

Munro Resthomes Limited - Malyon House

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Munro Resthomes Limited
Premises audited:	Malyon House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 October 2023 End date: 20 October 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:	54

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

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

Key to the indicators

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

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

General overview of the audit

Malyon House is certified to provide hospital (medical and geriatric) and rest home level of care for up to fifty-seven residents. There were fifty-four residents on the days of audit. Malyon House has implemented the Health Solutions Limited (HCSL) package to support staff to meet the Ngā Paerewa Health and Disability Services Standard 2021.

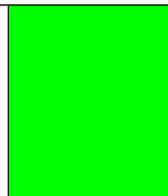
The surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard 2021 and the services contract with Te Whatu Ora Health New Zealand – Hauora a Toi Bay of Plenty. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, staff, and a general practitioner.

Malyon House is managed by a director (registered nurse), and facility manager (registered nurse) who has been in the role for one year, having worked previously as a registered nurse at Malyon House. They are supported by an experienced clinical nurse manager, administration manager, registered nurses, and care assistants. The residents and family/whānau interviewed spoke very positively about the care and support provided.

The service has addressed one of two previous shortfalls identified at the previous certification audit in relation to care plan interventions. An ongoing shortfall remains around medication management.

Ō tātou motika | Our rights

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



Subsections applicable to this service are fully attained.

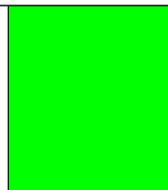
Malyon House provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori health plan is in place. There were Māori residents at the time of the audit. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service are fully attained.

Malyon House has an overarching strategy map with clear business goals to support organisational values. The Malyon House business plan aligns with the Malyon House mission statement and operational objectives. Effective quality and risk management

systems that take a risk-based approach are in place to meet the needs of the residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data is completed, with corrective actions developed as indicated. Meeting schedules are maintained.

The service has an implemented health and safety programme. Hazards are managed. Incident forms are documented, and results are analysed.

There is a staffing and rostering policy which aligns with contractual requirements and includes skill mixes; however, at the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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 are partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses assess, plan, review, and evaluate residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Resident files are being transitioned from paper to

electronic files since the implementation of the electronic file system. Electronic notes include care assistant and registered nurse progress notes, medical notes by the general practitioner and allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and care assistants are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking are prepared and cooked on site. Residents' food preferences, dietary and cultural requirements are identified and catered for.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been provided by their quality consultant and approved by the management team. A monthly surveillance infection control report is completed; analysis and benchmarking occur. The report is communicated to staff via staff meetings, with information available in the staff room. Benchmarking has been internal, and Malyon House will now be able to benchmark with the external contractors' information. Education is provided to staff at induction to the service and is included in the education planner.

Covid-19 response plans are in place and the service has access to personal protective equipment. There have been four Covid-19 outbreaks reported since the previous audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service are fully attained.

The restraint coordinator is the clinical nurse manager. There were no residents using restraints at the time of the audit. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

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	17	0	0	1	0	0
Criteria	0	48	0	0	1	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.

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. 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>The Māori health plan includes details on the active recruitment of Māori staff and processes to do this. The service has relationships with Māori stakeholders and local communities. Further to this, Te Tiriti o Waitangi is embedded in all areas of their work and supports Māori in their aspirations recognising mana motuhake. Staff have completed cultural safety and Te Tiriti o Waitangi training.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture. The Pacific health plan has been developed by the quality consultant, with input from Pacific people. The plan addresses equity of access, reflecting the needs of Pasifika, collaboration with spiritual leaders and operating in ways that are culturally safe.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed (two registered nurse (RN), five care assistants and kitchen hand) could describe how they uphold residents' rights in relation to their role.</p> <p>Four residents (two rest home, one young persons with a disability and one hospital resident) interviewed reported that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. The care plans reviewed were resident centred and evidenced input by residents and their family/whānau into their care and choices/independence. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual. This was confirmed in interviews with two family/whānau (one young persons with a disability and one hospital).</p>
<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>	<p>FA</p>	<p>There is an implemented abuse, neglect, and prevention policy. The service implements a process to manage residents' comfort funds, such as sundry expenses and the handling of precious items – taonga. The service is inclusive of ethnicities, and cultural days are held to celebrate diversity. Staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing an acknowledgement. The code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Training on cultural safety, understanding, prevention of discrimination, racism, stigma, and bias was completed.</p> <p>Professional boundaries are defined in job descriptions. Interviews with the RN and care assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of induction to the service.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</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>	<p>FA</p>	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Discussions with RNs and HCAs confirmed they are familiar with the requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorney and activation documentation were evident in the resident files sampled.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, in a complaints' register. There have been two internal complaints since the last audit and no trends were identified. There were no complaints received from external agencies. Documentation of complaints, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All complaints are documented as resolved and closed. Discussions with family/whānau and residents confirmed they are provided with information on the complaints process.</p> <p>There are complaints forms and a suggestion box located in a visible location at the entrance to the facility. Families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held regularly. Interviews with the director, facility manager and clinical nurse manager confirmed their understanding of the complaints process. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable</p>

