the Nelson Tasman Pasifika Community Trust. The Pacific health plan focuses on achieving equity and efficient provision of care for Pasifika. Jack Inglis Pacific staff</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>provided guidance for the development and implementation of the Pacific health plan.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). 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. The policies related to care planning documentation provide guidance around care planning and goal setting. The organisation ensures that Māori mana motuhake is recognised through goal setting during the care planning process. Eight residents (two from the hospital and four rest home) interviewed stated they have autonomy and choice over their daily routine and care. The residents are encouraged to determine their own routine and habits. Four families (two hospital, one rest home and one from the dementia unit) interviewed stated the six-monthly multidisciplinary meetings with whānau and the resident provide opportunity to choose and discuss treatment goals.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. 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>FA</p>	<p>Signage in te reo Māori is in place in various locations throughout the facility. Interviews with nine staff (two registered nurse [RNs], four caregivers, one maintenance person, one cook and one activities coordinator) confirmed their understanding of tikanga best practice with examples provided in relation to their role. Te reo Māori is celebrated during Māori language week. A tikanga Māori flip chart is available for staff to use as a resource. Cultural awareness training specific to Māori cultural has been provided for all new staff at orientation. The RNs and activities coordinators have all completed cultural training related to Te Tiriti o Waitangi and tikanga Māori.</p> <p>Staff are supported with te reo pronunciation. The management and staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose, have the opportunity to participate in te ao Māori. Opportunities for participating in te ao Māori, including blessings of rooms and karakia, are included</p>

		in daily service delivery.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Jack Inglis policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The service also aligns with the Code of Residents Rights and follows the Code of Health & Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Staff complete education related to abuse and neglect at orientation and annually as per the training plan on how to identify abuse and neglect, cultural bias, unconscious and explicit bias and institutional racism. Training was provided and completed on 29 September 2022.</p> <p>Jack Inglis model of care is person centred and a holistic model of care that is based on Te Whare Tapa Whā which ensures wellbeing outcomes for Māori residents. There were residents identifying as Māori at the time of the audit. Residents interviewed stated their wellbeing needs are met.</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. 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. 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>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines as sighted in documentation, welcoming the involvement of family/whānau in decision making where the resident receiving services wants them to be involved. There is a cultural folder available for staff with information to provide on request and include advocacy services.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives 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 in hard copy. Documentation for complaints management include samples of follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been no complaints since May 2021. Example of a previous complaint sighted included an investigation, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). There have been no complaints received from external agencies.</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. Residents/relatives making a complaint can involve an independent support person in the process if they choose. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Complaints are reviewed and discussed at monthly quality meetings. The complaint process is equitable for Māori.</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>Jack Inglis Friendship Hospital is located in Motueka. The facility is a purpose-built facility across one level. The service is certified to provide care for rest home, hospital (geriatric and medical), and dementia care across 73 beds residents. There are 60 dual purpose beds to provide rest home or hospital level of care and a 13-bed secure dementia unit.</p> <p>The service has reconfigured a hospital wing which already has 13 ensuited rooms to a secure dementia unit. The previous secure dementia unit was switched to a hospital wing. This resulted in a decrease in dual purpose beds from 64 to 60 and an increase in the dementia unit beds from 10 to 13. The overall bed numbers decrease from 74 to 73. All rooms were verified to be suitable for the level of</p>

