

Forrest Hill Continuing Care Limited - Forrest Hill Home and Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Forrest Hill Continuing Care Limited
Premises audited:	Forrest Hill Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 January 2024 End date: 31 January 2024
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:	72



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 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

Forrest Hill Continuing Care Ltd (Trading as Forrest Hill Home & Hospital) provides rest home and hospital level care for up to 75 residents.

This certification audit process against the Ngā Paerewa Health and Disability Standard and the service's contract with Te Whatu Ora – Health New Zealand Waitematā (Te Whatu Ora Waitematā), included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, one of two directors, the general manager, clinical manager, staff, a general practitioner and one clinical nurse specialist.

A strength of the service resulting in a continuous improvement rating has been the focus on reducing the use of restraints over the past few years. No areas requiring improvement were identified at this audit.

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 fully attained.
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Forrest Hill Home & Hospital has a long-established relationship with a kaumatua (Ngāti Whātua) supporting and encouraging a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. A copy of the Code, together with information about the Nationwide Health and Disability Advocacy Service is provided on admission to the services. The Code is available in te reo Māori and English. Staff have received education on Te Tiriti o Waitangi and the Code.


Cultural and spiritual needs are identified and considered in daily service delivery. Personal identity, independence, privacy, and dignity are respected and supported. The provider maintains a socially inclusive and person-centred service. Residents and family/whānau confirmed that residents are always treated with dignity and respect.

There are appropriate systems and procedures for reporting and recording any allegation of, or suspected, abuse or neglect. Residents' property and finances are protected, and professional boundaries are maintained.

Residents, family/whānau and legal representatives are involved in decision-making. Consent is obtained where and when required. Residents and family/whānau receive information in an easy-to-understand format and felt listened to. Interpreter services are accessed as needed. Advance directives are followed where applicable.

Complaints are well managed and result in improvements where possible.

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 fully attained.
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Two directors from the governing body assume accountability for delivering a high-quality service. The Auckland-based director communicates closely with the general manager (GM), and together, they ensure compliance with legislative and contractual requirements. The directors are supportive of quality improvements, effective risk management and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management system are well established and focused on improving service delivery and care using a risk-based approach. There was a focus on collection and analysis of quality improvement data to identify trends. Actual and potential risks were identified and mitigated. The National Adverse Events Reporting Policy was followed with improvements made where necessary.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of patients. A systematic approach to identify and deliver ongoing learning and competencies supports safe service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

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

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.

Subsections applicable to this service fully attained.

The entry-to-service process is efficiently managed. Residents are assessed before entry to services to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Person-centred care is implemented. Residents' transfers and discharges are planned and managed effectively with appropriate documentation completed.

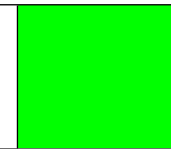
The service provides planned activities that meet the needs and interests of the residents, as individuals and in group settings. Activities plans are completed in consultation with family/whānau, residents, and staff. The planned activities programme promotes residents to maintain their links with the community and supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and family/whānau expressed satisfaction with the activities programme.

The service uses a pre-packaged medication system. Medication reviews are completed by the general practitioner (GP) in a timely manner. There are policies and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents with special needs and menu options specific to te ao Māori catered for. Food is safely managed. Residents verified satisfaction with meals. A current food control plan was available.

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.



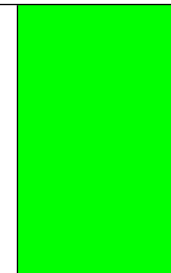
Subsections applicable to this service fully attained.

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

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

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

Includes 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 fully attained.


The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. A registered nurse is nominated as the infection prevention practitioner who leads the programme, which is reviewed annually. Specialist infection prevention advice is accessed when needed. An approved outbreak management and pandemic plan is available to guide staff practice.

Staff understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training.

Prescribed antibiotics were recorded, and occurrence of adverse effects were monitored. Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action is taken when required. Infection outbreaks reported since the previous audit were managed effectively.

Hazardous waste is managed appropriately. A clean and tidy environment is maintained.

