

# TerraNova Homes & Care Limited - Brittany House Residential Care

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** TerraNova Homes & Care Limited

**Premises audited:** Brittany House Residential Care

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

**Dates of audit:** Start date: 8 November 2022 End date: 9 November 2022

**Proposed changes to current services (if any):** The service has reconfigured a room previously used for physiotherapy in to a large two bedded shared room (room 54). The service has also reduced the capacity of rooms 44 and 45, from three bedded rooms to two bedded rooms. This audit verified the appropriateness of this room (54) to provide care for two residents. The overall capacity remains at 62 beds. **Total beds occupied across all premises included in the audit on the first day of the audit: 58**



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Brittany House Residential Care is certified to provide hospital (geriatric and medical), rest home and residential disability (physical) levels of care for up to 62 residents. There were 58 residents on the days of audit. This surveillance audit was conducted against a subset of the Nga Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand- Te Matau a Māui Hawke's Bay.

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 general practitioner.

The facility manager is appropriately qualified and experienced and is supported by a clinical manager and quality improvement coordinator. There are quality systems and processes available. Feedback from residents and families 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 ten of the twelve previous certification audit findings relating to: visual privacy for residents; informed consent; the quality programme; orientation and training; care planning; interventions; food services; and hot water temperatures.

There is an ongoing shortfall around neurological observations.

This audit identified no further shortfalls.

## 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 are fully attained.

Brittany House provides an environment that supports resident rights and cultural safe care. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The owners are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

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. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Services are provided in a manner that considers the resident's dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Staff receive comprehensive training on Māori health and awareness at orientation. A Māori health plan is in place.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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A business plan is documented and supported by quality and risk management processes. Systems are in place for monitoring the services provided, including internal audits and meeting minutes. The business plan outlines current objectives. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Staff receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. There is a documented roster appropriate to resident need.

## 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 are fully attained.
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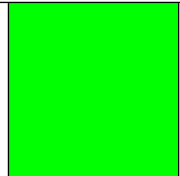
The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files 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.

An activities programme is implemented that facilitates opportunities to participate in te ao Māori. The programme encourages staff members and residents to support community initiatives that meet the health needs and aspirations of Māori.

The service plans to explore and implement menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.

## **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 are fully attained.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All hoists and medical equipment have been serviced and calibrated. The building has an approved evacuation scheme. The environment supports the cultures and cultural practices of the residents.

## **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 are fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved. Staff were knowledgeable around culturally safe practices. Adequate supplies of personal protective equipment were sighted. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There have been no outbreaks 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 are fully attained.

The restraint coordinator is the clinical manager. The facility had three residents using restraint (bed rails) at the time of audit. Encouraging restraint minimisation and the organisation's commitment to work towards 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	22	0	0	0	0	0
Criteria	0	62	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. There are residents and staff who identify as Māori at the facility. The service supports increasing Māori capacity by providing equal opportunity for Māori applicants and providing a culturally safe environment. Five caregivers, four registered nurses (RNs) and three managers interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>There is a documented Pacific health plan and a culture and ethnicity awareness policy which has been developed by an external consultant. This policy was developed in consultation with Pacific people.</p>

