

# Steele Park Limited - Steele Park Home

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## Introduction

This report records the results of a Certification 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 The DAA Group Limited, 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:** Steele Park Limited

**Premises audited:** Steele Park Home

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

**Dates of audit:** Start date: 17 April 2023 End date: 18 April 2023

**Proposed changes to current services (if any):** The provider has requested approval to convert 3 large bedrooms into double rooms for couples who wish to share a bedroom. This will increase the bed number from 39 to 42. The additional beds will be dual use, as are all existing 39 beds in the facility.

**Total beds occupied across all premises included in the audit on the first day of the audit: 22**



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Steele Park Home is a care facility in the city of Hamilton in the Waikato region. It provides rest home and hospital level residential care services for up to 39 residents. The director is currently the acting facility manager while awaiting the newly appointed facility manager to commence their role on 1 May 2023.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the provider's contract with Te Whatu Ora – Health New Zealand Waikato. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, clinical manager, director, management and care staff and a general practitioner.

There were no corrective actions required identified in this audit.

## 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.

Steele Park Home works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved. One complaint was lodged with the Health and Disability Commissioner and was still being assessed at the time of audit.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

## 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.

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

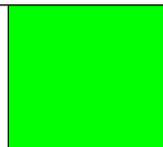
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

## 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.



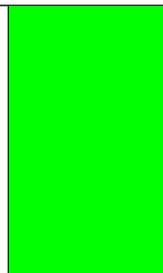
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe, and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

## 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 governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

Whilst the infection control coordinator is not yet involved in procurement processes and any facility changes and processes related to decontamination of any reusable devices, there are plans for this to occur with an upcoming building renovation programme.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There are documented processes for assessment, approval and monitoring of restraint use, with provision for regular reviews. However, there has been no restraint used at Steele Park Home since the facility opened in July 2022. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to restraint.

## 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	27	0	0	0	0	0
Criteria	0	167	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>	<p>FA</p>	<p>Sound Care Group has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work at Steele Park Home (SPH). This is reflected in the values of the group and all staff members. Manu motuhake is respected.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. The audit commenced with a powhiri led by a resident who identifies as Māori.</p> <p>A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori. Links with the local Rauawaawa Kaumātua Charitable Trust have been established and the relationship continues to grow. Māori models of care were evident in personal plans of residents who identified as Māori, and education for all staff includes more specific training related to the requirements of this revised standard.</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 health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Steele Park Home had no residents who identified as Pasifika at the time of audit. They are not able to demonstrate equity or the inclusion of Pacific worldviews in care plans. There are staff members who identify as Pasifika. There are policies and procedures for the Sound Care Group which described Pasifika worldviews and models of care, with variations across Pasifika communities, for example, Samoan, Tongan. A Pacific plan has been developed for the group and meets the requirements of this standard.</p> <p>One member of the group's senior management team is the cultural advisor for the group. At interview they discussed how they are developing relationships with Pacific organisations to support culturally safe practices for any Pacific people who may use the service in the future, and the training they are providing for staff (see subsection 2.3).</p> <p>As noted, because there had been no Pasifika residents up to the date of audit, there was no data relating to the equity of service delivery which could be recorded and analysed.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the welcome. There was information (posters/brochures in English and te reo Māori) throughout the facility and residents said they were provided with opportunities to discuss and clarify their rights on a day-to-day basis, during everyday conversation and at residents' meetings where the code of rights and how to make a complaint was discussed in depth. The resident advocate, a resident elected by the other residents, attends each staff meeting and represents any concerns.</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</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that</p>

<p>respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori are promoted within the service with bilingual signs on doors and posters on walls. The service has developed with the residents an easy to follow and read booklet that has karakia and waiata (the English version of the prayer and song is written alongside).</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff are guided by policies and procedures and demonstrated a clear understanding of the service's policy on abuse and neglect, including what to do should there be any signs of this. Education on abuse and neglect was confirmed as occurring during orientation and biannually thereafter. Residents and whānau interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe to discuss with staff if they had any concerns.</p> <p>Finances and property are protected by established systems, such as ensuring valuables are taken home by families, and that the resident only holds small amounts of 'comfort funds'.</p> <p>On the days of audit, staff were observed to ask for consent from residents prior to having care provided. Signed consent forms were noted in residents' files. For example, sharing of information, outings, and medical procedures. Professional boundaries are maintained. Staff said they had not experienced any institutional racism.</p> <p>A strengths-based and holistic model of care using Te Whare Tapa Whā is utilised to ensure wellbeing outcomes for Māori and for all other nationalities.</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</p>	FA	<p>Residents and whānau reported that communication was open and effective, and that they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner and this was</p>