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 fully attained.
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The service aims to maintain the current restraint-free environment. This is supported by the directors and general manager and policies and procedures. There were no residents using restraints at the time of audit.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Forrest Hill Home & Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Manu motuhake is respected. A partnership has been established with a kaumatua (Ngāti Whātua) to support service integration, planning, equity approaches and to support Māori. A Māori health plan has been developed with input from the kaumatua and Ngāti Whātua and is used for residents who identify as Māori. There were residents who identified as Māori during the audit.</p> <p>Residents and whānau interviewed reported that staff respected their rights and they felt culturally safe.</p> <p>At the time of audit there were staff employed who identified as Māori, amongst a very culturally diverse workforce. Staff ethnicity data is documented on recruitment. Māori staff interviewed felt that their cultural identity was respected. The organisation has been actively supporting several Māori staff through 'Careerforce' training programmes.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Forrest Hill Home & Hospital has had challenges in identifying and working in partnership with Pacific communities; however, there is now a formal arrangement between a Pasifika staff member with community connections. This person has been involved with supporting culturally safe practices for Pacific peoples using the service, on achieving equity and the development of a Pasifika plan and related policy, based around the national Ola Manuia Pacific Health and Wellbeing Action Plan (2020-2025). A Samoan minister has also had input into these developments and the plan content.</p> <p>There were Pasifika residents at the time of audit. However, interviews were not possible.</p> <p>Pasifika staff have been recruited and there is an extensive training and development programme and support available, as confirmed by staff interviewed.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff have received training on the Code as part of the orientation process and in ongoing annual mandatory training, as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. Copies of the Code in English and te reo Māori were posted on notice boards around the facility. The Nationwide Health and Disability Advocacy Service (Advocacy Service) pamphlets, the Code and information on advocacy services is included in the admission agreement.</p> <p>Residents, family/whānau and legal representatives confirmed being made aware of residents' rights and advocacy services during the admission process and explanation provided by staff on admission. They confirmed that services were provided in a manner that complies with their and their relatives' rights.</p> <p>Māori mana motuhake is recognised in practice. The Māori health care plan is used to guide care for residents who identify as Māori. A holistic approach is adopted in the development of care plans. This approach enables residents' individual wishes and support needs to be determined. Residents and their legal representatives, where applicable, are involved in the care planning processes.</p>

		Independent advocacy can be accessed when required.
<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>Residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified through the assessment processes. These were documented in the residents' care plans sampled. Staff were observed respecting residents' personal areas and privacy. All residents had individual rooms. Personal cares were provided behind closed doors. Shared bathrooms had clear signage when in use. Residents were supported to maintain as much independence as possible.</p> <p>Principles of Te Tiriti o Waitangi are incorporated in service delivery. Tāngata whaikaha needs are responded to as assessed. Residents are supported to participate in te ao Māori as desired. Staff training included training on support for people with disabilities.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated in all activities. Te reo words were posted around the facility to increase awareness. Staff have received Te Tiriti o Waitangi training. Staff who identify as Māori converse with residents who identify as Māori in te reo, where applicable. Residents who identify as Māori and family/whānau confirmed satisfaction with the consultation process during the assessment and care planning stages.</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>	FA	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process for all staff and in ongoing professional development education. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimization, and systemic and institutional racism include the complaints management process, staff education, and care evaluation</p>

		<p>meetings with residents, family/whānau and legal representatives. Staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and/or exploitation. Residents and family/whānau confirmed that professional boundaries are maintained by staff.</p> <p>Residents' property is labelled and recorded on admission, and family/whānau reported that residents' property is respected. A comfort account is held by the administrator for safe management of residents' expenses money. Residents and family/whānau expressed that they have not witnessed any abuse or neglect.</p> <p>Te Whare Tapa Whā model of care is used to ensure wellbeing outcomes for Māori. Residents and family/whānau confirmed that residents are treated fairly.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents' family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which are described in policies and procedures.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and family/whānau was mainly in the English language. Interpreter services are engaged when required. Family/whānau and staff support Māori residents with interpretation where appropriate. Written information and verbal discussions were provided to improve communication with residents, their family/whānau or legal representatives.</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</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making.</p>