<p>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 Rights is displayed in English and te reo Māori. Discussions with staff from across all shifts confirmed their understanding of Māori rights.</p> <p>The service is committed to support Māori mana motuhake and whānau involvement. The Māori health plan documented encourages resident's autonomy and promotes residents to be as independent as able. This was evident through care plans reviewed and interviews with residents and relatives.</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>All staff receive training in Māori health awareness during orientation. Cultural safety and values and Māori health are included as part of the mandatory training programme. Training also covered tikanga practices. There were residents and 29% of staff who identified as Māori on the day of audit.</p> <p>Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and a selection of words in te reo Māori. Māori cultural days are celebrated (eg, Matariki). Signage in te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. The shower rooms allowed for privacy of residents during showering. Residents interviewed reported private conversations take place in the resident's room. The previous shortfall around privacy (NZS 8134:2008 criteria 1.1.3.1) has been addressed.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's</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>		<p>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 report a culture of teamwork.</p> <p>The Māori health plan promotes a strengths-based and holistic model of care to ensure wellbeing outcomes for all residents, including Māori. The care plans reviewed were resident centred.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>There is an open disclosure policy. All family were notified in the event of an incident. Relatives interviewed reported that they are contacted when there is a change to treatment of care, or if there has been an incident. The previous shortfall around communication (NZS 8134:2008 criteria 1.1.9.1) has been addressed.</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>The service follows relevant best practice tikanga guidelines. The service has a policy underpinning Māori cultural principle. The facility manager, the clinical manager and quality improvement coordinator demonstrated a committed approach to tikanga and consent. They also demonstrated a good understanding of the organisational process to ensure they are able to inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting.</p> <p>Signed informed consents were evident in all files sampled. The previous shortfall around consent forms (NZS 8134:2008 criteria 1.1.10.4) has been addressed.</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>There is a robust complaints procedure, which is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been three internal complaints logged since the previous audit. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified. A review of documentation evidenced that the service has thoroughly reviewed all complaints.</p> <p>One complaint has been received through the Health and Disability Commissioner. The health and disability complaint remains in progress at the time of report.</p> <p>Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</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>Brittany House continues to provide care for up to 62 residents. The service is certified to provide hospital (medical and geriatric), rest home level care and residential disability – physical level care. On the day of the audit, there were 58 residents. The service includes 7 rest home only beds, and 55 dual purpose beds over two floors.</p> <p>There were 28 hospital level residents, including one resident under an ACC contract, one respite and two funded through the long-term support -chronic health conditions contract (LTS-CHC). There were 28 residents requiring rest home level of care, including two residents under an ACC contract, and two funded through the LTS-CHC contract. There are two younger people with a disability (one rest</p>

		<p>home level and one hospital level).</p> <p>The service has reconfigured a room previously used for physiotherapy in to a large two bedded shared room (room 54). The service has also reduced the capacity of rooms 44 and 45, from three bedded rooms to two bedded rooms. This audit verified the appropriateness of this room (54) to provide care for two residents. The overall capacity remains at 62 beds.</p> <p>The service is owned by a sole owner who has had training in Te Tiriti. The organisation has a vision, mission statement and objectives. There is a business plan that includes specific quality goals and objectives. The service, through business planning, operational policies and the culture led by the management team, encourages and supports improving outcomes for Māori and people with disabilities. The service demonstrates expertise in Te Tiriti, through training and service delivery (such as the Powhiri to commence the audit). The facility manager has liaised with mana whenua in service development to improve outcomes and achieve equity for Māori, by identifying and addressing barriers for Māori for equitable service delivery and improve outcomes for tāngata whaikaha. The facility confirmed their relationship with representatives of Tai whenua Māori, and demonstrated a good understanding of Te Tiriti, health equity, and cultural safety.</p> <p>The facility manager is non-clinical and has been in the role for two years. The facility manager is supported by a clinical manager who has also been in the role for two years. Care staff, family and residents spoke positively about the support/direction and management of the current management team.</p> <p>The facility manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>FA</p>	<p>Brittany House is implementing a quality and risk management programme. Interviews with the management team and staff confirmed both their understanding and involvement in quality and risk management practices. The facility manager is in regular contact with</p>

<p>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>the owner and also documents a monthly report.</p> <p>Policies are reviewed, modified (where appropriate) and implemented. A range of new policies have recently been developed to meet the Ngā Paerewa 2021 Services Standard. New policies are discussed with staff.</p> <p>Quality management systems include internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a comprehensive range of adverse event data, and reports are provided, including action plans. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the nurse manager. The previous shortfall around corrective action plans (NZS 8134:2008 criteria 1.2.3.8) has been addressed.</p> <p>Monthly clinical meetings document comprehensive review and discussion around all areas, including hazards, service improvement plans, emergency processes, complaints, incidents and accident, internal audits, education and infections. Meeting minutes reviewed identified follow through of actions required.</p> <p>Regular family/ whānau and resident meetings are held with evidence of both residents and families providing feedback via annual satisfaction surveys. The 2021 survey results indicated that families and residents were overall satisfied with all levels of service delivery. Results were shared in meetings and newsletters. An action plan was implemented to address individual comments.</p> <p>A risk management plan is in place that is regularly reviewed, and potential inequities identified and actioned where required. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in the clinical meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. A plan is implemented to orientate contractors to the facility's health and safety programme.</p> <p>Each incident/accident is documented in the resident file. The accident/incident forms reviewed indicated that the forms are completed in full and are signed off by the RN or clinical manager.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing rationale policy that include staff skill mix, staff levels and includes a procedure for replacing staff on short notice (eg, when acuity change, in case of a resident on palliative care or part of pandemic planning).</p> <p>The staffing levels meet contractual requirements. There is 24-hour RN cover. The facility manager, clinical manager, and clinical coordinator are available during weekdays and on call out of hours.</p> <p>Interviews with residents and families/whānau confirmed staffing overall was satisfactory.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Additional updates are provided when required at handovers. The service embeds cultural values in their mandatory training programmes. Ongoing training is offered to all staff through repeated monthly sessions. As the staff have been rostered to the training, attendance is high.</p> <p>Registered nurse specific training viewed included wound care, and</p>