		<p>care provided.</p> <p>On the day of the audit there were 71 residents: 39 rest home, including one resident younger person under a unique mental health contract and one resident on Accident Compensation Corporation (ACC) funding; 20 hospital level; and 12 at dementia level of care. All other residents were under the age-related residential care contract (ARRC).</p> <p>The CEO is responsible for the leadership and operational management of the service. The Trust Board is responsible for governing the facility and the Board meets monthly. The Board has eight members from the community that includes expertise in finance, business management and medical professionals. Members of the Board are planning to attend cultural competency training.</p> <p>There is a documented strategic plan, business plan (workforce continuity plan), Māori health providers policy and governance policy that address key areas of service delivery related to hospital, rest home, and dementia level of care. Goals are assessed at regular intervals. The policies evidence a framework that aligns with Te Whatu Ora New Zealand strategy, which provides direction to achieve outcomes for tāngata whaikaha. Furthermore, the governance policy describes a process where residents and whānau meetings/hui are treated as an advisory group to collaborate in business planning and service development to ensure equity for Māori and tāngata whaikaha. The Māori health providers provide direction to collaborate with mana whenua in service development, to ensure equity for Māori.</p> <p>The CEO (non-clinical) is experienced in the management of healthcare services and has been in the role since October 2022. The CEO is supported by a clinical manager (RN) who has also been in the role for three and a half years. They are supported by the clinical nurse leader, part-time quality coordinator and a core of experienced long- standing caregivers.</p> <p>The clinical manager has completed training, webinars and meetings related to aspects of managing an aged care facility.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Jack Inglis implements the organisational quality and risk management programme; the quality and risk programme is embedded. The quality and risk management systems include performance monitoring through internal audits and through the collection, analysis, and trends of clinical indicator data. The facility does not currently benchmark quality data externally.</p> <p>Internal audits, meetings, and collation of data were documented when taking place. Bimonthly quality meetings and monthly staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; pandemic planning; health and safety; restraint; complaints received (if any); staffing; and education. Meeting minutes reviewed evidence that staff are informed on quality data and analysis or trends are discussed.</p> <p>An internal audit schedule is in place. Corrective actions were documented where indicated to address service improvements. Progress on these were documented, signed off and discussed at meetings.</p> <p>Health and safety is discussed at the bimonthly quality meeting. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, and a report is provided to the Trust Board.</p> <p>Electronic reports are completed for all incident/accidents. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager and clinical nurse leader.</p> <p>Incident and accident data is collated monthly and analysed.</p> <p>Discussions with the CEO and clinical manager evidenced awareness of their obligations to essential notifications. There have been weekly Section 31 reporting since April 2022 for RN shortages, two for pressure injuries, and a change in key staff (chief executive officer) completed to HealthCERT. Two Covid-19 outbreaks have been recorded and notified to Public Health.</p> <p>Staff complete cultural safety training to ensure the service can deliver high quality care for Māori and to provide culturally competent</p>
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		<p>care. Work is underway to include benchmarking and other measures that can assist with critical analysis of practice to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements in a responsive manner to manage reconfiguration changes. There are measurements to include extra staffing when acuity of resident's change. At the time this audit was undertaken, there was a significant national health workforce shortage. Jack Inglis has implemented intermittent measures where they did not accept admissions to the facility due to RN shortages. At the time of the audit, there were three RNs (including one clinical nurse leader) on long leave. The clinical manager interviewed stated it is difficult to replace RN shifts during the time of absence. The management team interviewed stated the clinical manager and clinical nurse leader cover RN shifts and RN duties which include medication management. There are several shifts between April 2022 and currently where leaders worked extra shifts to cover when RNs are unavailable. The service was actively recruiting for more RNs at the time of the audit.</p> <p>There were several weekly Section 31 notifications completed for RN unavailability. The clinical manager explained the reason for this completion is due to the absence of the one clinical nurse leader and two RNs, which leaves a gap of one hour between night shift and morning shift that could not always be covered. The roster reviewed evidence several RN shifts (due to absence) that were covered by the clinical leaders. When able, the clinical manager starts work early to provide RN cover over this hour.</p> <p>There are clinical leaders (clinical manager and clinical nurse leader) on duty five days a week to support the RNs, including after hours on call. There is an extra RN on weekends when the clinical leaders are not available.</p> <p>The roster reviewed that all caregiver shifts are covered.</p> <p>Interviews with staff confirmed that their workload is overall manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels,</p>