<p>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>Appropriate best practice tikanga guidelines in relation to consent are followed. Staff interviewed understood the principles and practice of informed consent. A general consent for receiving care and services is obtained as part of the admission process with admission agreements, informed consent, resuscitation authorisation plans, semi-secure entry and exit and consent for photography signed by competent residents or family/whānau and legal representatives. Additional consent for specific procedures had been gained appropriately.</p> <p>Advance directives were available in residents' electronic records, where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents are supported by family/whānau, and advocacy services can be accessed when required. Communication records verified inclusion of support people where applicable.</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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>There have been seven patient-related complaints in the past year. The seven complaints reviewed showed most of these were of a minor nature and resolved to the complainant's satisfaction. Documentation sighted showed that complainants had been informed of findings following investigation and involved throughout as appropriate. Where possible, improvements had been made as a result of the investigation.</p> <p>The process works equitably for Māori through the availability of the kaumatua and advocacy services who would be used as required. There have not been any complaints received by the small number of Māori residents receiving services over time.</p> <p>The one complaint received was via both the Health and Disability Commissioner (HDC) and the district hospital Te Whatu Ora Waitematā in June 2020 and July 2021. Recommendations</p>

		<p>following review by the district hospital had been addressed and signed off (as sighted). All required information had been provided to the HDC with the most recent correspondence to the commissioner from the GM in December 2022. There has been no further communication received from the HDC.</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>The governing body is made up of two directors, one based in Auckland who has a close working relationship and at least weekly communication with the general manager (GM). The second director is based in the South Island and is kept informed on the business, as and when required, by the Auckland-based director. The Auckland-based director interviewed demonstrated accountability for delivering a high-quality service to the residents at Forrest Hill Home & Hospital with an awareness of the need to focus on quality and resident safety. The kaumatua (Ngāti Whātua) provides advice and support to the directors and the GM and is formally involved in planning and policy development and ongoing development of the knowledge and expertise in relation to Te Tiriti, health equity and cultural safety of the director and GM. Ngāti Whātua has formally 'signed-off' key relevant documents.</p> <p>The clinical governance group is made up of the GM, clinical manager (CM), registered nurses and the GP, as a when required. This is appropriate to the size and complexity of the organisation. The GM is an experienced and suitably qualified person and has been in the role for six years.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular benchmarking and reporting monthly to the various staffing groups. A weekly email from the GM to the director documents any concerns, risks, complaints, incidents, and staffing and provides a general overview of the service. Achieving equity for tāngata whaikaha was evident in the types of residents accommodated within the service (e.g., ACC, younger people with lifelong disabilities (YPD) and residents under the long-term support – chronic health contract (LTS-CHC) contracts). Examples of residents with a range of disabilities and how these have been</p>

		<p>accommodated were discussed. At the time of audit, the service was working with external health service providers to safely accommodate the disability needs of a potential resident.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the GM, with external advice sought as required.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through resident meetings and satisfaction surveys.</p> <p>The service holds contracts with Te Whatu Ora Waitematā for rest home and hospital level care including respite care and long-term support – chronic health conditions (LTS-CHC), and interim care. There is also a contract with Whaikaha Ministry for Disabled People for younger people with lifelong disabilities (YPD) and with the Accident Compensation Corporation (ACC).</p> <p>At the time of audit there were 72 residents – 54 receiving hospital level care, 17 receiving rest home care and one person receiving respite services. Of these, three residents were under the LTS-CHC contract, three were funded by ACC and one was on a YPD contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service has a planned quality and risk system that reflects the principles of continuous quality improvement. At the time of audit, the service was in transition to a new electronic resident record, quality & risk and policies and procedures programme/system, specific to aged care. This included management of incidents and complaints, audit activities, resident satisfaction surveys, monitoring of outcomes and benchmarking, and policies and procedures.</p> <p>Residents and whānau contribute to quality improvement through residents'/whānau meetings, held monthly (as sighted) and from regular satisfaction surveys, the last of which was in October 2023. Where areas are identified for improvement, these have been actioned. Staff contribute through regular meetings which were well attended. Staff interviewed felt listened to and that ideas were</p>

