

Holmbridge Holdings 1852 Limited - Wakefield Homestead

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: Holmbridge Holdings 1852 Limited

Premises audited: Wakefield Homestead

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 13 July 2023 End date: 14 July 2023

Proposed changes to current services (if any): The provider at the time of the audit has requested the reconfiguration of a double room to accommodate two beds. This will increase the bed number from 22 to 23 beds. At the time of the audit, the provider had notified Te Whatu Ora Health New Zealand- Nelson Marlborough and was in the process of contacting HealthCERT.

Total beds occupied across all premises included in the audit on the first day of the audit: 23

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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

Wakefield Homestead is situated in the heart of Wakefield town southwest of Nelson and provides rest home level of care beds for up to 23 residents. There were 23 residents on the days of the audit. The provider at time of audit has requested the reconfiguration of a double room to accommodate two beds. This will increase the bed number from 22 to 23 beds. At the time of the audit, the provider had notified Te Whatu Ora- Nelson Marlborough, and was in the process of contacting HealthCERT.

The non-clinical manager (owner) has previous experience owning and operating an aged care facility. They are supported by the health and wellbeing manager (registered nurse) who has experience in aged care. They are supported by registered nurses, administration staff, non-clinical staff, and long-standing support workers.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand -Nelson Marlborough. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, relatives, staff, management, and a general practitioner.

The service continues to implement a quality and risk management system. Residents and relatives interviewed were complimentary of the service and care provided.

The service has addressed the previous certification shortfalls relating to staff files, education, maintenance, and documentation of fire drills.

This surveillance audit identified improvements required around medication management and menu reviews.

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.
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The facility provides an environment that supports residents, rights, and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The governance body and management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

Residents who identify as Māori are treated equitably and their self-sovereignty/mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

Residents and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Both owners are the organisation's governing body responsible for the service provided at Wakefield Homestead. Services are planned, coordinated, and appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the owners. There is a documented quality and risk management system which includes processes to meet health and safety requirements. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The management and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented.

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.

Some subsections applicable to this service partially attained and of low risk.

The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters to residents' specific dietary likes and dislikes. Residents' cultural and nutritional requirements are met.

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

Te aro ki te tangata me te taiao haumarū | 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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There is a current building warrant of fitness. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of an external disaster or fire. Visitors and staff are clearly identifiable.

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.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There has been one infection outbreak of Covid-19 at the facility and was managed according to current guidelines.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service has been restraint free since before the last audit and aims to maintain a restraint-free environment. This is supported by the governing body and policies and procedures. The staff interviewed demonstrated sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions to prevent the use of restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	2	0	0	0
Criteria	0	61	0	2	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	There are policies in place around equitable employment processes. The facility manager (owner) and health and wellbeing manager (registered nurse) interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies would be employed if appropriate for the applied role. There were no Māori staff currently employed. There are policies in place around equitable employment processes for Māori and Pasifika. The service has a current Māori health plan that reflects Māori health requirements.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.	FA	The service provider has a current Pacific People's policy (includes the Pacific Health Plan) that guides on how Pacific people who engage with the service are supported. The service had residents who identify as Pasifika. The Pacific Peoples policy was provided by an external contractor and was developed in consultation with Pasifika. There were no staff employed that identify as Pasifika. The service can access

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.		support and advice from Te Whatu Ora -Nelson Marlborough. The staff interviewed highlighted the importance of understanding and supporting each other's culture. The owners interviewed reported that service delivery is culturally safe and will support a Pacific worldview.
<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>	FA	<p>The service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan. The manager and health and wellbeing manager reported that the service will embed a Māori model of health into care planning process and mana motuhake is respected. The manager and health and wellbeing manager further reported that staff will respect residents' rights to self-determination, ensuring they felt culturally safe and not afraid to speak up if they feel their worldview has not been fully considered.</p> <p>Staff members interviewed (three support workers (caregivers), activities coordinator, registered nurse (RN), the chef, maintenance, and both owners) understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes in relation to their roles.</p> <p>Five family members and six residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</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>	FA	<p>The organisation orientation requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff have completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the Māori health policy sighted. Policies and procedures were updated to ensure that te reo Māori is incorporated in all activities undertaken. Staff reported that national events are celebrated including Māori language week. The manager and health and wellbeing manager reported that all staff are required to respect residents' values, beliefs, and language in the care planning process.</p> <p>The service responds to the residents' needs, including those with a</p>

