

Northbridge Lifecare Trust - Northbridge Lifecare Trust Rest Home & 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:	Northbridge Lifecare Trust
Premises audited:	Northbridge Lifecare Trust Rest Home & Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 January 2024 End date: 19 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:	94



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

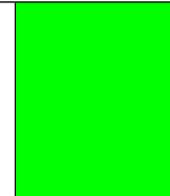
Northbridge Lifecare Trust Rest Home and Hospital provides aged related residential care rest home, hospital and secure dementia services for up to 96 residents. Since the last audit, a new general manager was appointed in 2022, a new clinical manager in 2022 and a new care facility manager in May 2023. No changes have been made to the building or premises.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora - Health New Zealand Waitematā (Te Whatu Ora Waitematā). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau, the chair of the Northbridge Lifecare Trust Board, managers, staff, contracted allied health providers, the contracted human resources manager and a general practitioner.

One area requiring improvement was identified during this audit relating to the recording of educational achievements and competencies.

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.

The cultural policy guides staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs, when required. Cultural and spiritual needs are identified and considered in daily service provision. Principles of mana Motuhake were evident in daily service delivery.

Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code). Residents and their family/whānau are informed of their rights according to the Code and these were upheld. Personal identity, independence, privacy and dignity are respected and well supported. Residents were safe from abuse. Residents confirmed that they were treated with dignity and respect.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making informed decisions about care and treatment. Open disclosure is practised. Interpreter services are provided as needed.

Family/whānau and those with enduring power of attorney are involved in decision-making that complies with the law. Advance directives are followed wherever applicable.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

The Northbridge Lifecare Trust Board assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice, with support from a contracted human resource (HR) provider. Applicable staff and contractors have a current Annual Practising Certificate. There is always at least one registered nurse on duty. A systematic approach to identify and

deliver ongoing learning which supports safe equitable service delivery has been implemented. Staff working in the secure dementia unit have completed an industry approved qualification in dementia care.

Residents' information is accurately recorded, 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.
---	--	--

Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When residents enter the service, a holistic approach to service delivery is adopted. Relevant information is provided to the potential resident and or family/whānau in the form of an information pack.

Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Resident records sampled demonstrated that care provided, and the individual needs of residents, were reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required in a timely manner.

The planned activities programme provides residents with a variety of individual and group activities and maintains links with the community. Currently there are no residents who identify as Māori, although opportunities for any Māori residents to participate in te ao Māori would be facilitated if needed. Staff are encouraged to speak and learn te reo Māori. Residents are fully supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. The four diversional therapists and the activities coordinator are very experienced, being responsible for developing and implementing the activities programme at this facility.

The service uses a pre-packaged medication system. Medication is administered by staff who have a medication administration competency. Controlled drugs are managed effectively, and legislative requirements are met. Medication reviews are completed by the general practitioners in a timely manner. There are no standing orders.

The food service meets the nutritional needs of residents, with special needs being catered for. Food is safely managed. There was a current food control plan and the menu plans had been reviewed. Residents and families verified satisfaction with the meals provided.

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, well maintained and the building warrant of fitness was current. Electrical and biomedical equipment is tested as required. Resident rooms are personalised and there are sufficient lounge and recreational areas to meet the needs of residents. 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, residents and whānau 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 nature of the services provided. A registered nurse leads the programme, supported by the clinical facility manager.

Specialist infection prevention advice is accessed when needed. There is a current pandemic and outbreak management plan.

Staff interviewed understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training which is provided at orientation and is ongoing.

Hazardous waste and chemicals are managed appropriately. There are safe and effective cleaning and laundry services for the size of the organisation.

Surveillance of health care-associated infections is undertaken, with the results shared with staff. Follow-up action is taken as and when required.

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.

The service was aiming for a restraint-free environment. This is supported by the Trust Board and policies and procedures. There were three residents using restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process with regular reviews occurs for any restraint used. 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	28	0	0	1	0	0
Criteria	0	175	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.</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>Northbridge Lifecare Trust has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and a kaumatua appointed to support service integration, planning, equity approaches and support for Māori. A Māori health policy has been developed with input from cultural advisers and the kaumatua, who is a member of the local iwi, and supports care provision for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed with the care facility manager and the contracted HR provider. At the time of audit there were staff who identified as Māori, including two recently appointed staff members. Staff ethnicity data is documented on recruitment.</p> <p>Training on Te Tiriti is part of the facility training programme. The training is aimed to assist staff to understand the key elements of service provision for Māori, Pasifika and tāngata whaikaha, including self-determination (mana motuhake) and providing equity in care services. Māori staff interviewed stated education for non-Māori had</p>

		increased throughout 2023 and was now appropriate to guide the staff when working with Māori.
<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>	FA	<p>Northbridge Lifecare Trust identifies and works in partnership with Pacific communities and organisations to provide culturally safe practices for Pacific peoples using the service. A Pacific health plan has been developed in consultation with the North Shore Pasifika community that supports practices and details how the service will work to achieve equity. Partnerships in place enable ongoing planning and evaluation of services and outcomes.</p> <p>Pasifika residents interviewed felt their worldview, cultural and spiritual beliefs were embraced.</p> <p>Northbridge Lifecare Trust Rest Home and Hospital has an active recruitment policy. Training and actions to retain a Pacific workforce is supported through HR processes, resulting in increasing numbers of Pasifika staff being employed; currently fifteen staff identify as Pasifika.</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>	FA	<p>Staff have received training on the Code as part of the orientation process and in ongoing annual training, documented on the programme annual calendar for 2023 and 2024 and as was verified in staff files and interviews with staff (refer to 2.3.4). Staff interviewed 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. Information on advocacy services and the Code was provided in the admission packs and the Code was included in the service admission agreement.</p> <p>Residents and family confirmed being made aware of their rights and advocacy services during the admission process and an explanation was provided on admission. Residents and family confirmed that services are provided in a manner that complies with their rights.</p> <p>There were no residents who identified as Māori on the days of the audit. Māori mana motuhake is recognised in practice. The cultural</p>