		<p>first aid. There are eight RNs employed, six of which are interRAI trained. There are 13 caregivers who have achieved level four Careerforce, eight with level three and two with level four.</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 is a staff training and orientation policy. A register of practising certificates is maintained. 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 the RN and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. The service uses agency staff, and all agency staff are oriented to their service. The previous shortfall around staff orientation (NZS 8134:2008 criteria 1.2.7.4) has been addressed.</p> <p>Five staff files reviewed included evidence of the recruitment process, including reference checking, police checks, signed employment contracts and job descriptions. Staff interviewed stated that new staff were adequately orientated to the service. Position descriptions reflect expected positive behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint portfolio or infection prevention portfolio.</p> <p>Information held about staff is kept secure, and confidential. Nationality data is identified during the employment application stage. The service collects ethnicity data for staff.</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>FA</p>	<p>The admission policy/ decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The facility manager keeps records of how many prospective residents and families 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</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>whānau. The service has information available for Māori, in English and in te reo Māori. There were staff members identifying as Māori. The service engages with local iwi and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. They also work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</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>Five resident files were reviewed: one younger person with a disability (YPD), two rest home, including one resident funded by ACC and one resident on a long term support- chronic health condition (LTS-CHC) contract; and two hospital, including one resident on respite. The registered nurses are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial care plans are developed with the residents/EPOA consent within the required timeframe. They are based on data collected during the initial nursing assessments.</p> <p>Resident care plans are developed using an electronic system. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment and completed within three weeks of the residents' admission to the facility. All residents, apart from the one on respite, had an interRAI assessment. The resident on respite had initial assessments and an interim care plan documented on their electronic clinical record to guide staff in care. All records reviewed documented interventions and early warning signs that met the residents' assessed needs. The previous shortfall (NZS 8134:2008 criteria 1.3.5.2) has been addressed. Long-term care plans are formally evaluated at least every six months in conjunction with the interRAI re-assessments and</p>

	<p>when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>The residents' activities assessments are completed by the activities coordinators, in conjunction with the RN, within three weeks of the residents' admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>Short-term care plans are developed for acute problems (eg, infections, wounds and weight loss).</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visits the facility at least once per week and provides out of hours cover. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. A physiotherapist visits the facility twice weekly and reviews residents referred by the clinical manager or RNs.</p> <p>Contact details for family are recorded on the electronic system. Family interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. The electronic records evidenced photographs and measurements showing wound progression. Where wounds required additional specialist involvement, this was initiated, and a wound nurse specialist</p>
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		<p>had extensive input.</p> <p>The progress notes are recorded and maintained. Monthly observations, such as weight and blood pressure, were completed and are up to date. Daily monitoring requirements for those residents requiring repositioning, and food and fluid charts, evidenced records had been completed appropriately. The previous shortfall (NZS 8134:2008 criteria 1.3.6.1) has been partially addressed. There is a policy detailing the requirement for neurological observations to be recorded following all unwitnessed falls; however, these were not completed according to policy in all instances. This is an ongoing shortfall.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift (witnessed).</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There is a Māori health care plan available should any resident identify as Māori, which describes the support required to meet their needs.</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 employs two activities coordinators who lead and facilitate the activity programme Monday to Friday. They are assisted by a resident activities committee, named the 'whānau support team', and activities at the weekends are led by a team of volunteers which also includes residents. The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language, dual language signage, movies, entertainers, quizzes and Māori celebratory events. Community links include a collaboration with the Tai Whenua Māori health group, with a group of residents knitting</p>