		disability, and supports and encourages participation in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The manager and health and wellbeing manager and staff stated that any observed or reported racism, abuse or exploitation would be addressed promptly and they are guided by the organisation's code of conduct. This has not been experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, and protected from abuse and neglect. This was reiterated in family/whānau interviews conducted. There are systems and processes in place to safeguard residents from institutional and systemic racism. These include satisfaction surveys, a complaints process, resident meetings, and advocate services. Residents and family/whānau reported they felt safe, and their needs were considered. A cultural safety policy is used when required to ensure a strengths-based and holistic model, ensuring wellbeing outcomes for Māori.</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>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service ensures that guidance on tikanga best practice in relation to consent is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The health and wellbeing manager stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora- Nelson Marlborough if required. Staff reported that they are encouraged to refer to the cultural safety policy on tikanga best practice. Consent forms, admission agreements and advance directives were all appropriately signed.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The service has a complaints' register in place. There was one complaint in 2022 and no internal complaints lodged in 2023 year to date. The complaint process timeframes were adhered to, and service improvement measures were implemented.</p> <p>Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified from previous complaints lodged. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they have are addressed promptly.</p> <p>Families/whānau and residents making a complaint can involve an independent support person in the process if they choose. A complaint received from the Health and Disability commissioner remains open. The service has complied with all requests for further information within the required timeframes. There were no issues identified in this audit in relation to the complaint.</p> <p>The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoke with expressed satisfaction with the complaint process. The manager described the importance of face-to-face interactions for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Wakefield Homestead is privately owned and operated. The service provides care for up to 23 residents. On the day of the audit there were 23 rest home residents, including one resident on a younger person with a disability (YPD) contract and one resident on a long-term support-chronic health care (LTS-CHC) contract.</p> <p>At the time of the audit, the provider was applying for a reconfiguration to change a large single room to a double room. The room was viewed during the on-site audit and is of adequate size and location in the facility to provide accommodation for a couple. On the audit days, there was a couple already residing in this room. Both owners reported that Te Whatu Ora- Nelson Marlborough had been notified prior to occupancy.</p> <p>The service is owned and directed by the manager. The health and</p>

		<p>wellbeing manager/registered nurse is a part owner in the company (Holmbridge Holding Ltd 1852) which is the company that owns the land and buildings which Wakefield Homestead is renting from. Day-to-day operations are managed by both owners who are supported by registered nurses, administration, and support workers. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector.</p> <p>The business, quality risk, and management plan are current and includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives and the associated operational plans. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pacific people, including services for tāngata whaikaha. The manager and health and wellbeing manager reported that the service ensures that residents maintain links with the community in all aspects of their care.</p> <p>The manager and health and wellbeing manager have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety in the day to day running of the facility. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The service works in partnership with a Māori organisation in the community and through Te Whatu Ora- Nelson Marlborough.</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>	FA	<p>The service has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes: the management of incidents/accidents/hazards; complaints; audit activities; a regular resident and staff satisfaction survey; policies and procedures; and clinical incidents, including falls, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality</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>outcomes. Benchmarking of data is conducted by comparing data with previous months' results.</p> <p>The resident satisfaction survey has been completed and indicates that residents have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and residents (meeting minutes sighted).</p> <p>Monthly meetings, including clinical, staff, health and safety, and infection control, document a comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Leadership commitment to quality and risk management is evident in quality and risk documentation and management reporting documents sighted.</p> <p>A risk management plan is in place. A health and safety team meets monthly, and they provide health and safety as a regular topic in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The risk management plan and policies and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies, in line with National Adverse Event Reporting policy. The service complies with statutory and regulatory reporting obligations. There has been one outbreak of Covid-19 since the previous audit which was notified appropriately.</p> <p>A sample of 10 incidents/accidents recorded in the electronic system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Family/whānau are notified following incidents when required.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The manager reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>The service collates and critically analyses quality data (which includes</p>
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		ethnicity) and uses this information to improve health equity and improve health outcomes for all residents.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced support workers, with support from the manager and health and wellbeing manager. All staff maintain current first aid certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included: Covid-19; donning and doffing of PPE; and standard infection control precautions; safe food handling; wound care; sexuality and intimacy; Code of Rights; privacy and dignity; chemical safety training; spirituality; cultural safety; response to loss and grief; unplanned weight loss in aged care; stigma and bias; pain management; Te Tiriti o Waitangi; pressure area care; pandemic planning and outbreak management; manual handling; safe medicines management; restraint minimisation; first aid; and fire evacuation.</p> <p>Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Staff records reviewed demonstrated completion of the required training and competency assessments. The previous audit shortfall (HDSS:2008 # 1.2.7.5) relating to completing training, such as sexuality and intimacy; Code of Rights, including privacy and dignity; and chemical safety, has been addressed. All this was evidenced on the in-service training plan and in individual staff files reviewed. Each of the staff members interviewed reported feeling well supported and safe in the workplace. The manager and health and wellbeing manager reported that the model of care ensured</p>