<p>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>		<p>also documented in residents' records reviewed. Staff knew how to access interpreter services if required. Residents with English as their second language are supported in communication by the staff knowing the residents well, the use of a phone translator, computers, pictures and whānau support.</p> <p>Staff understood the principles of open disclosure, which were supported by policies and procedures that met the requirements of the Code.</p>
<p>Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.  Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.  As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representatives are provided with the information necessary to make informed decisions. Residents and their enduring power of attorney (EPOA)/whānau interviewed confirmed being provided with information and being involved in making decisions about their care. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent were documented, as relevant, in the residents' records.</p>
<p>Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.  Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.  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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>Additional methods for residents to discuss minor issues and/or concerns were noted in the monthly residents' meeting minutes. The</p>

		<p>minutes included a follow-up and sign-off of all concerns expressed.</p> <p>The Health and Disability Commissioner's Code is on display in te reo Māori and English in several locations in the home. Complaint forms are accessible in the home, along with additional pamphlets on the Code and the Nationwide Advocacy Service. Monthly and quarterly reporting to the senior management team confirms that all complainants are treated equitably.</p> <p>One complaint was made directly to the Health and Disability Commissioner (HDC) by whanau. The provider has responded with required information and the complaint is still be assessed by HDC. Documents reviewed indicate that the complaint centres more on whanau relationships and not support provided. The complainants whanau members are no longer supported at the facility.</p>
<p><b>Subsection 2.1: Governance</b></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>Sound Care Group is the owner of Steele Park Home, and it is one of six facilities in the group. There is one owner/director. They have a background as an internationally qualified nurse (IQN) and have obtained New Zealand registration and worked in the New Zealand aged care sector before setting up and running the group.</p> <p>A senior management team assists the director, which includes a human resources/group services manager, overall clinical manager and clinical support manager, and a diversional therapy/cultural advisor. Assisting this group are staff members who provide roster management, payroll and finance management and there is a quality consultant. There is a business and strategic plan for Steele Park Home (SPH) which is dated from the time of opening in July 2022 until July 2023.</p> <p>The director and senior management group have taken part in Te Tiriti o Waitangi training as a team and training specific to their roles as</p>

	<p>healthcare professionals where this is relevant. An ongoing programme of additional learning was underway. See subsections 2.3 Service management and 2.4 Workforce.</p> <p>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> <li>• honouring Te Tiriti</li> <li>• defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation</li> <li>• appointing an experienced and suitably qualified person to manage the service</li> <li>• identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals</li> <li>• demonstrating leadership and commitment to quality and risk management</li> <li>• being focused on improving outcomes for Māori and people with disabilities</li> </ul> <p>A sample of reports to the director and senior management team showed adequate information to monitor performance is reported each month. A summary of quality improvement data is reported each quarter and in July, when the facility has been open 12 months, there will be an analysis and evaluation of progress towards achieving the goals and objectives described in the business strategic plan for the facility. Included in these goals for assessment in July are equity of service provision, completion of staff training and feedback from residents and whānau.</p> <p>The director of Sound Care Group was the acting facility manager (FM) on the days of the audit. A new FM has been recruited and appointed and takes up the role from 1 May 2023. The director/acting FM confirmed knowledge of the sector, regulatory and reporting</p>
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		<p>requirements and maintains currency within the field through membership of relevant professional bodies and maintaining their annual practising certificate.</p> <p>Steele Park Home (SPH) holds contracts with Te Whatu Ora Waikato for aged residential care at rest home and hospital level, respite and long-term chronic health conditions. The facility has 39 rooms which are single occupancy and all dual use (rest home and hospital). On the first day of the audit 22 residents were receiving services: 19 under the contract for rest home level care, one resident under the hospital level care contract, and two residents under the long-term chronic health conditions contract. These latter three residents were all under 65 years of age at the time of audit.</p> <p>The provider has applied for a change in the use of three of its rooms, which can all accommodate two beds. These are rooms 5, 22 and 23. Once approval is given, the provider intends to make these rooms available only to couples, or close friends, who wish to share a bedroom. The three rooms were viewed during the onsite audit and all three are of an adequate size and location in the facility to provide appropriate accommodation for two people who choose to share a bedroom. As with all other beds in the facility, the provider's request would be that these are dual use.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and accidents, complaints, internal and external audit activities, a resident and whānau satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, falls, and skin tears. Residents, whānau and staff contribute to quality improvement through the regular meetings which occur each month. A review of residents' and staff meeting minutes confirmed the collection and reporting of data and interviews with staff members confirmed the sharing of collated information and results of analysis.</p> <p>Relevant corrective actions are developed and implemented to address</p>

