

Orewa Beach View Retirement Home & Hospital Limited - Solemar

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:	Orewa Beach View Retirement Home & Hospital Limited
Premises audited:	Solemar
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
Dates of audit:	Start date: 14 December 2022 End date: 15 December 2022
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:	23

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Solemar is certified to provide hospital (geriatric), and dementia levels of care for up to 30 residents. There were 23 residents on the days of audit. This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand- Waitematā. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff. The general practitioner was not available at the time of audit.

The clinical manager is appropriately qualified and experienced and is supported by the directors. There are quality systems and processes available. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place.

The service has addressed the previous shortfalls related to best practice training for the clinical manager, wound care training and pressure injury prevention.

This audit identified the service requires improvement around essential notification and registered nurse staffing.

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.

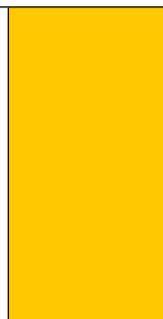


Subsections applicable to this service fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori health plan is in place for the organisation and a Pacific health plan is being developed and implemented. There is a policy for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

Hunga mahi me te hanganga | Workforce and structure

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



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place, with corrective actions as indicated.

There is a staffing and rostering policy. A role specific orientation programme and regular staff education, training and competency assessments are in place.

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.
---	--	--

The clinical manager is responsible for each stage of service provision. The clinical manager assesses, plans, and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

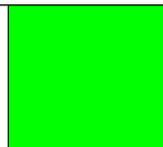
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme includes community visitors and outings, entertainment and activities that meet the individual cultural and physical needs of the residents.

All food and baking are prepared and cooked on site. Cultural requirements are accommodated. 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.



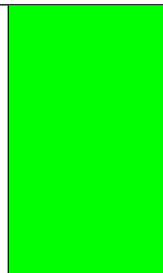
Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. The environment is inclusive of peoples' cultures and supports cultural practices.

Security of the facility is managed to ensure safety of residents and staff.

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 infection control programme is implemented in a culturally safe manner, acknowledging the spirit of Te Tiriti and meets the needs of the organisation. The service has incorporated te reo Māori into infection prevention information for Māori accessing services.

Standardised definitions are used for the identification and classification of infection events. The service is working towards including ethnicity into surveillance data. There are clear, culturally safe processes for communication between the service and the residents' receiving services.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Pandemic and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak (Covid-19) since the previous audit.

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 manager. There were no residents listed as using a restraint and 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	18	0	1	1	0	0
Criteria	0	49	0	1	1	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 clinical manager confirmed that the service supports a Māori workforce. There were staff identifying as Māori (or having whānau connections) at the time of the audit. Healthcare assistants interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Country of origin data is gathered when staff are employed, and management are planning to provide data analysis to the Board.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not Applicable	<p>The service plans to partner with a Pacific organisation (or leader who identifies as Pasifika) to provide guidance and consultation as the Pacific health plan is developed and implemented.</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>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The clinical manager confirmed that the service ensures that Māori mana motuhake is recognised through involvement in care planning, the right to choose, and confirmed that residents are provided with opportunities to discuss or clarify understanding of the rights. Māori health policy and procedures are documented and guide staff around Māori motuhake.</p> <p>Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service plans to add signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this. The service actively promotes and incorporates te reo Māori and tikanga Māori through all their activities. Interviews with six staff (one registered nurse, two healthcare assistants (HCAs), one activities coordinator, one cook and one housekeeper) confirmed their understanding of tikanga best practice with examples provided.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori. This is accessed through an online training provider.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed described a positive working environment, with a culture of teamwork.</p>

		A strengths-based and holistic model is prioritised to ensure positive wellbeing outcomes for Māori residents. At the time of the audit, there were residents who identified as Māori. A Māori health care plan which references Te Whare Tapa Whā has been developed for each Māori resident.
<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>There are policies documented in relation to informed consent. The service follows the appropriate best practice tikanga guidelines in relation to consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Three hospital level residents and five relatives (four hospital and one dementia) interviewed could describe what informed consent was and their rights around choice. Education around informed consent has been provided to staff as part of the ongoing training plan.</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>	FA	<p>The complaints procedure is equitable and provided to all residents and relatives on entry to the service. The clinical manager maintains a complaints file, detailing any verbal or written complaints received. Documentation including formal acknowledgement, investigation and resolution documentation is utilised, with complaints being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC), and the organisation's own policy and procedures.</p> <p>There were two complaints on file from 2022 year to date (internal), and one external from 2021 via HDC lodged since the previous audit. Both internal complaints had been resolved and the service is awaiting further communication from HDC regarding closure of the external complaint. There were no findings in this audit in relation to this complaint.</p>