		<p>evidenced in staff interviews.</p> <p>The clinical nurse leader provides oversight over the 13-bed dementia unit supported by two caregivers in the morning, afternoon and one at night. Caregivers are medication competent.</p> <p>The 60-bed dual purpose unit is covered by two RNs (one over seven days and one for five days) and one enrolled nurse (five days a week) each day in the morning and afternoon. One RN covers the facility during the night. There are eight caregivers on in the morning, the same for the afternoon and two at night.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural safety training. Training, support, and competence assessment are provided to staff to ensure health and safety in the workplace, which includes chemical safety, emergency management including (six-monthly) fire drills, and personal protective equipment (PPE) training. Staff last attended cultural safety training in September 2022. Staff share high-quality Māori health information through a cultural resource folder with journal articles and other information.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 48 caregivers and 10 had achieved level 3 Certificate in Health and Wellbeing and 24 achieved level 2 Certificates in Health and Wellbeing. There are 11 caregivers allocated to the dementia unit and 9 have completed their dementia care standards within the timeframe stated in ARRC E4.5.f. All the other caregivers are enrolled and expected to complete within 18 months of commencement of employment.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies, including (but not limited to): personal protective equipment; handwashing; restraint; and moving and handling. A review of the electronic register evidenced the competency schedule is maintained.</p> <p>Additional RN specific competencies include (but are not limited to)</p>
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		subcutaneous fluids, syringe driver, and interRAI assessment competency. Four registered nurses and the enrolled nurse are interRAI trained. External training opportunities for caregivers are encouraged when available through Te Whatu Ora, including palliative care, healthLearn, and infection control.
<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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign a code of conduct as part of their employment agreement. There are job descriptions in place for all positions.</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 RNs and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified at the time of employment and maintained on an electronic system.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>There are policies documented to guide management around admission and declining processes including required documentation. Ethnicity records are collected and reported for all residents admitted to the service. The quality coordinator advised they keep records of how many prospective residents and families have viewed the facility and advised they are working on a method of collecting ethnicity on residents who are declined entry.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>and in te reo Māori. There were Māori residents and staff members at the time of audit. Jack Inglis engages with a Māori organisation in order to continue development of meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. Staff who identify as Māori provide support for residents and whānau where required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed: (two at hospital level, including one resident on an ACC funding; three rest home, including one on a unique individual funding contract and one dementia level care resident).</p> <p>The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. Resident files are electronic. There is a suite of assessment tools for RNs to utilise. Initial assessments and care plans have been completed on admission for all residents (including those on contracts). Additional risk assessment tools include behaviour and wound assessments as applicable. Initial interRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk assessments are reflected in the care plan. Long-term care plans have been developed for all residents. Care plans are holistic. Care plan reviews have been routinely completed at least six-monthly and reflect progression towards goals; however, not all care plans had been reviewed where required for a change in health condition. The nurses interviewed describe supporting Māori residents and whānau to identify their own pae ora outcomes in their care or support plan. The younger person had interventions recorded to maintain family and community links. 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 service contracts with two medical centres and a GP visits weekly. The GP services also provides out of hours cover. The GP (interviewed) was complimentary</p>

	<p>regarding the standard of care, and the RN was knowledgeable and reports resident's health changes in a timely manner. The GPs record their medical notes in the integrated resident file. The GP reviews the residents at least three-monthly or earlier if required. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A physiotherapist is contracted and visits for three hours a week. A podiatrist visits regularly and a dietitian, speech language therapist, older persons mental health team, wound care and continence specialist nurse are available as required through Te Whatu Ora- Nelson Marlborough. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>On observation of a handover, information was comprehensively communicated on a large screen and included resident photos, monitoring requirements and changes in care. Caregivers interviewed were knowledgeable about the cares required for individual residents. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>An electronic wound register is maintained. There is access to the local wound nurse specialist, this was evidenced in the clinical records. The registered nurse interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. On the days of audit, there were seventeen residents with thirty wounds (including one unstageable pressure injury). Wound assessments, wound management plans with body map, photos and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan. Adequate supplies of wound dressings and continence products are available (sighted), and the continence specialist advice is available through Te Whatu Ora Nelson Marlborough.</p> <p>Care plans reflected the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including (but not limited to): bowel chart; vital signs; weight; and turning charts. Incident reports reviewed evidenced neurological</p>
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		<p>observations are completed for unwitnessed falls, or where there is a head injury. Immediate action was noted, and any follow-up action(s) required were documented and also evidence in progress notes by a registered nurse. Incidents were fully investigated or signed off in a timely manner.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The service facilitates opportunities for Māori to participate in te ao Māori with visiting kapa haka groups, regular marae visits, and in activities, signage, and culturally focused food related activities. A member of the activities team identifies as Māori and has taught residents a waiata, made poi with the residents, taught traditional weaving, and introduced quiz activities to assist with te reo Māori pronunciation.</p> <p>Community visitors include entertainers, church services and pet therapy visits. The service also works with representatives from the local marae who visit and talk with residents individually. The service focuses on delivering and embedding te reo Māori in an inclusive and immersive manner. Themed days such as Matariki, Māori language week, Waitangi, and ANZAC Day are celebrated with appropriate resources available.</p> <p>Residents and families/whānau interviewed spoke positively of the activity 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. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and</p>

