

Benhaven Care Limited - Benhaven Rest Home

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 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:	Benhaven Care Limited
Premises audited:	Benhaven Rest Home
Services audited:	Residential disability services - Intellectual; Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 3 May 2023 End date: 3 May 2023
Proposed changes to current services (if any):	The service is now requesting to remove residential disability services (Intellectual and physical disability) from the certificate.
Total beds occupied across all premises included in the audit on the first day of the audit:	19



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

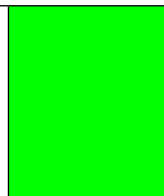
Benhaven Rest Home is a privately owned facility currently certified to provide rest home level of care, and residential disability services. The service provides care for up to 21 residents. There were 19 residents on the day of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. 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 manager (registered nurse) is appropriately qualified and experienced. They are supported by the directors and a team of experienced care staff. There are quality systems and processes being implemented. Feedback from residents and family was very positive about the care and the services provided.

This audit identified the service meets the intent of the standards.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

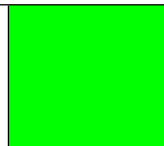
Benhaven Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The manager and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure are established. Caregivers are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all caregivers.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Benhaven Rest Home has an entry pack of information available prior to, or on entry to the service. The Manager who is a registered nurse (RN) is responsible for each stage of service provision. The Manager (RN) assesses, plans, and reviews residents' needs, outcomes, and goals with family/whānau input. The care plans viewed demonstrate service integration. Resident files included medical notes by the general practitioner and other allied health professionals.

Medication policies reflect legislative requirements and guidelines. The Manager (RN) and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

There is an interesting and varied activities programme which the activities coordinator implements. The programme includes meaningful activities, including outings and entertainment, as detailed in each resident's individual activity plans.

The Manager (RN) identifies residents' food preferences and dietary requirements at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Transfers and discharges are coordinated between services

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Maintenance is done on an 'as required' basis with plans for preventative maintenance. Rooms are spacious to provide personal cares. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days. Appropriate security checks and measures are completed by staff.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme are implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of Benhaven Rest Home. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and there is adequate personal protective equipment and supplies. There has been one infectious outbreak (Covid-19) since the previous audit, which was appropriately reported and managed.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring is appropriate for cleaning.

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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The restraint coordinator is the Manager (RN). The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit

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	168	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Benhaven Rest Home acknowledges and is committed to the unique place of Māori under Te Tiriti o Waitangi. Benhaven Rest Home are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and the manager’s extensive links in the community.</p> <p>The service had residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with</p>

		<p>residents.</p> <p>The service supports increasing Māori capacity by employing more Māori applicants. At the time of the audit, there were Māori staff members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with four residents and two family members. The director, manager and five staff interviewed (three caregivers, one activities coordinator, and one cook) described how the delivery of care is based on each resident's values and beliefs.</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>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has had input from a Samoan Methodist Minister and a registered nurse who identifies as Pasifika.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Family members of Pasifika residents are encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The manager described how they encourage and support any applicants that identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with the director, manager, and staff confirmed the service puts people using the services and the local community at the heart of their services.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family. The manager discusses aspects of the Code with residents and their family on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the six-monthly resident meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</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>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family members to be involved in their care. Residents have control and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey results (2022, and 2023) confirm that residents are treated with respect. This was also confirmed during interviews with residents and family.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated</p>