		<p>Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms are readily accessible at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly.</p> <p>Interviews with the clinical manager, director and staff members evidenced their understanding of the complaints process and acknowledged the importance of face-to-face communication with 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>Solemar is certified to provide dementia, and hospital (geriatric) levels care for up to 30 residents. On the day of audit there was a total of 23 residents (14 hospital and 9 dementia level). All residents were under the age-related residential care (ARRC) contract.</p> <p>The service is managed by an experienced clinical manager (registered nurse) who has been at the facility 18 months and in her current role since March 2022. Prior to this role, the clinical manager was employed in a management role for a large aged care provider for a number of years. The clinical manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training, specific to Te Whare Tapa Whā and te ao Māori.</p> <p>The owner/directors are the governing body for Orewa Beach View Retirement Home & Hospital Limited – Solemar. The director and clinical manager interviewed were able to describe the company's quality goals. There is a 2022 business plan that outlines objectives for the period. Objectives are reviewed and signed off when fully-attained.</p> <p>The director plans to collaborate with mana whenua (resident's whānau) in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery. The director described how residents have experienced improved health outcomes while in the service, and how this evidenced equity for tāngata whaikaha people with disabilities. This was corroborated in</p>

		<p>interviews with family/whānau.</p> <p>The directors plan to undertake training in Te Tiriti, health equity, and cultural safety.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data is collected, analysed, and cascaded for discussion in staff meetings.</p> <p>Staff meetings also provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Resident/family satisfaction and separate food surveys are completed annually. The surveys completed consistently reflect high levels of satisfaction, which was also confirmed during interviews with the residents.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard.</p> <p>Each incident/accident involving residents are documented in hard copy. Ten accident/incident forms reviewed indicated that the forms are completed in full, including information regarding investigations, action plans conducted and family/whānau notification and are signed off by the clinical manager. The previous shortfall (NZS 8134:2008 criteria 1.2.4.3) has been addressed. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. There is a policy and procedure for recording neurological observations which is closely followed.</p>

		<p>Discussions with the clinical manager and director evidenced some awareness of their requirement to notify relevant authorities in relation to essential notifications. A Section 31 report had been completed to notify HealthCERT when the clinical manager took over from the previous manager, and also numerous notifications regarding registered nurse shortages have been completed; however, these have not been submitted to HealthCERT. There had been one outbreak documented since the last audit: (Covid-19 in July to August 2022). This was appropriately notified, managed and staff debriefed. The service actively looks to improve health equity through critical analysis of organisational practices and monthly clinical indicators.</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 Moderate</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse (RN) on site at times for hospital level care residents. The clinical manager, a selection of HCAs and the activities coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with HCAs confirmed that their workload is manageable; however, the service struggles to fill all registered nurse shifts, with the clinical manager working 12-hour shifts, 6 days per week. The seventh day and evening/overnight twelve-hour shifts are undertaken by a senior level 4 HCA or enrolled nurse (EN), plus two other HCAs. Out of hours on call cover is provided by the facility manager.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in interviews.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes wound care, pressure injury prevention and cultural awareness training. Cultural awareness training took place in March and July 2022, including the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The clinical</p>

		<p>manager attends external training sessions as available to maintain clinical currency. Training in pressure injury prevention and wound care management was undertaken by clinical staff and the clinical manager in September 2022. The findings at the previous audit related to NZS 8134:2008 criteria 1.1.8.1 has been fully addressed.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Ten HCAs are employed. Solemar supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Four HCAs have achieved a level three NZQA qualification or higher, four have the dementia unit standards, and all other HCAs are enrolled/participating in the programme.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration (if medication competent) and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and an interRAI assessment competency. The clinical manager is interRAI trained. All care staff are encouraged to also attend external training, webinars and zoom training where available.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review. Staff files are held in hard copy. A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</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 with a more experienced staff member when first employed. Competencies are completed at orientation. The service</p>

		<p>demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori.</p> <p>A register of practising certificates is maintained for all health professionals.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. The service plans to collect ethnicity data for employees and maintain an employee ethnicity database.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>Not Applicable</p>	<p>The admission policy/ decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The clinical manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals; however, these do not currently capture ethnicity.</p> <p>The service identifies and implement supports to benefit Māori and whānau. There were residents and staff members identifying as Māori. Staff members provide support for residents and whānau when required. The service plans to engage with the local marae and kaumātua in order 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>FA</p>	<p>Five resident files were reviewed: three hospital level, and two dementia level care. The clinical manager is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau/NOK communication record. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a nursing assessment and an initial care plan is completed within 24 hours of admission. Additional risk assessment tools include behaviour and wound assessments as applicable. Initial interRAI assessments and reassessments have been completed within expected timeframes. The outcomes of risk assessments are reflected in the care plan. Care plans are developed and evaluated within timeframes. Long-term care plans are holistic in nature and cover all medical and non-medical requirements. Care plan evaluations were completed routinely and for a change in health condition. Progress towards care goals was documented. Short-term care plans were well 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 the local medical centre and has the GP visit one day per week. The GP also provides out of hours cover. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required and a podiatrist visits regularly. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through the local public hospital.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by HCAs and the clinical manager. The clinical manager further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the clinical manager initiates a review with the GP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. A family/whānau/NOK communication sheet records</p>
--	--

