

Te Hopai Trust Board - Te Hopai Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Te Hopai Trust Board
Premises audited:	Te Hopai Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 19 April 2023 End date: 20 April 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	148

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
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

Te Hopai is owned by a Trust and provides rest home, hospital (medical and geriatric) and dementia level care for up to 151 residents. There were 148 residents on the day of the audit.

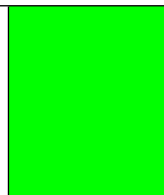
This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand- Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families/whānau, management, staff, and the general practitioner.

Te Hopai has a general manager who is responsible for operational management of the service. She is supported by a management team, including three clinical managers (rest home, hospital, and dementia), a quality manager, a human resource manager, an administrative team, and trustees from the Board. There are well developed systems that are structured to provide appropriate quality care for residents.

This audit identified Te Hopai Trust continues to meet the intent of the standard.

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.



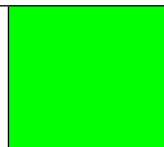
Subsections applicable to this service fully attained.

Te Hopai provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is an established Māori health plan in place. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Te Hopai provides services and support to people in a way that is inclusive and respects their identity and their experiences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.

Te Hopai has a current business plan and a quality and risk management programme that outlines objectives for the next year. The quality process includes regularly reviewed policies, an internal audit programme, benchmarking with similar services and a health and safety programme that includes (but not limited to) key clinical and environmental data, and hazard management. Quality data is used to improve resident outcomes.

Quality information is reported to a variety of facility meetings. Residents and relatives are provided the opportunity to feedback on service delivery issues at meetings and via satisfaction surveys. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings.

Te Hopai has job descriptions for all positions that include the role and responsibilities of the position. A comprehensive role specific orientation programme is in place. There is an in-service training programme that has been implemented and staff are supported to undertake external training.

The service has a documented rationale for determining staffing levels. Staff, residents, and family members reported staffing levels are sufficient to meet resident needs. Staffing can be adjusted to meet current residents' needs and acuity.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses are responsible for each stage of service provision. There is evidence of family participation in care and treatment provided. Electronic care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals.

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

An activities programme is implemented that meets the needs of the residents. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Cultural, traditional, and religious food practices are respected.

Transfer, exit, and discharges occur in a coordinated manner.

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 has a current warrant of fitness, and an approved fire evacuation scheme is in place. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

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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The pandemic plan has been successfully implemented at times of any outbreaks and there are sufficient supplies of personal protective equipment to manage outbreaks. Education is provided to staff to ensure safe culturally appropriate implementation of infection control practices.

Surveillance data is gathered. Infection incidents are collected and analysed for trends and the information is used to identify opportunities for improvements. There have been three outbreaks since the previous audit which were appropriately notified.

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.

Te Hopai has been restraint free since March 2022. There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint that aligns with the definition in the standards. Staff are trained in restraint minimisation, challenging behaviour, and de-escalation.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	60	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>	FA	<p>A Māori health plan is documented for the service. The service currently has whanaunga’s (residents) and staff who identify as Māori. Te Hopai has implemented a te ao Māori strategy. In 2021, Te Hopai Board specifically recruited a trustee with a Māori background who is actively working in the health and disability sector to guide Te Hopai to engage and support partnership under Te Tiriti o Waitangi and to recruit and retain Māori staff.</p> <p>The general manager stated that she supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Te Hopai.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>The service has linkages to Pacific groups in the local community facilitated by current Pacific staff members, who have had input into the documented Pacific health plan.</p> <p>At the time of audit there were residents and staff who identify as</p>

<p>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>Pasifika. If required, the service is able to access pamphlets and information on the service in most Pacific languages.</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>Interviews with managers (the general manager, three clinical managers, one quality manager and an administration manager), interviews with staff (four RNs, seven caregivers, two diversional therapists, one cook, one maintenance and a physiotherapist) described examples of providing culturally safe services in relation to their role. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. Māori mana motuhake is reflected through the Māori health plan and also in one Māori care plan reviewed.</p> <p>The ten residents interviewed (four rest home and six hospital) and three relatives (two from the secure dementia unit and one from the hospital) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. This was reflected in resident surveys with 100% of respondents saying their privacy was respected, and 96% saying Te Hopai was peaceful and restful.</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</p>	<p>FA</p>	<p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents have control and choice over activities they participate in, as evidenced in resident care plans.</p> <p>Te Hopai's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. Staff</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>		<p>undertake te reo Māori classes and online training. Te Hopai actively promotes the learning of te reo Māori and the correct pronunciation of Māori names. There are some staff at Te Hopai who are fluent in te reo Māori. Te reo Māori is celebrated during Māori language week and Matariki is celebrated at Te Hopai. Caregivers interviewed advised they are encouraged to use common te reo Māori phrases when speaking with Māori residents and answering the phone.</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>Te Hopai policies demonstrate the service's commitment to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. A 'speak-up' programme is in place, which is being managed by Te Hopai's Board.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines and welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen.</p>