		<p>complaints process. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Malyon House provides care for up to 57 residents at rest home and hospital level care. Malyon House has 49 dual purpose beds with eight rest home only rooms. Rest home and hospital beds are located across two levels.</p> <p>On the day of audit, there were 54 residents: 18 rest home residents and 32 hospital residents, including one resident funded by Accident Compensation Corporation and one younger resident on a younger person with a disability (YPD) contract.</p> <p>Malyon House is located in Tauranga. The director (interviewed) explained the strategic plan, its reflection and collaboration with Te Pūtahitanga o Te Waipounamu agency to address Māori barriers to equitable service delivery, which aligns with the Ministry of Health strategies. Malyon House is part of the Cavell Group. There is a director (RN) who works a minimum of two days per week and is supported by the former owner who provides expertise and training for health and safety. The director approves the annual business plan and includes operational and clinical objectives. Progress on goal achievement is assessed monthly by the director. The director was knowledgeable around legislative and contractual requirements. The owner/director is a RN with a current practising certificate. The clinical and facility managers support the owner/director and attend relevant training to ensure the clinical governance structure is appropriate for Malyon House. Further to this, the external quality consultant provides up-to-date policies/procedures, education, and best practice information.</p> <p>The facility manager (RN) has been in her role for one year and is supported by an experienced clinical nurse manager. The director, clinical and facility managers have cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. Further to this, they have completed a minimum of eight hours of professional development relating to the management of an aged care service in the past twelve months and in clinical management.</p> <p>Malyon House policies and procedure represents Te Tiriti o Waitangi</p>

		<p>partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. The facility manager reports on any barriers to the director. The clinical nurse manager and RNs work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet residents' cultural values and needs.</p> <p>Malyon House has a strategic plan and 2022-2023 business plan that cascades from the strategic plan. There is a philosophy of care and mission statement which links to the organisation's strategic plan and is reviewed annually. The facility manager reports to the director regularly on a variety of operational issues.</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>Malyon House is implementing a quality and risk management programme. Quality goals 2023 are documented and progress towards quality goals is reviewed regularly at management meetings between the director and facility manager. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is collated and analysed by the facility manager and clinical nurse manager.</p> <p>Data is comparatively benchmarked monthly against previous twelve months data and trends identified if there are any to initiate quality corrective actions. Results are shared in monthly staff meetings. Monthly staff meetings include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education are discussed. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. The corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Resident/family satisfaction surveys are completed annually in November. The 2022 survey indicated high levels of satisfaction in care; however, it also identified potential areas of improvement in food and activities provision. A follow-up survey was held in April 2023 which indicated increased satisfaction in both service areas.</p> <p>There is a robust health and safety and wellbeing plan in place with health</p>

		<p>safety and wellbeing discussed at every meeting. The health and safety programme includes policies to guide practice. Staff accidents and incidents and identified hazards are monitored; the current hazard register was reviewed. One of the directors is the health and safety officer and has completed the specific health and safety training required. A care assistant is also identified as a health and safety representative and ably explained the role when interviewed.</p> <p>All resident incidents/accidents are recorded, and data is collated. Fourteen accident/incident forms were reviewed and evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the staff, quality meetings and at handovers.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been monthly Section 31 notifications submitted in 2022 for RN shortages and one for a stage IV pressure injury. Change of manager notifications were made as required. There have been four Covid-19 outbreaks in 2022 and 2023, which were notified appropriately to Public Health authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved 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 staffing policy that describes rostering requirements. The service has been able to meet the ARRC contractual requirements by having the director, clinical nurse manager or facility manager (all registered nurses) on site when they are unable to have an RN rostered.</p> <p>The RN and a selection of care assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager and the clinical nurse manager work full time from Monday to Friday. The director, facility manager and the clinical nurse manager provide out of hours advice and on call 24/7.</p> <p>Interviews with care assistants, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>On the days of the audit, staff were visible and were attending to call bells in</p>