		<p>any shortfalls. Progress against quality outcomes is evaluated. Policies reviewed covered all necessary aspects of the service, contractual requirements and were current.</p> <p>The director/acting facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The register was reviewed and was up to date. The health and safety representative was interviewed and, although new to the role, they demonstrated a good understanding of their responsibilities and the requirements of the role.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The director/acting facility manager understood essential notification reporting requirements and provided evidence of the previous facility manager using the notification process to report a pressure area.</p> <p>Te reo and waiata are incorporated into daily practice by all staff and care plans incorporate Te Whare Tapa Whā. The Group's Māori and cultural advisor has developed a relationship with a local Māori organisation and progress with these activities was included in the reporting on the strategic business plan goals and objectives. The leadership team are collecting ethnicity data of residents and staff members. They have the Equity of Health Care for Maori framework and are using this to guide their work. As noted in subsection 2.1, they will be using this framework to evaluate health equity in July 2023.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Rosters are prepared by the acting FM, who adjusts staffing levels to meet the changing needs and/or number of residents as they receive new admissions. Staff members interviewed reported there were adequate staff to</p>

<p>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>complete the work allocated to them, and additional staff are rostered if requested. When interviewed, residents and whānau confirmed that there were sufficient numbers of staff on all shifts. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage.</p> <p>The change in use of the three bedrooms referred to in sub-section 2.1 will involve the provision of the same type of care and services as those currently provided. The acting FM and clinical manager reported that as the number of residents increases over time, the ratio of staff members to residents is being increased.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with their funder. All staff are completing a four-module programme on Te Tiriti o Waitangi which includes health equity, Te Whare Tapa Whā, Tikanga in practice, day to day use of te reo Māori, and other concepts of te ao Māori relevant to a health care setting.</p> <p>Personnel records reviewed demonstrated completion of the required training and competency assessments. The recruitment documentation for the newly appointed FM was also reviewed. Staff members' performance appraisals are up to date, except for one new staff member who is not yet due to have had their first, three month appraisal.</p> <p>Residents were provided with handwashing and infection control training to prevent the spread of COVID-19. During residents' meetings they talk about the facility, what's going on, the Code any concerns or issues. A resident who identifies as Māori has been involved in the implementation of tikanga and kawa in the facility and there is an elected resident advocate who attends the staff meetings.</p> <p>Health provider and care staff reported feeling well supported and safe in the workplace by the management team and director/acting FM.</p>
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<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>Human resources management (HR) policies and processes are based on good employment practice and relevant legislation. A group services manager has overall responsibility for the HR systems and recruitment in the group. All personnel records are stored in an electronic system which links the recruitment, selection and appointment process with the successful candidate's personnel file once they are appointed.</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Files included reference and police record checking, identity and qualification checking for overseas candidates, interview records and employment documentation/agreements. Induction and orientation and ongoing training records are recorded in each individual's personnel file.</p> <p>A documented annual training programme was available for SPH and attendance was confirmed through sampling of personnel files and interview with the group services manager. A summary database of all training completed by SPH personnel is also maintained to ensure that this is current and to monitor any staff who require follow-up due to annual leave or illness. The training programme covers the requirements for all contracts held by the provider. No changes will be required to accommodate the increase in bed numbers if the provider's request to offer double occupancy in three bedrooms is approved.</p> <p>Staff performance was reviewed and discussed at regular intervals, including three and six months after commencing work, at the anniversary of the person's commencement and thereafter annually.</p> <p>Employers' ethnicity data is recorded and used in line with health information standards.</p> <p>There is a group policy and procedure for debriefing after an adverse event. The director/acting FM reported that this has not been required to be used at SPH to date. Additional supports available to staff include all applicable leave provisions available under New Zealand legislation, access to an Employee Assistance Programme (EAP) service and assistance from any member of the senior management team as needed. Staff reported their satisfaction with the support they receive</p>