		<p>that all residents are treated equitably.</p> <p>The rostered reviewed evidence adequate staff numbers to support the increase of one resident. This was also confirmed during staff interviews.</p> <p>The provider has an environment which encourages collecting and sharing of quality Māori health information. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving healthy equity for Māori.</p> <p>The service supports people's right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau. Reading material related to health equity has been distributed to staff and in-service education is ongoing.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</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>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of six staff files (health and wellbeing manager/registered nurse, registered nurse, support worker, cook, activities coordinator, and housekeeper) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions. The previous audit shortfalls (HDSS:2008 # 1.2.7.3, and 1.2.7.4) relating to employment agreements, job descriptions, and orientation for staff has been addressed. All staff files reviewed evidenced that this was being completed and in place.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care</p>

		<p>professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards, and orientation to the environment, including management of emergencies.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. The management team is identifying and recording staff ethnicity. There is a diverse mix of staff employed.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The service has an admission policy for the management of enquiries and entry to service is in place. All enquiries and those declined entry were recorded on the pre-enquiry form.</p> <p>There were Māori residents at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is being implemented. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau. The nursing team stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when 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>A total of five files were sampled and this included residents on the LTS-CHC and YPD contracts. These identified that initial assessments and initial care plans were resident centred and were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by the nursing team in consultation with the residents and family/whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau and general practitioner (GP) involvement is encouraged</p>

	<p>in the plan of care. Policies and procedures are clearly documented to support Māori and whānau to identify their own pae ora outcomes. The health and wellbeing manager/RN reported that the service provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. The GP interviewed was complimentary of the care provided at the facility, and felt notifications were timely.</p> <p>The health and wellbeing manager/registered nurse reported that sufficient and appropriate information is shared between the staff at each handover, which was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were three active wounds at the time of the audit (including one stage II pressure injury). Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. The health and wellbeing manager/registered nurse reiterated that where wounds required additional specialist input, this is initiated, and a wound nurse specialist is consulted. The wound care assessments and plans were developed, and evaluations with supporting photographs completed in a timely manner.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the health and wellbeing manager or the registered nurse; this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and</p>
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		<p>informed of all changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; turn charts; neurological observations forms; wound monitoring forms; blood glucose; and bowel charts.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the RN initiates changes to the care plan in partnership with residents and family/whānau. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau, with the support from the cultural advisor.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is conducted by an activity coordinator. The activity coordinator reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and whānau interviewed felt supported in accessing community activities, such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups, and use of basic Māori words. The planned activities and community connections are suitable for the residents. The activity coordinator reported that opportunities for Māori and whānau to participate in te ao Māori will be facilitated. Van trips are conducted once a week, except under Covid-19 national restrictions.</p> <p>The service has appropriate staffing, activities, and equipment in place</p>

		<p>for the increase of one resident.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of 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>	PA Low	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. The 10 medicine charts reviewed evidenced that indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of PRN medications was documented.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The RNs check medicines against the prescription on arrival, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit. An improvement is required to ensure medication room temperature monitoring is completed.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards. There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP reported that when requested by Māori residents or</p>