		<p>they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Five residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</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>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Benhaven Rest Home policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the manager, and caregivers confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviewed confirm that they would be comfortable addressing racism with the nurse manager if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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>FA</p>	<p>Information is provided to residents/family on admission. Six-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Two family members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This was also evidenced on accident/incident forms.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who were unable to speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team and residents and/or relatives/whānau provide consent and are communicated with in regard to the range of services available. Health professionals involved with the residents may include specialist services. The nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	<p>FA</p>	<p>There are policies around informed consent. The five resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives/whānau demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives/whānau on entry to the service and is available in te reo Māori. The manager is responsible for maintaining the complaints register. There have been no internal or external complaints have been received since the previous audit.</p> <p>Discussions with residents and family confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (e.g., verbally, in writing, through an advocate). Resident meetings are held six-monthly and are another avenue to provide residents with the opportunity to voice their concerns. The manager and staff encourage residents and family to discuss any concerns. It is an equitable process for all cultures.</p> <p>Complaint forms and advocacy brochures are held at the entrance to the facility. Residents/family making a complaint are supported to involve an independent support person in the complaints process if they choose. The manager acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</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>Benhaven Rest Home, located in Upper Hutt, is currently certified to provide rest home level of care, and residential disability services, (intellectual and physical) for up to 21 residents. The service is now requesting to remove (Intellectual and physical disability services) from the certificate. On the day of the audit, there were 19 residents. There were two residents under residential disability, one funded by ACC and the remaining 16 residents were under the age-related residential care contract (ARRC).</p> <p>Benhaven Rest Home is the trading name of Benhaven Care Limited - a privately owned company with two directors. There is a manager (registered nurse), supported by an experienced care team. The manager meets monthly with the directors to facilitate the link between management and governance. The 2022 business plan has been reviewed and the 2023 plan is documented. A mission, philosophy and objectives are documented for the service. The monthly meeting provides an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The manager and directors analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. This includes Board input from a Māori cultural advisor. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The directors, and management team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the facility staff members.</p> <p>The manager has been in the role for nine years and has previously worked in Māori health and the needs assessment service for aged care. The manager regularly attends aged care conferences, and their staff file evidences that they attend over eight hours of professional development per year relating to their role and responsibilities.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Benhaven Rest Home has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the Board. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the manager and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home, and residential disability levels of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa standards are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed.</p> <p>An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified. Examples of quality improvements implemented since the previous audit include (but are not limited to): whiteware upgrades, redecoration, and carpet replacement.</p> <p>Resident meetings are held six-monthly. Both residents and families have provided feedback via annual satisfaction surveys. The 2022 and 2023 resident surveys, and separate food surveys indicate that residents are very satisfied with the services received. No corrective actions were raised. Results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Board members and staff are kept informed, evidenced in management and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made;</p>
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		<p>evidenced in the accident/incident reports reviewed.</p> <p>The manager is aware of situations that require essential notifications. No Section 31 reports have been required since the previous audit. Public Health authorities were notified in relation to the Covid-19 outbreak.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The manager (registered nurse) is available (full time) Monday to Friday and is on call 24/7. The director takes over managerial duties in the absence of the manager, with clinical duties being covered by a senior caregiver, with an RN on call. There is adequate caregiver cover, including weekends.</p> <p>There is an annual education and training schedule being implemented. The 2022 training schedule was met, and the 2023 is being implemented. Examples of topics covered included (but are not limited to): consumer rights; elder abuse and neglect; dental hygiene; infection prevention and control; first aid and CPR; pain management; and challenging behaviours. Education around caring for younger people were embedded throughout the education topics. There is a staff member trained in first aid 24/7. Competencies cover: consumer rights; health and safety; clinical skills; handwashing; manual handling; medication management; restraint; chemical safety; and fire safety, with a fire drill held six-monthly.</p> <p>The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and staff meeting schedule. Staff participate in learning</p>

		<p>opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. One caregiver has completed their level four qualification and six have completed their level three.</p> <p>The manager has completed interRAI training. They participate in learning opportunities provided through Hutt Valley Hospital and local hospice. Wellbeing support is provided to staff through the availability of free counselling when required, in staff meetings (staff health, wellbeing and injury is a regular staff meeting agenda item), peer support, and monthly shared lunches.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for caregivers supports them to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p>