		and confirmed the accessibility of support when needed.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All health records are maintained electronically and access to electronic records and documents is subject to group policy and procedure which managers and health care staff are familiar with.</p> <p>Because SPH has been open for less than 12 months, there were no residents' files that have required archiving or destruction. Records for residents who have transferred from the facility have gone with them for use at their new service.</p> <p>No personal or private resident information was on public display during the audit.</p> <p>The service has no responsibilities in relation to National Health Index registration</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>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (Disability Support Link - DSL) Service. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. The facility has access to Māori cultural support through staff. The facility is acknowledging ethnicity of all residents' admissions, declines and queries however is yet to complete an analysis to show entry and decline rates for Māori.</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>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical/cultural assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Cultural assessments were completed by staff who have completed appropriate cultural safety training. All residents have current interRAI assessments. The clinical manager is interRAI trained with a staff member booked for training in May. Steele Park Home is also supported by the overall clinical manager and clinical support manager (part of the management team) who are also interRAI trained and know the residents well. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Residents and whānau interviewed complimented the service and culture that Steele Park Home and its staff have created, acknowledging that Steele Park Home is a 'home away from home' and that they were included in Daily activities.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to</p>	<p>FA</p>	<p>The trained diversional therapist (DT) is based at the organisation's Cambridge site and works between the two services and is on site at Steele Park Home two to three days a week. In the interim, while the service awaits the commencement of an activities assistant that has been employed to support Steele Park residents, all care and office</p>

<p>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>staff have been trained to support residents with activities when the DT is not on site.</p> <p>The diversional therapist is supported by the programme leader for the diversional and recreation programme and supports the organisation's six sites, frequently visiting the sites. The programme leader holds a national weekly meeting with the activity teams.</p> <p>Steele Park Home provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. Steele Park Home is close to other community support services, parks and local shops thus supporting residents who want to remain independent. For those residents requiring extra support, they are accompanied by staff. Steele Park Home has provided internet for residents that access laptops which helps support residents that want to shop online, and/or residents who want to keep connected to their friends and whānau via zoom.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity and are reflected with the use of Te Whare Tapa Whā model. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated.</p> <p>Regular resident meetings occur and all titles throughout the meeting minutes template are provided in te reo Māori and English. All residents are encouraged to participate and have access to a copy of the meeting minutes which are held in the library. There is also a resident advocate; a resident elected by the other residents who attends each staff meeting and represents any concerns. Karakia and waiata are supported.</p>
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<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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage. The service has policies and procedures on management of adverse events.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Residents have the option of remaining with their own GP and/or transferring to the GP that supports the facility. Three residents have kept their own GP.</p> <p>There were no residents at the time of audit self-administering medication. Residents, including Māori residents and their whānau, are</p>

		<p>supported to understand their medications.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications. Interview with the clinical manager and overall clinical manager for the service confirmed that where over-the-counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whanau.</p> <p>The service has appropriate medication services, consumables, secure storage and equipment if the service was to increase the bed numbers from 39 to 42.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. A revised four-week summer and winter menu has been reviewed by a qualified dietitian.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration which expires 29 November 2011. An audit of the food control plan occurred on the 14 March 2023. A corrective action has been implemented. At the time of audit, the service awaits sign-off.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Residents mainly choose to eat in the lounge rather than the dining room and were observed to be given sufficient time to eat their meals in an unhurried fashion. Those requiring assistance had this provided with dignity. Residents who chose not to go to the lounge and/or dining room had meals delivered to their rooms. All meals are provided by the support of a hot box. This was verified by residents and family interviews.</p> <p>The service has appropriate staffing, seating and equipment in place if the service was to increase the bed numbers from 39 to 42.</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>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. The service uses the Te Whatu Ora yellow envelope system to facilitate transfer of residents to and from acute care services. Whānau reported being kept well informed during the transfer of their relative. Evidenced in the progress notes was the reason for the resident’s transfer and who was notified.</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>Steel Park Home is a refurbished and redecorated facility. There is a current building warrant of fitness which expires on 1 December 2023. The internal and external resident areas are all on one level. The facility is in an ‘L’ shape with the short wing – Kauri – having 13 rooms. These rooms all have ceiling hoists installed. The other wing has 26 rooms. These rooms are of varying sizes and configurations. There is one room with an ensuite in this wing.</p> <p>All equipment, furniture, fixtures and fittings were purchased new for the opening in July 2022. Systems are in place to ensure the residents’ physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. Any repairs or maintenance issues are logged and referred to the contractor. The environment is accessible for residents who use powered mobility devices or manual ‘walkers’.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet throughout the facility. These are made up of a mix of ensuites in some bedrooms and shared toilets and bathrooms.</p>