		<p>family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the registered nurse, and clinical care manager.</p> <p>The service has appropriate medication services, consumables, secure storage, and equipment to support an increase in the bed numbers from 22 to 23.</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>	PA Low	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The chef stated that culturally specific menu options were available and is offered to Māori and Pacific residents when required. These included 'boil ups' and 'Island' food.</p> <p>EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and the options available.</p> <p>There is a four-weekly rotating menu; however, the menu has not been reviewed by the registered dietitian since 2018.</p> <p>The service has appropriate staffing, seating, and equipment in place to support the increase in bed numbers from 22 to 23.</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>A standard transfer notification form from Te Whatu Ora- Nelson Marlborough, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 19 April 2024. All electrical equipment is tested and tagged, and bio-medical equipment is calibrated. Water temperatures were monitored and recorded. The previous audit shortfall (HDSS:2008 # 1.4.2.1) relating to completing hot water temperature monitoring and having a documented evidence of an annual preventative maintenance plan available has been addressed. The records reviewed confirmed this was in place and being completed monthly.</p> <p>The manager reported that the room will only be used for couples admitted to the service.</p> <p>On the day of the audit, the double room was fit for purpose. The room had a call bell and sufficient lighting. The room is located near to the nurse's station. The bedroom can accommodate furniture and equipment, as well as two beds but had one double bed; all the while enabling safe manoeuvring if required. The owners reported that Te Whatu Ora- Nelson Marlborough had been notified about the intention to use the room for couples only, and a reconfiguration application has been sent to HealthCERT.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups. There is no current plans for building or renovations at the service; and the maintenance officer interviewed was aware of the requirement to consult with Māori if this is envisaged 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</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 17 June 2003. Disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Trial evacuation drills have been completed six-monthly and have been added to the training programme. The previous audit shortfall (HDSS:2008 # 1.4.7.1) relating to completing six-monthly fire drills has been addressed and the last fire</p>

and safe way, including during an emergency or unexpected event.		<p>drill was completed on 6 June 2023. The staff orientation includes fire and security training. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Residents were familiar with emergency and security arrangements. Appropriate security arrangements are in place and access to Wakefield Homestead is currently controlled as a precaution to prevent the spread of Covid-19. External doors and windows are locked at a predetermined time each evening.</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>A pandemic plan is in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and the same applies for white and coloured pillowcases. There were culturally safe practices observed. The health and wellbeing manager reported that residents who identify as Māori, will be consulted on infection control requirements as needed. In interviews, staff understood these requirements.</p> <p>The facility has enough PPE consumables to support the increase in bed numbers from 22 to 23.</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</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The health and wellbeing manager reported that the GP is informed on time when a resident had an infection and appropriate</p>

<p>ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI, are practiced.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff and management, respectively. There has been one infection outbreak of Covid-19 since the previous audit, and these were managed appropriately, with appropriate notifications completed. Residents and relatives were updated throughout the outbreaks.</p> <p>The surveillance interventions and plans in place are able to support to increase the bed numbers from 22 to 23.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. This is supported by the governing body and policies and procedures. There were no restraints in use at the time of the audit. Staff confirmed restraint was not used. The health and wellbeing manager (RN) is the restraint coordinator. A comprehensive assessment, approval, monitoring, and quality review process is in place should there be any restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The cultural advisor will be consulted as required.</p> <p>Staff attends training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk, are discussed at the monthly staff meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>There are medication policies documented that comply with current best practice guidelines and medication legislation. The RNs check all medications on arrival to the facility and update the medication system. All staff who administer medications are aware of their responsibilities and have current medication competencies in place. All medications are stored securely. All medications are prescribed and administered appropriately. Medication charts are reviewed at least three-monthly by the GP.</p> <p>The policy requires that monitoring of medicine fridges and medication rooms temperatures should be conducted regularly and deviations from normal reported and attended to promptly. Records of medication room temperature monitoring were not verified.</p>	Medication room temperature monitoring was not being consistently completed.	<p>Ensure medication room temperature monitoring is completed as per policy requirements.</p> <p>90 days</p>
Criterion 3.5.4	PA Low	Resident dietary profiles were completed on admission and reviewed six-monthly or when there is any significant change.	The menu has not been reviewed by	Ensure the menu is reviewed by the

The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.		There is a four-weekly rotating menu; however, the menu has not been reviewed by the registered dietitian since 2018.	the registered dietitian since 2018.	registered dietitian. 90 days
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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, these 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.