		<p>family notifications and discussions.</p> <p>Wound assessments and management plans were reviewed for current residents with wounds (skin tears, chronic ulcers). Wound dressings were appropriate for the wound type and were being changed in a timely manner. A wound register is maintained. There was evidence of wound nurse specialist involvement in chronic wound management. The previous shortfall (NZS 8134:2008 criteria 1.3.6.1) around wound dressing choices has been addressed. Photographs of the chronic wound are taken on a regular basis and evidence progression towards healing. There was evidence of wound nurse specialist involvement in chronic wound management. Pressure injury prevention strategies included the use of alternating air mattresses and turning regimes where required.</p> <p>Staff interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>HCA's, the EN and clinical manager complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls where there is a suspected or actual head injury. The clinical manager reviews all neurological observations daily.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. The GP records their medical notes in the integrated resident file.</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>FA</p>	<p>The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language, culturally focussed music, television programmes and poi activities. Staff and management</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>		<p>interviews confirmed that any community initiatives that meet the health needs and aspirations of Māori and whānau would be supported by the facility should the opportunity arise.</p> <p>Community visitors have been impacted by recent Covid-19 restrictions, but normally include entertainers, church services and pet therapy visits. Themed days such as Matariki, Waitangi, and ANZAC Day are celebrated with appropriate resources available.</p> <p>Residents and family/whānau interviewed spoke positively of the activity programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>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 as part of the competency process. The clinical manager has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The clinical manager and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotic sachets for regular medication 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 securely. The medication fridge and medication room temperatures are monitored daily and the temperatures were within acceptable ranges. All medications are checked in monthly. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</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 photo identification and allergy status identified. There were no residents self-administering medications. No vaccines are kept on site and no standing orders are used.</p>

		There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The clinical manager described working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The cook oversees the food service and all cooking is undertaken on site. The service is able to provide menu options culturally specific to te ao Māori. The cook and care staff interviewed understood basic Māori practices in line with tapu and noa. There are nutritious snacks available 24 hours per day.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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	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 the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
<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>	FA	The buildings, plant, and equipment are fit for purpose at Solemar, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 3 April 2023. The environment is inclusive of peoples' cultures and supports cultural practices. There is an annual maintenance plan

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. A review of maintenance records evidenced maintenance occurs as scheduled and hot water temperatures were maintained within recommended ranges.</p> <p>The service has no plans to expand or alter the building, but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p> <p>The dementia unit is secure and residents have access to secure outdoor deck areas with walking paths, raised planter beds, seating and shade.</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 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 requirements.</p> <p>The building is secure after hours, and staff 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>	FA	<p>The service has a pandemic plan which includes the Covid-19 response plan, and includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and toolbox talks.</p> <p>The service has incorporated te reo information around infection control for Māori residents, and staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) are collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the combined clinical and quality/staff meetings. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There has been one outbreak since the previous audit (Covid-19 in 2022). The facility followed their pandemic plan, staff wore personal protective equipment (PPE) and residents and staff had rapid antigen tests (RAT) daily. The outbreak was notified appropriately. Families were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. 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. 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 the clinical manager. There are no residents currently listed on the restraint register as using a restraint. The use of restraint (should it be required) would be reported in the monthly facility quality/staff meetings and to the directors via the clinical manager.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	Discussions with the clinical manager and director evidenced some awareness of their requirement to notify relevant authorities in relation to essential notifications. A Section 31 report had been completed to notify HealthCERT when the clinical manager took over from the previous manager, and also numerous notifications regarding registered nurse shortages have been completed; however, these have not been submitted to HealthCERT.	Section 31s completed by the service have not been submitted to HealthCERT	<p>Ensure section 31s are submitted to HealthCERT where required.</p> <p>90 days</p>
<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</p>	PA Moderate	As per the ARC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site overnight for hospital level care residents. The service does not have enough registered nurses to cover the	The service does not have sufficient numbers of RNs to have an RN on duty at all times, as per the ARC contract D17.4 a. i.	Ensure a RN is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.

clinically safe services.		<p>evening/night shift and during the absence of the RN, a medication competent/first aid trained HCA covers the shift, with the clinical manager being on call.</p> <p>HealthCERT and Te Whatu Ora Waitematā have been informed of this situation.</p>		60 days
---------------------------	--	---	--	---------

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.