<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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy and kept securely.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for 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>	<p>FA</p>	<p>Residents who are admitted to Benhaven rest home are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The manager (RN) screens prospective residents prior to admission.</p> <p>In cases where entry is declined, there is liaison between the manager (RN) and the referral team. The prospective resident would be referred back to the referrer. The manager (RN) described reasons for declining entry would only occur if there were no beds available or Benhaven rest home is unable to provide the service the prospective resident requires, after considering staffing and resident needs.</p> <p>The admission and enquiry policy and procedure, guide staff around entry and declining processes, including required documentation. The manager (RN) keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. The manager (RN) reports the facility captures ethnicity data and are working towards a process of routinely analysing ethnicity data related to admissions and declined referrals.</p>

		<p>There is an information pack relating to the services provided at Benhaven rest home, which is available for families/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Te Whatu Ora Health- Capital and Coast and Hutt Valley service agreements. Items that are not provided by Benhaven rest home are included in the admission agreement.</p> <p>Benhaven rest home identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service currently engages with local Māori advisors including kaumātua and kuia at Ōrongomai Marae to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed: (all rest home, including one YPD (intellectual) and one YPD resident (physical)). The manager (RN) conducts all assessments and develops the care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. Benhaven rest home provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans.</p> <p>Benhaven rest home uses a range of risk assessments alongside the interRAI care plan process. The initial support plan is completed within 24 hours of admission with risk assessments available to utilise which include but not limited to a review of resident's orientation, mobility, skin, hygiene needs, toileting, mouthcare, sleep, diet and hobbies. Cultural assessments are completed for residents, and values, beliefs, and spiritual needs are documented in the care plan. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk assessments formulate the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days. Care plan interventions were holistic, resident centred and provided guidance to staff around all medical and non- medical requirements. There are policies and procedures for use of short-term care plans which are</p>

		<p>utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. There were no residents requiring use of or on short term care plans at the time of the audit. Evaluations were completed six-monthly for three residents. Two residents had not been in the facility for six months.</p> <p>The General Practitioner (GP) from local medical centre provides medical services including after hours on call support. Residents are reviewed either by a visit to the facility by the GP or are seen at the medical centre accompanied by either the manager (RN) or family/whānau. There is evidence in the resident files that the residents were seen by the GP within 5 working days of admission and residents were reviewed three monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit stated they were very happy with the competence of the manager (RN), care provided and timely communication when there are concerns.</p> <p>Specialist services are initiated as needed. Allied health interventions are documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified, and strategies to manage these are documented. A physiotherapist is available as required by referral and the podiatrist visits regularly. Specialist services (e.g., mental health, dietitian, speech language therapist, wound care, and continence specialist nurse) are available as required through the local public hospital.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift and the manager (RN) records progress against identified goals each week or as required. Caregivers record progress notes in the paper-based integrated records.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the manager (RN) who then assesses the resident and initiates a review with the GP. Family</p>
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		<p>stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status and this was consistently documented in the resident's file.</p> <p>There were no wounds being managed at the facility. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Caregivers and the manager (RN) interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies as sighted during the audit. Incontinence products are available and resident files include a continence assessment, with toileting regimes and continence products identified for day and night use.</p> <p>Monitoring charts are completed by caregivers and the manager (RN) including bowel charts; vital signs; weight; food and fluid charts; blood sugar levels; and behaviour. It is policy to complete neurological observations where there is a head injury or an unwitnessed fall. Incidents reviewed indicate that these were completed in line with policy and procedure.</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>	<p>FA</p>	<p>Benhaven rest home has recently appointed a part-time activities coordinator who works eight hours per week and is supported by other caregivers. The activities coordinator develops and delivers the activity programme. There are resources available for caregivers to use. A monthly activities calendar is posted on the noticeboards and copies available for each resident.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities. Residents who do not participate regularly in group activities are visited one-on-one. The interactions observed on the day of the audit showed engagement between residents and the activities coordinator. Some residents were observed going out for walks and others into the taxis for shopping at the local mall. Residents' participation and attendance in activities are recorded and filed in the activities record. Residents have an individualised activities care plan which is integrated in the long-term</p>