		<p>implemented where possible.</p> <p>A wide range of audits assess compliance with the quality programme, which includes aspects of health equity. Staff have completed relevant training in relation to tikanga policies, equity and Māori models of care (Te Whare Tapa Whā). Cultural support is provided by the kaumatua who has also had input into relevant policies.</p> <p>Corrective actions are developed and implemented to address any shortfalls identified. Progress against quality outcomes is evaluated. A range of outcomes are measured, including medication errors, falls, skin tears, pressure injuries, bruising, injuries to staff and aggressive behaviours. These are graphed with trends identified and analysed and benchmarking occurring between other aged care providers using the same electronic programme, in some areas (e.g., infection rates). A falls prevention project using quality improvement tools/processes commenced in April 2023. While this has been successful, ongoing work continues to reach and sustain the target aimed for. There have also been improvements in infection rates as evident in benchmarking data, with further analysis of this trend pending. A project to eliminate restraint has been successful (Refer CI rating criterion 6.1.4).</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The GM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. These are reviewed annually, or more frequently if required.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy in the electronic system. A sample of incidents reviewed showed these were rated according to severity, incidents were investigated, action plans developed where necessary, and actions followed up in a timely manner.</p> <p>The GM understood and has complied with essential notification reporting requirements.</p>
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<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>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage. Four new team leader roles have been introduced for overseas registered nurses working through the competence assessment programme (CAP). An additional 'floater' shift from 7am – 11am has also been introduced. There were no vacancies at the time of audit. Bureau staff are used to fill in for unplanned leave should this be required. The GM and CM share 'on call' 24/7. Health care assistants (HCAs) reported good access to registered nurses.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned annually, including mandatory training requirements. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. Examples were sighted. Staff felt well supported with training opportunities. The service is supporting two HCAs with nursing training.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The 'Careerforce' training programme is used, with staff supported to complete this. Ninety percent of staff have completed this programme, most achieving at level 4 or higher on the New Zealand Qualifications Authority (NZQA) framework.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments. To ensure staff are competent to complete more complex procedures for residents under specific</p>

		<p>contracts, procedure-specific training and competency assessments were occurring. This has included caring for 'rocket' drains, male catheterisation, management of syringe drivers and 'PEG' feeding management.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Annual practising certificate (APCs) were current for all those who required them, including contracted health professionals.</p> <p>Staff reported that the induction and orientation programme prepared them adequately for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements. This is part of the new electronic system.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' electronic files sampled for review. Clinical notes were current and integrated and met current documentation standards. All old paper records have been scanned into the new system. Information is accessible for all those who need it. No personal or private resident/patient information was on public display during the audit.</p> <p>The service is not responsible for National Health Index (NHI)</p>

		registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Service Coordination (NASC) agency. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry-to-services data is documented, including ethnicity data. Analysis of entry to services and decline rates, including specific entry and decline rates for Māori is completed.</p> <p>Forest Hill Home & Hospital has established partnerships with local Māori communities and organisations to benefit residents who identify as Māori, when required.</p> <p>Residents, family/whānau and legal representatives interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Records reviewed met contractual requirements.</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>The registered nurses (RNs) are responsible for completing nursing admission assessments, including interRAI assessments. They oversee care planning and evaluation of care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified in residents' records, and in interviews with staff and the general</p>