		<p>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 medications are checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies in use, must be reviewed, and prescribed by the GP.</p> <p>Twelve 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 photo identification and allergy status identified. There were no residents self-administering medications. Assessments and processes are in place should any resident wish to administer their medications. No standing orders and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the Māori whānau to ensure the appropriate support is in place for their relatives, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>The dementia wing has its own medication storage room and medication trolley. Room and fridge temperatures are recorded. There is no controlled medication stored in the medication room. The reconfiguration of services will not affect the service's ability to deliver safe and appropriate services relating to medication management.</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>	<p>FA</p>	<p>The lead cook oversees the on-site kitchen, and all cooking is undertaken on site. The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. The kitchen staff supported the activities team to provide a master class cooking event making fried bread and boil ups. The kitchen staff are familiar with Māori and cultural preferences and has provided culturally specific menu options where required. Kitchen staff and care staff interviewed</p>

		<p>understood basic Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for the residents at any time of the day or night.</p> <p>The reconfiguration of services will not affect the service's ability to deliver safe and appropriate services relating to nutrition.</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>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with family/whānau and other service providers to ensure continuity of care.</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>	FA	<p>The buildings, plant, and equipment are fit for purpose throughout the facility and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 29 September 2023. There is a full-time maintenance person employed to address the planned and reactive maintenance programme. All medical and electrical equipment was recently tested and tagged. Hot water temperatures are monitored and managed within the acceptable limits. The facility has sufficient space for residents to mobilise safely using mobility aids. External areas and pathways are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident's care plans.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices as evidenced by the Māori artwork throughout the</p>

		<p>facility. A Māori blessing took place following recent renovations.</p> <p>On interview, the facility manager advised that the service engaged with Māori prior to commencing the reconfiguration.</p> <p>The reconfiguration from hospital wing to dementia wing occurred 1 October 2022. There were no changes required to the evacuation scheme. The service lost one bedroom as part of the renovations. The service has reconfigured a hospital wing which already has 13 ensuited rooms to a secure dementia unit. The previous secure dementia unit was switched to a hospital wing. Dual purpose bed numbers were decreased by one to make an entrance way into the main garden area. The audit has verified the service as suitable to provide dementia care in the rooms within the dementia wing and hospital level of care within the hospital wing.</p> <p>Dementia unit</p> <p>The dementia unit is secure and accessible from the main entrance. The door is key card activated. There is a visitor's toilet and meeting room off the main entrance. The dementia unit has a centrally located lounge/dining room with kitchenette. The dining room allow for a domestic type dining experience. The communal area is spacious and allows for groups or individual activities. There is a spacious quiet area located next to the dining room/lounge area. Corridors are wide and promote safe mobility with the use of mobility aids. There is increased lighting in hallways and communal areas. There is safe access to all communal areas.</p> <p>There are three doors (one from the quiet area, one from the dining/room and one from the end of the wing) that provide access to the gardens and safe access to pathways and outdoors. There is a continuous circuit without encountering dead ends. All doors leading to the outside are connected to the alarm system. There is a large secure garden area accessible from the lounge/dining room, off the lounge and end of the wing with paths. There is a high secure fence with shrubbery to deter from climbing. Seating and shade are provided. Landscaping is well maintained.</p> <p>The secure nurses` station is located adjacent to and overlooking the dining room/lounge. The view from the nurses' station allows for supervision of residents in the lounge when staff are in the nurse's</p>
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	<p>station. There is a secure medication storage room with a medication trolley. The temperature in the room can be manually adjusted.</p> <p>All 13 bedrooms are of same footprint with a full ensuite. Ensuites have appropriate flooring and handrails in place. Residents' rooms in the dementia units are spacious, door openings are wide and allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident. Heating is thermostatically controlled. Rooms have big windows that allow for ample light and ventilation. Flowing soap, hand gel dispensers and paper towels are available throughout the wing.</p> <p>There are other meeting rooms available for whānau/family meetings. There is plenty space for medical equipment, continence products, linen, and PPE storage with shelving.</p> <p>Hospital</p> <p>There are 10 beds in the wing end of magnolia wing. The previous secure door is disarmed and remains open. All 10 bedrooms are of the same footprint with a full ensuite and verified as dual purpose.</p> <p>A disability accessible toilet is located at the main communal area.</p> <p>Residents' rooms are spacious, door openings are wide and allow care to be provided and for the safe use and manoeuvring of mobility aids. Heating is thermostatically controlled. Rooms have big windows that allow for ample light and ventilation. Each resident room has a spacious ensuite with shower. Flooring in the shower is suitable, non-slip, and easy to clean. All ensuites throughout the hospital unit allows for the use of mobility equipment. Ensuites have handrails and are spacious enough to accommodate a hoist or shower chair.</p> <p>A central kitchen/dining and kitchenette provide for sufficient space to dine, and the lounges are large enough to cater for the equipment. There is safe access from the lounge to the outdoors that have shade.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. There is increased lighting in hallways and communal areas. There is safe access to all communal areas.</p>
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<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. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There was no amendment required to the fire evacuation scheme following the renovations.</p> <p>The dementia unit is secure with entrance to the main reception, that is also secure at night. All keypads are functional. There is CCTV within the dementia wing communal areas, outdoors and hallways that is functional.</p> <p>The building is secure after hours. Staff are responsible for checking locks and a security firm is contracted to complete security checks at night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is a comprehensive pandemic plan as part of the infection control programme. The pandemic plan describes responsibilities at each stage of an outbreak with clear communication pathways. The pandemic plan is part of the education provided at orientation and annually. There are plenty of resources available, including personal protective equipment (PPE) stock, outbreak kits and posters that are checked at regular intervals.</p> <p>Resources reviewed evidence the organisation is still working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around providing culturally safe practices related to infection control for Māori. The cultural assessment in the residents' files reviewed evidence cultural considerations related to care is acknowledged. Caregivers interviewed explain how they obtained information from whānau related to the care for a Māori resident.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme. The infection prevention and control programme links</p>