		<p>Heating is provided by electric radiators and heat pumps. All rooms have windows which open to allow fresh air and ventilation. Windows have safety stays to promote security.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Residents and whānau are consulted and involved in the design of any new buildings.</p> <p>Room 5 is in the Kauri wing. It has an ensuite bathroom (which is not shared with another room) and a ceiling hoist installed. Rooms 22 and 23 are in the other wing of the facility and the rooms are adjacent to one of the shared bathrooms with a shower and toilet and a separate toilet. All three rooms have adequate space for manoeuvring residents in their beds and accommodate necessary equipment and furniture.</p> <p>On the day of the audit the three rooms (5, 22 and 23) did not have curtains dividing the room. The director/acting FM reported that these will be installed if approval is given for the rooms to be used as double rooms. Each room has two call bells and sufficient lighting, particularly when curtains are drawn and/or at night. All rooms have one large, opening external window with an outside view. The rooms can accommodate furniture and equipment as well as two beds and enable manoeuvring, if required.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. This included stored drinking water and additional water storage tanks in the ceiling/roof space. There were adequate supplies of food onsite for all residents and staff should an emergency occur and appropriate guidelines for increasing the amounts of food and other stored supplies as resident numbers increase.</p> <p>Call bells alert staff to residents requiring assistance. Each room has at least one call bell, and some have two depending on their size and</p>

		<p>configuration. The rooms with an ensuite bathroom have two call bells in the ensuite; one in the shower area and one by the toilet. All shared toilets and bathrooms similarly have call bells.</p> <p>Appropriate security arrangements are in place. The external doors are locked in the evening and unlocked in the morning, and monitored during the night shift by staff on duty.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on monthly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues, and significant events to the governing body.</p> <p>The service has appropriate infection control interventions, consumables, and equipment in place if the service was to increase the bed numbers from 39 to 42.</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 infection prevention and control coordinator (IPCC), who is the clinical manager, reports to the overall clinical manager and provides a monthly report to the director. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed they have access to the necessary resources and support and that advice has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. There was ample stock of personal protective equipment and outbreak kits sighted throughout the environment. A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. There have been two COVID-19 infection outbreaks reported since the last audit.</p>

		<p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> <p>The IPCC reported that residents who identify as Māori would be consulted on IPC requirements as needed. Education resources in te reo Māori were available. Residents who identify as Māori expressed satisfaction with the information provided.</p> <p>The service has an appropriate infection control co-ordinator in place with training and skills. The facility has enough PPE consumables if the service was to increase the bed numbers from 39 to 42.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	FA	<p>Responsible use of antimicrobials is promoted, and this was confirmed by the GP interviewed. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement and can support the proposed increase from 39 to 42 beds.</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff at handovers and staff meetings.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There were two COVID-19 infection outbreaks reported since the previous audit. All outbreaks were managed effectively with appropriate notification completed.</p> <p>The surveillance interventions and plans in place is able to support the service if it was to increase the bed numbers from 39 to 42.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and</p>	<p>FA</p>	<p>There is safe and appropriate storage and disposal of waste, infectious or hazardous substances on site as observed and confirmed by staff interviews and documents. This included designated clean and dirty areas and pathways for laundry.</p> <p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms. Laundry and cleaning processes were being monitored and audited for effectiveness. The outcomes of audits are shared with the IPCC. Staff involved in cleaning and laundry had completed relevant training and</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>were observed to carry out duties safely. Chemicals were being stored safely and the cleaning system in use minimised the handling of chemicals.</p> <p>There is easy access to gloves, hand gel and hand washing facilities. Throughout the facility and identified by each hand basin (including the residents' bedrooms) there is signage in Māori and English (written and diagrams) showing the best way to wash hands.</p> <p>Residents and whānau reported that the facility was kept clean and tidy which was confirmed by the results of internal audits of the environment.</p> <p>The current systems in place are able to support the service if it was to increase the bed numbers from 39 to 42.</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>Sound Care Group has policies and procedures which guide health providers and care staff in the elimination of restraint and the use of the least restrictive practices. Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. The restraint coordinator has the support of the overall clinical manager and the director, both of whom confirmed the philosophy and intent to eliminate any restraint use if a resident were to arrive with a restraint in use, or if one was requested.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, management of challenging behaviours and de-escalation techniques. This was confirmed in the review of personnel files and interviews with staff and managers.</p>

		<p>No restraints were in use at SPH on the days of audit and none had been used at the facility from the time of opening in July 2022. Monthly and quarterly reporting to the director and senior management team confirmed that no restraints have been used.</p>
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## 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.