		<p>woollen garments for newborn babies. These are presented formally to representatives from Tai Whenua with a powhiri and other traditional ceremonial activities being led by the residents. Themed days such as Matariki, Waitangi, and ANZAC Day are celebrated with appropriate resources available.</p> <p>Residents and family members interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <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. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls 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 in the medication rooms and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked in four-weekly. 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 was one resident self-administering medications, who had been appropriately assessed, regularly reviewed by the GP and had safe storage within their room. No vaccines are kept on site and no standing orders are</p>

		<p>used.</p> <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 registered nurse and clinical manager could evidence how they work in partnership with all 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. There have been no cases in which there were difficulties accessing medication.</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>	Not Applicable	<p>The kitchen manager/chef oversees the food service, and all cooking is undertaken on site. There is a seasonal rotating menu provided by an external company well known and experienced in the aged care sector. The menus provided have been reviewed by their dietitian prior to implementation. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses. These are reviewed at least six-monthly or as resident's needs change. The previous shortfalls (NZS 8134:2008 criteria 1.3.13.1 and 1.3.13.2) have been addressed.</p> <p>There is a food control plan expiring 3 July 2023. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. The previous shortfall (NZS 8134:2008 criteria 1.3.13.5) has been addressed. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller and freezer. The service plans to explore and implement menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The residents and family members 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</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition,</p>

<p>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>		<p>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>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Brittany House; however, hot water temperature monitoring records evidence that the issue identified at the previous audit, where hot water in resident areas exceeds 45°Celsius, still remains an issue. The service has implemented corrective actions around the hot water temperature fluctuations and the aging hot water system including the planned installation of a UV treatment unit. Over the last five months, water temperatures have been recorded monthly, fluctuations have not exceeded 46°Celsius. The residents and staff report they prefer the hotter water temperatures. Therefore the previous shortfall (NZS 8134:2008 criteria 1.4.2.1) has been addressed as much as the service attain at present. Hot water temperatures continue to be monitored on a monthly basis with fluctuations recorded. Over the last five months the temperature has been over 45°Celsius 24% of the time.</p> <p>The current building warrant of fitness expires 16 December 2022. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building but is aware of the need to 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>Subsection 4.2: Security of people and workforce</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New</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>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. An external company and staff complete security checks at night. Currently under Covid restrictions, visiting is restricted. All visitors must complete a rapid antigen test prior to arrival, or complete one on site and show a negative result before leaving reception.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to): outbreak management; vaccinations; apron usage; communicable diseases; and hand hygiene. Policies and the infection control plan are developed by an external consultant in partnership with the owners/management.</p> <p>There is a well-documented pandemic plan and plenty of personal protective equipment (PPE). The site-specific outbreak management, isolation and segregation plan and a suite of policies and procedures are available to staff to guide them around safe practices and visiting requirements, according to the traffic lights (Covid-19 Protection Framework), which is available for all staff. Personal protective equipment is ordered through the MOH, and stock balance is maintained to support any possible outbreak.</p> <p>The infection prevention and control staff link with Māori for the protection of culturally safe practice. There are some educational resources in te reo (such as handwashing). The service is working towards providing more information and resources in te reo. The staff interviewed were knowledgeable around culturally safe infection control practices in relation to their role.</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>	FA	<p>The antimicrobial usage policy, MRSA and multidrug resistant policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control.</p> <p>Infection monitoring is the responsibility of the infection control</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>coordinator. All infections are entered into the surveillance sheet which is used to develop monthly analysis of the data. There is an end of month analysis, with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly comparisons of data. Benchmarking occurs against industry key performer data/1000 beds.</p> <p>Outcomes are discussed at the clinical meetings. Education is completed to address infection trends for the month, with specific goals to improve outcomes. A monthly report is prepared which is accessible to the owner.</p> <p>Residents' communication is documented though progress notes.</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 where possible. 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 works in partnership with Māori, including a resident with lived experience (part of the residents' committee), to ensure resident voices are heard, and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit, the facility had three residents using bed rails as a restraint. The executive director tracks the facility's commitment to restraint minimisation and elimination is implemented and maintained through monthly restraint monitoring and meetings with management. Analysis of this data supports the implementation of the organisation's strategy to ensure the health and safety of people and health care and support workers.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.