<p>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>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 Code of health and Disability Service Consumer Rights is visible throughout the service in both English and te reo Māori. The complaint policy is equitable and is available to staff. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register.</p> <p>Eight complaints have been received since March 2022. Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been no complaints received from external agencies. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). There was evidence of an implemented quality improvement plan related to documentation of family communication following one complaint. The corrective actions were discussed in staff meetings and toolbox talks.</p> <p>The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. They also described a range of avenues to make a complaint, verbal or written, and the ease of doing so, should they wish to.</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</p>	<p>FA</p>	<p>Te Hopai is owned and operated by a Charitable Trust Board with a high level of appropriate skills and expertise. An organisational chart is documented.</p> <p>Te Hopai Home and Hospital provides hospital (medical and geriatric), rest home and dementia level care for up to 151 residents across four units. The Kowhai dementia unit has 16 beds and was full at the time of audit with all residents on the age-related care</p>

<p>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>contract (ARCC). The 'hospital' is a 41-bed dual purpose unit. On the day of the audit there were 41 residents – 35 at hospital level care, and six rest home residents all on the ARRC contract. The Owen Street building (the complex is all one building, (with this being the newest addition in 2015) is two levels and all beds in this area are dual-purpose. Level 1 has 21 beds. At the time of audit there were 20 residents: one rest home level resident and 19 hospital level residents. Level 2 has 26 beds with 25 residents at the time of audit. Occupancy at the time of audit was 22 residents were receiving hospital level care and 3 residents were receiving rest home level care. The rest home unit has 47 dual service beds. At the time of audit there were 46 residents, with all residents on the ARCC contract. There were 17 rest home residents and 29 hospital level care.</p> <p>There is a Māori health plan in place which documents updates and reviews according to a schedule and as needed. The Board has an adviser who identifies as Māori, who assists the Board in its strategies to ensure equity and appropriateness of service for Māori residents at Te Hopai, as well as strategies to support Māori staff. The governance body is actively promoting wellness, access, equity, and sustainability for Māori. In addition, Board members have completed education/training around Te Tiriti, health equity, and cultural safety. The service demonstrated how they ensure tāngata whaikaha have meaningful representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. This includes the appointment of a cultural advisor to the Board, and consumer participation in operational planning and delivery of services.</p> <p>The general manager (GM) has been in the role for 17 years. The GM is a registered nurse (RN) with a Postgraduate Certificate in Palliative Care from Victoria University of Wellington and Postgraduate Diploma in Heath Management from Otago University. The general manager is supported in the role by an experienced clinical manager who is an RN and has worked at Te Hopai since 2002.</p> <p>The GM reports to the Board on a monthly basis; health and safety, incident/accidents and adverse events, complaints, finance, human</p>
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		<p>resource management, training, infection control, use of restraint (there is a restraint elimination strategy in place). Survey outcomes and benchmarking results are discussed.</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>Te Hopai has implemented a quality and risk management programme. The quality and risk management systems include performance monitoring through benchmarking, and the collection of clinical indicator data, including incidents and consumer and staff surveys. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards.</p> <p>All RNs attend relevant quality, staff, and clinical meetings. Clinical meetings have a standard agenda, including (but not restricted to): results of quality data and benchmarking; restraint; health and safety; infection control; incident management; and open investigations. Quality data including benchmarking results are included in management reports to the Board. Resident, family/whānau, and staff satisfaction surveys are conducted annually using both online and paper formats. Results of the surveys are analysed, and corrective actions are implemented for areas of low satisfaction. The latest survey results evidenced a high level of satisfaction.</p> <p>Internal audits, meetings, and collation of data were documented as taking place. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom.</p> <p>A health and safety committee is in place and meets bimonthly. All have attended external health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and</p>