		<p>care plan, and these are reviewed at least six-monthly.</p> <p>There are a range of activities, including: crafts; a range of local speakers; exercises; housie; quizzes; sing-alongs; and movies. Residents are encouraged to maintain their community links and go on outings. Community visitors include local speakers, entertainers, and church services. Themed days such as Matariki, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available.</p> <p>Families/whānau interviewed spoke positively of the activities programme with feedback and suggestions for activities made via surveys and resident meetings.</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>Benhaven rest home has policies available for safe medicine management that meet legislative requirements. The manager (RN) and medication competent caregivers who administer medications are assessed annually for competency. Education around safe medication administration is provided.</p> <p>There is an electronic medicine management system. On the day of the audit, a medication competent caregiver was observed to be safely administering medications. The manager (RN) and caregivers interviewed could describe their roles regarding medication administration. Benhaven rest home uses robotic rolls which are delivered and are checked by the manager (RN) against the medication chart. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. There is a GP review of all the residents' medication charts three-monthly, and each drug chart has photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-</p>

		<p>administering medications. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. No standing orders were in use and no vaccines are kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The manager (RN) described how they would work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <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>There are two cooks who share the rostered days. All meals are cooked on site, with meals being served from the kitchen into the adjacent dining room. There is a seasonal three-week rotating menu, which was last reviewed and approved by the dietician May 2022. A resident dietary profile is developed for each resident on admission, and this is provided to the cooks.</p> <p>The kitchen meets the needs of residents who require special diets. The cooks work closely with the manager (RN) with resident's dietary profiles and any allergies. Modified utensils and plates are available and on the day of the audit were noted to be used by residents who required them. Residents who require supplements for identified weight loss have them supplied.</p> <p>There is a food control plan expiring May 2024. Kitchen staff are trained in safe food handling. Staff were observed wearing correct personal protective clothing. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. The kitchen was observed to be clean and well organised. All foods were date labelled in the pantry, chiller, and freezers.</p> <p>Family/whānau meetings, and one-to-one interaction of residents with care staff and cooks in the dining room allows the opportunity for feedback on the meals and food services generally. The cook and caregivers interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they provide food for the cultural</p>

		<p>themed days in line with the theme. The cook stated they do their best to accommodate any requests from residents.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Documented policies and procedures ensure exit, discharge or transfer of residents are undertaken in a timely and safe manner. Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. The residents (if appropriate) and families/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' files and any instructions integrated into the care plan. The manager (RN) advised a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Benhaven rest home and comply with legislation relevant to services being provided. The current building warrant of fitness expires 30 September 2023. 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 will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p> <p>Maintenance requests are held by the manager (RN) who arranges repairs. Simple light fitting changes or door handle replacements are completed by appropriately experienced handyman. The facility is in the process of installing a new gas cooktop and oven. Electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures is managed by the manager (RN). Essential</p>