	<p>practitioner. Te Whare Tapa Whā model of care was utilised to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own needs. The Māori health care plan utilised includes Māori healing methodologies, such as karakia, rongoā and mirimiri. The GP and the clinical manager stated that these will be supported when required. Tāngata whaikaha and family/whānau are involved in the care planning process to ensure their choices and wishes are respected. The service enables accessible services by encouraging family/whānau engagement and ensuring cultural support and advocacy services can be accessed when required.</p> <p>A range of clinical assessments, including interRAI assessment outcome scores, referral information, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. Residents, family/whānau and legal representatives were involved in the assessment and care planning processes as confirmed in interviews. The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed, with identified triggers and strategies to manage the identified behaviours documented. Family/whānau goals and aspirations identified were addressed in the care plan where applicable.</p> <p>Service integration with other health providers including activity notes, medical and allied health professionals was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP). Referrals were sent to relevant specialist services as indicated in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner for any residents' health issues and care was implemented promptly. Care staff reported health changes to the RNs, as confirmed in the records sampled and in interviews.</p>
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		<p>Short-term care plans were completed for acute conditions, and these were reviewed as clinically indicated. Routine six-monthly care plan evaluations were completed in a timely manner. Evaluation of care included the residents' degree of progress towards the achievement of agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is overseen by a registered diversional therapist. Monthly activities programmes were posted on notice boards around the facility. Daily activities are recorded on the whiteboard. Activities on the programme reflected residents' ordinary patterns of life, strengths, skills, interests and included normal community activities. There is a wide variety of activities on the programme.</p> <p>Residents are supported to access community events and activities where possible. Regular van outings are scheduled. Individual and group activities and regular events are offered. Quality improvement initiatives implemented and in progress included the insight programme where non-English-speaking residents are provided with newspaper articles translated into their own language, a driving simulator and virtual reality. Opportunities for Māori residents to participate in te ao Māori were facilitated. National events observed include Waitangi Day, Matariki and Māori language week celebrated with food options specific to te ao Māori being prepared. Māori artwork was displayed around the facility. Residents are supported to go out to visit family/whānau and friends where applicable.</p> <p>A holistic approach is utilised in completing activities care plans. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when</p>

		<p>there is a significant change in the residents' abilities. Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they found the programme meets residents' needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. All staff who administer medicines were competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>Medicines are supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use-by dates. The medicines, including controlled drugs and associated documentation, were stored safely. The required stock checks had been completed. Clinical pharmacist input was provided six-monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medicine room sampled were within the recommended range. Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>There were residents who were self-administering medicine at the time of audit. Appropriate processes were implemented to ensure this was managed in a safe manner.</p> <p>The implemented process for analysis of medication errors is</p>

		comprehensive and corrective actions are implemented as required. Regular medication audits and corrective action plans are implemented as required.
<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>The food service is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a four-weekly cycle and was reviewed by a qualified dietitian on 10 March 2023. Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Menu options specific to te ao Māori on the menu included hangi and boil up. Residents and family/whānau for residents who identify as Māori expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. An approved food control plan and registration issued by the Ministry for Primary Industries was available. The current food control plan will expire in January 2025.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</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,</p>	FA	<p>A documented transition, transfer, and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and family/whānau or legal representative. Residents' family/whānau reported being kept well informed during the transfer of their relative. An escort is provided</p>

<p>transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer, current needs and associated risks were documented in the transfer documents reviewed and the residents' progress notes.</p> <p>Family/whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</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 physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A newly appointed maintenance person and the GM described processes, including recent improvements to timeliness of general maintenance. Equipment reviewed had the required checks completed.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light and privacy.</p> <p>The current environment is inclusive of people's cultures and supports cultural practices. The use of te reo Māori and Māori art works, several made by residents, were displayed. There have been no new buildings over recent years, and none are planned. There was an awareness of the need to include appropriate cultural input should this occur.</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>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>have appropriate equipment to respond to emergency and security situations. This was tested during the Auckland floods one year prior to the audit, where there was some flooding to parts of the building. Evacuation of the site was not required. Staff interviewed knew what to do in an emergency. Civil defence emergency equipment was sighted.</p> <p>The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff can provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Call bells are regularly tested, and response times are reviewed should any concerns be raised.</p> <p>Appropriate security arrangements are in place. Residents and whānau are familiarised with emergency and security arrangements as part of the admission and orientation process and are supported by staff during any emergencies.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The GM has oversight of the infection prevention (IP) and antimicrobial stewardship (AMS) programme and the work of the infection control practitioner (IPP) who coordinates the programme. The GM reports to the directors on the IP and AMS programme which is referred to in quality improvement plans. A risk-based approach is taken to reporting, as was evident in a recent COVID-19 outbreak. The director interviewed felt well informed of infection risks and any other risks. Improvements in infection rates over the past year were evident and reported. External advice and expertise are available and accessed with policies and the programme provided by an external company with expertise in this field.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The nominated infection prevention practitioner (IPP) coordinates the implementation of the infection prevention (IP) programme. The IPP's responsibilities and reporting requirements are defined in the infection prevention practitioner's job description. The IPP completed external education on infection prevention in June 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme is reviewed annually and was last reviewed in October 2023. The IP policies were developed by an external advisory company and comply with relevant legislation and accepted best practice. The IP policies reflected the requirements of the infection prevention standards and include appropriate referencing.</p> <p>The pandemic plan and the outbreak management plan in place are reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic and outbreak management response plan when required.</p> <p>The IPP has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IP at orientation and in ongoing annual training. Education with residents is on an individual basis when an infection is identified, through infection control posters posted around the facility and discussions in the residents' meetings.</p> <p>The IPP is involved in the procurement of the required equipment, devices, and consumables through approved suppliers. The IPP will be involved in the consultation process when significant changes are proposed to the existing facility. The GM stated that currently there are no planned changes.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection prevention and control audits were</p>
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		<p>completed, and where required, corrective actions were implemented.</p> <p>Infection prevention practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>Forest Hill Home & Hospital works in partnership with the cultural advisor/kaumatua to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available. Residents, family/whānau and legal representatives confirmed satisfaction with communication provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The IP and antimicrobial (AMS) policy guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented. Ethnicity was included in surveillance data. Surveillance data and recommendations for improvement are reported to both the general manager and the governance body monthly.</p> <p>Infection prevention audits were completed with relevant corrective</p>