		<p>a timely manner, as confirmed by all residents and family/whānau interviewed.</p> <p>There is an annual education and training schedule being implemented that exceeds eight hours annually. The education and training schedule lists compulsory training. There is an attendance register for each training session and an individual staff member record of training. External training opportunities for care staff include training through Te Whatu Ora- Hauora a Toi Bay of Plenty, hospice, and the organisation's online training portal, which can be accessed on personal devices.</p> <p>All senior care assistants, and RNs have current medication competencies. All care assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are a total of 42 care assistants at Malyon House; 29 of whom have achieved a level three or four higher NZQA qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation. Care assistants complete annual competencies, including (but not limited to): restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Four RNs (including the clinical nurse manager, facility manager and director) are interRAI trained. RNs attend external training, through webinars and seminars as available. All staff, including RNs, attend relevant staff and clinical meetings when possible.</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>FA</p>	<p>Five staff files reviewed included a signed employment contract, job description, police check, orientation paperwork relevant to the role the staff member is in, application form and reference checks. Each staff member has an orientation programme tailored for their role to provide relevant information for safe work practices.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration. The staff files reviewed evidenced an</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>annual performance review.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident clinical files were reviewed: two rest home and three hospital level care (including one young person with disability (YPD) and one resident on an ACC contract).</p> <p>A RN completes an initial assessment and care plan on admission. Initial care plans for long-term residents' files reviewed were evaluated by the RNs within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident electronic and hard copy care plans. The completed interRAI assessment (excluding the ACC, YPD and palliative residents) links to the long-term care plan. Interventions recorded in the long-term care plan to address medical and non-medical needs were consistently comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed on the electronic management system and hard copy documents, were resident focused and individualised. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds and weight loss are recorded on short-term care plans as per policy. Care plans had been evaluated at least six-monthly, and report on the progress of achieving the goals. Residents and family/whānau interviewed confirmed that they participate in the care planning process and review. The previous shortfall HDSS:2008#1.3.6.1 has been addressed.</p> <p>The service has systems and processes to support all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making.</p> <p>The service contracts with the local medical service and the general practitioner (GP) four hours per week; the visits have been virtual given the Covid-19 outbreaks and its ongoing presence in the community present.</p>

	<p>The GP completes three-monthly reviews, admissions, and discusses residents of concern and provides on-call service during work hours. Out of hours on-call service is provided by the GP from a local medical service. The GP (interviewed) stated they are notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. There is a contracted podiatrist who visits six-weekly. The physiotherapist visits four hours a week, and completes residents' mobility assessments and provides staff education, including manual handling.</p> <p>Family/whānau interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review and if required a GP visit. Family/whānau are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes.</p> <p>Wound management policies and procedures are in place. Wound assessments, and wound management plans with photos and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan. Wound records were reviewed for residents with current wounds. Chronic wound care plans demonstrate that evaluations were completed, and that documentation of progress towards healing in the evaluation section was completed. The wound clinical nurse specialist and the GP have input into chronic wound management. On the day of the audit, there were 17 residents with 40 wounds (a number of residents have more than one wound); these included skin tears, a stage I pressure injury, skin tears and various skin conditions, including basal cell carcinomas. Registered nurses and care assistants receive training on wound management and pressure injury management.</p> <p>Registered nurses and care assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources, as sighted during the audit. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts included (but not limited to) weights; neurological observations; vital signs; turning schedules; and fluid balance</p>
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		<p>recordings. Incident reports reviewed evidenced timely clinical nurse manager/RN follow up of all incidents. Neurological observations were completed as per policy for all potential head injuries or unwitnessed falls. The previous shortfall HDSS:2008 #1.3.6.1 has been addressed.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. Care assistants advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system, entered by the care assistants, and RN after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</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>PA Moderate</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored securely. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent care assistants administer medications; all have completed medication competencies annually. Registered nurses have completed syringe driver training. All robotic packs are checked on delivery against the electronic medication charts. There is a hospital stock of medications and these are checked for quantity and expiry. Policies and procedures for residents self-administering medications are in place to ensure residents are competent and there is safe storage of the medications. There were two residents self-administering medications on the day of the audit with the appropriate three-monthly re-assessments of suitability and monitoring in place. Competencies and safe storage were implemented as per policy. Registered nurses advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data.</p> <p>The medication room temperature monitoring and recording has been completed. The fridge temperatures are recorded weekly. All eye drops sighted in the medication trolleys were dated on opening. No standing orders are used. No vaccines are stored on site.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP have reviewed the medication charts three-monthly. There has been no transcribing of medications. The previous shortfall</p>