		<p>nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. In 2022, seven risks and hazards were reported. There were no serious work-related staff injuries in the last 18 months. Each incident and accident is recorded on electronic incident reports. This data is collated monthly and analysed for trends and included in the quality reporting and benchmarking.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three outbreaks since the previous audit which were appropriately notified. Section 31 notifications were completed appropriately.</p> <p>Staff have attended cultural awareness training which included encompassing Te Tiriti o Waitangi and applying this in everyday practice. Quality data and benchmarking results are used to critically analyse practices to ensure optimal health outcomes for residents.</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>There is a staffing policy that describes rostering requirements. The documented roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is adequate RN cover over 24 hours. On call is covered by the general manager and clinical manager. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Te Hopai provides supernumerary rostered shifts for staff undertaking care plan reviews, specialised training, or orientation. Leave is backfilled whenever possible.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff has attended cultural awareness training which included encompassing Te Tiriti o Waitangi and applying this in everyday practice. The service supports and</p>

		<p>encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. All caregivers working in the dementia unit have either completed the required dementia qualification or are working towards achieving these.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 complete many of the same competencies as the RN staff (eg, restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, wound management, and management of nebuliser therapy). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency.</p> <p>Eight registered nurses, and the clinical manager are all interRAI trained. External training opportunities for care staff include training through Te Whatu Ora- Capital Coast and Hutt Valley, and hospice. A record of completion is maintained on an electronic register.</p> <p>High quality health information is discussed along with quality data at all facility meetings. There are training sessions held around the application of Te Tiriti o Waitangi in everyday practice, health equity and disparities.</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. Eleven staff files were reviewed. All evidenced the implementation of the recruitment process, employment contracts, police checking, and completed orientation. Staff sign a code of conduct agreement with Te Hopai. Job descriptions are in place which specify the requirements for all positions. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the</p>

		orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Te Hopai human resource manager collects ethnicity data and together with the management team, supports ethnically diverse staff in a culturally appropriate manner. All staff information is held securely.
<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' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Declining entry would be if there were no beds available or the potential resident did not meet the admission criteria, or the service is managing bed numbers in order to maintain safe staffing ratios. The ethnicity of residents on the waiting list, residents who are admitted and residents who are declined, is collected and reported to the Board.</p> <p>Te Hopai has established relationships with local kaumātua, Māori health services and communities to benefit Māori individuals and whānau. There are staff who identify as Māori who are available to provide support to Māori residents and whānau, and the service can access the Māori advisor if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Eight resident files were reviewed; two rest home, three from the secure dementia unit and three hospital. Registered nurses (RN) are responsible for conducting all assessments and developing the care plans.</p> <p>All residents have admission assessment information collected and an interim care plan is completed at the time of admission. Assessments, including the interRAI assessment outcomes, form the basis of the care plans. All resident files had an initial interRAI assessment completed. Additionally, all files have a suite of initial assessments completed in electronic format to form the basis of the long-term care plan and these are reviewed regularly to capture any changes. The three care plans reviewed for residents in the secure dementia unit included management of behaviours that challenge, including management of a calm environment, triggers and</p>

	<p>interventions as needed.</p> <p>Cultural assessment details are woven through all sections of the care plan. There is evidence of resident and family/whānau involvement in the interRAI assessments and review of long-term care plans. This was documented in progress notes and the case conference (six-month review) notes. Care plans are holistic in nature and reflect a person-centred model of care that give tāngata whaikaha choice and control over their supports. Any short-term acute issues such as infections, weight loss, and wounds are added to the care plan. There are residents who identify as Māori whose files reviewed had appropriate cultural supports and interventions detailed in their electronic care plans. Residents' specific goals (pae ora outcomes) and the interventions on how to achieve them are documented.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are three GPs that provide medical care and individually visit at least twice a week and share on call on weekends. Staff have access to the public hospital for advice after hours. The clinical manager is also available for clinical support after hours. The GP was interviewed and confirmed the staff execute any instructions. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health interventions were documented and integrated into care plans (ophthalmologist, vascular services, podiatry, dietitian, speech and language therapist and renal specialist). The service has contracted a physiotherapist for four days a week and when required. The service has additionally funded a physiotherapist one day a week, to target Māori and Pasifika needs.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were</p>
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		<p>being met. When a resident's condition alters, an RN initiates a review with the GP. Families/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. Wound records were reviewed for three residents with current wounds. At the time of audit, the service had logged 10 residents with a pressure injury (14 pressure injuries in all). The service has been proactive with encouraging staff to report all suspected skin conditions so the RN review can be timely, and interventions put in place as soon as possible to prevent further injury. Twelve pressure injuries were classed as stage I or stage II, and two were unstageable. Additional education has also been implemented for staff around skin care (April 2023).</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources as sighted. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. All staff complete monitoring charts, including (but not limited to) bowel chart; blood pressure; weight; food and fluid chart; pain; and behaviour. Neurological observations have been completed for unwitnessed falls with or without head injuries. The incident reports reviewed evidenced timely RN follow up, relatives notification and opportunities to minimise risks were identified and implemented.</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>The monthly activities calendar includes celebratory themes and events. The service facilitates opportunities for Māori to participate in te ao Māori, through the use of Māori language flash cards, the use of Māori mythology stories and culturally focussed music. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection with the community is authentically maintained. The residents in the secure</p>