		<p>actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents' family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with family/whānau. Infection outbreaks reported since the previous audit were managed effectively.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room and in the cleaners' room. Cleaning products were in labelled bottles. The cleaning trolley was safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>Cleaning policies and procedures to guide staff were available. The cleaning staff have attended training appropriate to their role. The GM has oversight of the facility testing and monitoring programme for the built environment.</p> <p>All laundry is completed onsite. Policies and processes were in place that identified the required laundry processes. A clear separation for the handling and storage of clean and dirty laundry was sighted.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents and family/whānau confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The director interviewed and the GM demonstrated a commitment</p>

<p>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>to this, supported by the clinical manager and restraint coordinator. At the time of audit there were no restraints in use, and this has been the case since 2020. Any use of restraint would be reported to the directors through the GM. The 'no restraint use' is noted in staff meetings. The systematic work to eliminate restraint use since the appointment of the GM around six years ago is recognised in criteria 6.1.1 with a continuous improvement rating.</p> <p>Several exit doors in the facility are locked with use of a keypad required to exit the door. The code is clearly displayed, and residents and whānau are informed and agree to this as part of the admission process. The intent is to maintain safety for residents with dementia who are at risk of wandering.</p> <p>Relevant policies and procedures meet the requirements of the standard and would guide staff should restraint ever be required. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Examples of appropriate management of residents with challenging behaviours and/or an increased risk of falling were discussed and observed.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	<p>CI</p>	<p>When the current GM commenced employment, around six years ago, there were six restraints and three enablers in use. A systematic planned approach using a wide range of quality improvement tools and techniques, supported by equipment, was introduced with the aim of eliminating restraint use. This required a financial commitment from the directors. All restraints were reviewed, and alternatives discussed with residents, whānau, the GP and staff. Increased staff education occurred focused on provision of the least restrictive practices, management of challenging behaviours and falls reduction strategies. Strategies have included distraction techniques, intentional ‘rounding’, behaviour monitoring charts/evaluation, consistency of staff, use of equipment such as low beds and sensor mats, improved communication between shifts, and education of whānau. The rate of restraint use has steadily declined with the goal of no restraint achieved in 2020. There has been no restraint used since that time with ongoing work with staff, residents and whānau to maintain this. The</p>	<p>A planned and multipronged systems improvement approach to safely eliminate the use of restraint at Forrest Hill Home & Hospital has resulted in the reduction of restraint use from six residents using restraint to no restraint use over a period of around three years. There has been no restraint used since 2020 with a strong commitment toward this from the directors to the GM, to all staff.</p>

		restraint coordinator interviewed had a good understanding of related challenges/risks and management of these.	
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End of the report.