<p>(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>with the quality programme. There is close liaison with the GP that advise and provide feedback/information to the service. Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings. The facility manager reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>The service receives email notifications and alerts from Te Whatu Ora Nelson Marlborough for any community concerns.</p> <p>There had been two Covid-19 outbreaks since May 2022. There is a clear communication pathway to notify the CEO and Te Whatu Ora Nelson Marlborough programme manager. The facility followed and implemented their pandemic plan successfully. All areas were kept separate, and staff were kept to one wing if possible. Staff wore personal protective equipment. Residents were tested when symptomatic. The facility was in lockdown until the last known infectious case was asymptomatic. Families/whānau were kept informed by phone or email. Visiting was restricted. Outbreaks were documented and reported to Public Health. Staff were debriefed, and daily outbreak meetings occurred. Outbreaks were documented on an outbreak case log. No ethnicities were recorded; however, the service is working towards a method of incorporating ethnicity data into their surveillance of infections.</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</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families, 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 (clinical</p>

<p>restraint in the context of aiming for elimination.</p>		<p>nurse leader). At the time of the audit, there was one resident using a lap belt as intermittent restraint. The use of restraint is reported monthly to the clinical manager, who ensures restraint use is reported across facility meetings and reported to the Board. The restraint coordinator interviewed described the focus on minimising restraint and when it is used, ensuring the resident's safety. Restraint minimisation and restraint management is included as part of the mandatory training plan and orientation programme.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	Several Sections 31 reports have been completed since 4 April 2022 for RN shortages. There is an hour between night shift and morning shift that is regularly covered by the clinical manager. This audit was conducted in a time of national workforce shortage and the shortfall should be read within this context. Due to the staff shortage, there are insufficient staff with current first aid certificates.	<p>i). There is not a sufficient number of RNs to cover the roster in a time of absence and sick leave.</p> <p>ii). Clinical leaders reported they are working up to 15 hours a day to cover shifts.</p>	<p>i). – ii). Ensure there is sufficient RN coverage to meet the requirements of the ARRC D17.4.a. i.</p> <p>90 days</p>

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.