		<p>contractors/tradespeople are available as required. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home level of care residents.</p> <p>The corridors are sufficient to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and to the outside areas and gardens. The external courtyards and gardens have seating and shade.</p> <p>There are seventeen rooms in total in 'A' and 'B' block: four double rooms (three occupied on the day of the audit) with curtains separating areas for privacy. All rooms have a handbasin, there are three shared toilets and two adequately sized communal bathroom/shower areas. There is sufficient space in the shower areas to accommodate shower chairs and commodes. Appropriately secured and approved handrails are provided in the toilet/shower areas to promote resident independence. The communal toilets and bathrooms/showers have privacy locks system that indicates if it is engaged or vacant.</p> <p>Fixtures, fittings, and flooring are appropriate. Residents are encouraged to personalise their bedrooms with furnishings and photos as viewed on the day of audit.</p> <p>Benhaven rest home has a lounge/dining area, a second lounge (day activities area) and a conservatory that are easily accessed and provide alternative areas for quiet space or activities. The main dining room is located adjacent to the kitchen, with doors that open out to the garden at the front of the facility with outdoor seating and shade. All the communal areas and bedrooms have good ventilation and lots of natural light.</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>FA</p>	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an</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>emergency.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage a barbeque is maintained with two gas bottles, should gas cooking be needed. Emergency lighting will run for 4 hours to give staff time to organise emergency procedures. There are adequate supplies in the event of a civil defence emergency, including an equivalent of 20 litres of water per resident per day for a seven-day cover (two cold water roof tanks, water cooler and three hot water cylinders). Information around emergency procedures is provided for residents and relatives in the admission information provided.</p> <p>Caregiver staff files reviewed demonstrated evidence of completing first aid/CPR training.</p> <p>There are call bells in the residents' rooms, communal toilets and lounge/dining room areas. There are display panels in the hallways that staff check to see where the call bell activated. Residents were observed to have their call bells in proximity to their current position. Residents and family interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secured after hours. Staff complete regular security checks at night.</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</p>	<p>FA</p>	<p>The manager (RN) oversees infection prevention and control across the service. The manager's job description outlines the responsibility of the role of infection prevention and control. The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for the Benhaven Rest Home. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. Infection prevention and control matters are</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>discussed as part of the staff meeting. Infection prevention and control is included in the business and quality plans. The manager is able to access advice from the Te Whatu Ora- Capital, Coast and Hutt Valley infection prevention and control specialist and the GP. The Board are informed of any infections through the manager's report and are informed of any outbreaks immediately.</p> <p>The Benhaven Rest Home has a process in place to mitigate their risk around Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations. All staff and the majority of residents are vaccinated for Covid-19.</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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The manager has the role of infection prevention control coordinator and has undertaken education in infection prevention and control at the local hospital. The Covid-19 response has been utilised in the preparation and planning for the management of the recent Covid infection, screening, and positive tests when these have occurred. There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the manager and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable protective eyewear, blood pressure equipment, and hoists are appropriately disinfected between resident use. Single use items (e.g., wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The manager is responsible for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Te Whatu Ora- Capital, Coast and Hutt Valley for advice if required</p> <p>The service provides te reo Māori information around infection</p>

		<p>prevention and control for Māori residents. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that Benhaven Rest Home is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment. There are no plans to change the current environment; however, the manager would be involved in the process.</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> <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>	FA	<p>There is an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and manager monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</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</p>	FA	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings and daily updates held during the recent</p>

<p>an equity focus.</p>		<p>outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The Benhaven Rest Home receives regular notifications and alerts from Te Whatu Ora Health- Capital, Coast and Hutt Valley for any community concerns.</p> <p>There has been one outbreak since the previous audit (Covid-19 – March 2022), affecting a number of residents and staff, which was appropriately managed with Te Whatu Ora Health - Capital, Coast and Hutt Valley and Public Health unit appropriately notified. All appropriate isolation measures were in place to prevent the spread of infection to other residents and staff. Families/whānau were kept informed and updated on Covid-19 policies and procedures via email.</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 transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Benhaven Rest Home has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer’s labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp’s containers are available and meet the hazardous substances regulations for containers. There is a sluice room with personal protective equipment available, including face visors. Staff have completed chemical safety training. Gloves and aprons are available for staff when caring and working with residents.</p> <p>Laundry and cleaning duties are undertaken by caregivers, with dedicated time allocated for these as part of their shift. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff.</p> <p>The cleaning trolley was attended at all times and locked away when not in use. All chemicals on the cleaning trolley were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system by the manager (infection control coordinator) and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machine and dryer</p>

		are checked and serviced regularly. The caregivers interviewed demonstrated their understanding of the systems and processes.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Benhaven rest home is committed to providing services to residents without the use of restraint. At the time of the audit, there were no residents using restraint. The Board is committed to remaining restraint free. The designated restraint coordinator is the manager (RN). Systems are in place to ensure restraint use (if any) will be reported to the Board. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Restraint related training is included as part of the orientation for staff and is completed annually through the education plan.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.