		<p>dementia unit have a dementia appropriate activity plan, and each resident has an individualised activity plan that covers a 24-hour period. The service engages with local community volunteers and visitors. The residents interviewed were complimentary of the activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored; 'as required' stock were stored in the facility medication rooms and locked trolleys. The medication fridges and room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There was one resident self-administering medications at the time of the audit. Standing orders are used and all have been reviewed, signed by the prescriber, and updated in a timely manner.</p> <p>There was documented evidence in the electronic clinical files that</p>

		residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse described working in partnership with the Māori residents (when required) and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Kitchen staff are trained in safe food handling. The kitchen manager interviewed stated they can implement menu options culturally specific to te ao Māori. Kitchen staff attended cultural training with the rest of the staff. Kitchen staff and wellness partners interviewed understood basic Māori practices in line with tapu and noa. The cook was able to describe how the service accommodated different cultural needs and is able to provide culturally appropriate meals in consultation with the resident and/or their family/ whānau. Nutritional snacks are available 24/7.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, enduring power of attorney (EPOA) or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Te Hopai, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires June 2023. There is a documented preventative</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>maintenance plan and includes checking and calibration of medical equipment, and testing and tagging of other electrical equipment, which occurred as required. Hot water temperatures are maintained within suitable ranges and checked monthly. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. There are family/whānau spaces available within the facility.</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>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (sighted). A fire evacuation drill is repeated six-monthly. There is a current resident list with assistance requirements documented to ensure for a smooth evacuation when required.</p> <p>The building is secure after hours, and staff complete security checks at night. Staff are identifiable and wear name badges. All visitors must sign in and complete health declarations. Contractors complete an orientation specific to the site. The dementia unit is secure.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an Infection Prevention and Antimicrobial Programme policy and procedure that includes the pandemic plan, which is available for all staff and include scenario-based training completed at intervals. Personal protective equipment (PPE) stock balance is maintained to support any outbreaks. There are readily available isolation kits and there is a large supply of PPE stocks available. This is accessible to all staff and regularly checked against expiry dates and stock numbers. Hand sanitisers are placed throughout the facility. Staff have attended training around outbreak management and use of PPE.</p> <p>All staff have completed cultural safe education. Caregivers and RNs interviewed could explain cultural safe practices related to Māori and</p>

		how they will involve whānau of Māori residents. The infection control committee in consultation with a Māori Board member, has provided a range of infection control information in te reo Māori, including vaccination information, Covid-19 information and hand washing information.
<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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual electronic resident records. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends. Action plans are completed for any infection rates of concern. Infection control surveillance is discussed at all facility meetings. Residents and whānau are informed of infections and this is recorded in the progress notes.</p> <p>Infections (including outbreaks) are reported and reviewed, so improvements can be made to reduce HAI. HAIs are monitored by the service and benchmarked within with other organisations. Te Hopai ensure that culturally safe practices are adhered to, and there is good communication between the service and Te Whatu Ora-Capital, Coast and Hutt Valley, residents, and relatives around HAIs.</p> <p>Three outbreaks have been recorded since the previous audit. All were correctly reported and well managed. There was evidence of the maintenance of daily logs, good communication with staff, residents, and relatives throughout periods of lockdown. A debrief meeting was held with staff.</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</p>	FA	<p>Te Hopai has been restraint free since March 2022. The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when</p>

<p>services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a RN (clinical manager supports the restraint coordinator). The use of restraint is reported to Te Hopai head office. Restraint is discussed in the monthly RN, staff, and quality meetings, evidenced in the meeting minutes. The clinical manager interviewed (restraint coordinator) described the facility's focus on only using restraint as a last resort. Education on restraint minimisation is included in the annual training plan and orientation programme. It is accompanied by a competency questionnaire.</p>
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Specific results for criterion where corrective actions are required

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

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

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

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.