		<p>HDSS:2008# 1.3.12.1 has been addressed.</p> <p>Pro re nata (prn) medications had prescribed indications for use and were administered appropriately; however, outcomes of prn medication were not evidenced on the electronic medication management system. Residents and family/whānau interviewed stated they are updated about medication changes, including the reason for changing medications and side effects. There was evidence of this communication with residents and family/whānau in the clinical records.</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>	FA	<p>A current food control plan in place which expires on 30 September 2024. On admission a nutritional profile is completed for residents, which identifies dietary requirements, likes, and dislikes; a copy is provided to the kitchen. The nutritional profile is reviewed/updated six-monthly as part of the care plan review. Dietary preferences were noted on the kitchen noticeboard for kitchen staff to access at all times. The four-weekly menu cycle is approved by a contracted dietitian and includes modified diets for residents.</p> <p>The interviewed residents and family/whānau expressed satisfaction with food portions and the options available.</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>Planned discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau were involved for all discharges and transfers to and from the service, including being given options to access other health and disability services and social support, Te Whatu Ora – Hauora a Toi Bay of Plenty or kaupapa Māori agencies, where indicated or requested.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There are proactive and reactive maintenance programmes and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 3 August 2024. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Hot water temperatures were monitored and recorded.</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.</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>	<p>FA</p>	<p>The infection control policies are provided by an industry leader and are reviewed annually. Infection control policies are approved by the director and management team. The infection control programme links to the quality plan and data is reported to the management team. The infection control and prevention policy states that the service is committed to the ongoing education of staff and residents. Relevant training is included in the annual training plan and is part of staff orientation. Further to this, staff have completed in-services with associated competencies such as hand hygiene and the use of personal protective equipment. Education with residents takes place by staff as part of residents' daily cares. Family/whānau are kept informed and updated as required about relevant changes to the service's infection control and prevention processes and procedures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections is appropriate for that recommended for long-term care facilities and is in line with priorities defined in the service's infection prevention and control programme. Infections are collated and analysed monthly with trends identified, and corrective actions implemented. Results of the surveillance data and benchmarking includes ethnicity data; results are shared with staff during shift handovers, monthly staff meetings and reported to the directors. The infection prevention and control coordinator (at interview) confirmed that the</p>

<p>and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>GP is informed when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>There have been four Covid -19 outbreaks (July 2022, November 2022, May 2023, and September 2023) since the previous audit. These were managed appropriately, with appropriate notifications completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The clinical nurse manager is the restraint coordinator. Malyon House has no residents with restraint and maintaining a restraint-free environment is one of their goals. This is supported by the director and the recently implemented new suite of policies and procedures provide guidance and direction for the staff. A policy is documented which includes assessment, approval, monitoring, and quality review process.</p> <p>Staff have completed the restraint questionnaire and have had training in behaviours that challenge and de-escalation techniques. The use of restraint is reported at the staff meeting which acts as the restraint approval group.</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>	<p>PA</p> <p>Moderate</p>	<p>The medication policies are current and align with current legislation. The RNs and medication competent care assistants are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management including the use of as required – prn medications. However, there is no evidence of efficacy being recorded after all administration of as required – prn medications.</p>	<p>In six of the ten medication charts reviewed, the efficacy of as required – prn medication was not recorded.</p>	<p>Ensure efficacy of PRN medications are recorded when using as required – prn medication.</p> <p>60 days</p>

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 audit.

No data to display

End of the report.