		policy is used to guide care for Māori residents when required. Care plans are developed in consultation with residents and family/whānau to ensure residents' wishes and needs are identified and planned for.
<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 including ethnicity are identified through the admission process. These were documented in the residents' care plans sampled. Staff were observed respecting residents' personal areas and privacy by knocking on doors and announcing themselves before entry. Personal cares were provided behind closed doors. Privacy was well maintained in the two four-bedded rooms, with appropriate screening observed between each resident's bedspace. Residents were supported to maintain as much independence as possible, as verified by residents in interviews.</p> <p>Principles of Te Tiriti o Waitangi are incorporated in service delivery. Needs of tāngata whaikaha are responded to as assessed. A senior registered nurse interviewed stated that residents were supported to participate in te ao Māori where and when applicable. A kaumatua is available. Cultural assessments were validated as being completed on admission in the ten resident records reviewed.</p> <p>Te reo Māori and tikanga Māori are promoted throughout the organisation and incorporated in all activities. Some staff and management received Te Tiriti o Waitangi training in October 2023 (refer to 2.3.4) and the training programme calendar was reviewed. There were some te reo Māori words posted around the facility to increase resident and staff awareness.</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</p>	FA	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process and in ongoing annual training for all staff (refer to 2.3.4). There was no evidence of discrimination or abuse observed during the audit. Policies and procedures were reviewed in December 2023 and approved by the board. Safeguards are in place to protect residents</p>

<p>safe and protected from abuse.</p>		<p>from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, re-victimisation, systemic and institutional racism include the complaints management process and meeting with residents, family and whānau. Staff interviewed in a group understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and/or exploitation.</p> <p>Residents' property is labelled on admission. For security reasons, no residents' money is held onsite. Residents can either manage their finances independently or have support from family/whānau, or they can be invoiced for any extra personal expenses. Residents, family and staff confirmed that they have not witnessed any abuse or neglect.</p> <p>A holistic model of care including the four cornerstones of Māori health: physical wellbeing (taha tinana), mental wellbeing (taha hinengaro), social wellbeing (taha whānau) and spiritual wellbeing (taha wairua), are used to ensure wellbeing outcomes for Māori, when required.</p> <p>Residents and family confirmed that residents are treated fairly, and they are free to express any concerns they may have.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents and family 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 open communication, which was clearly described in policies and procedures. The care facility manager (CFM) interviewed, stated that an open-door policy was encouraged with staff, residents and family from a management perspective and this approach has worked effectively.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and family was mainly in English. The registered nurses stated that information can be provided</p>

		<p>in other languages when requested or needed. Interpreter services are engaged when required. Family/whānau support Māori residents with interpretation where appropriate and a kaumatua and experienced health care assistant are accessible and can be contacted if required. Written information and verbal discussions were provided to improve communication with residents and their family/whānau.</p> <p>Residents and family stated that staff were approachable and responded to requests in a sensitive manner. A record of phone or email contact with family was maintained.</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 are provided with the necessary information to make informed choices and decisions. They felt empowered to actively participate in decision-making. Appropriate best practice tikanga guidelines in relation to consent are followed. The kaumatua is available if needed for Māori residents. The staff interviewed understood the principles and practice of informed consent and this is obtained as part of the admission documents. Consent for specific procedures, including sharing photographs, van outings and open disclosure, had been gained appropriately.</p> <p>Resuscitation authorisation plans were in place as were advance care directives where applicable. Shared goals of care were currently being implemented as appropriate. The general practitioner, one of three who covers this facility, was satisfied with how these are completed and reviewed six-monthly. Staff were observed to gain consent for daily cares.</p> <p>Residents' legal representatives made decisions where applicable in compliance with legislation. All residents in the memory care centre (MCC) had activated enduring power of attorney (EPOA) documents in their respective individual files reviewed. Family or support persons can be involved and communication records of the individual resident verified this does occur. Advocacy services can be accessed if needed.</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>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p> <p>The care facility manager meets with all complainants and encourages the inclusion of the resident, whānau and support persons to be involved. This assures the process works equitably for Māori.</p> <p>There have been four complaints received since the last audit, including one from the Health and Disability Commissioner (HDC) which remains open. The facility has provided all information requested within the required timeframes and is awaiting a response from HDC. The three internal complaints were managed following the facility processes, including meeting with the complainant and apology to the resident and whānau, and are now resolved. Findings from the complaint investigations have led to corrective action planning and improvements in service delivery.</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 the Northbridge Lifecare Trust Board. The trustees and general manager assume accountability for delivering a high-quality service to the residents. There is no Māori representation on the board. However, advice and support are provided to the board by a kaumatua from the local iwi who has input into organisational operational practices. Board members have all completed training in Te Tiriti o Waitangi since the last audit and the board chair demonstrated knowledge of Te Tiriti, health equity and cultural safety when interviewed. Clinical governance is provided through a medical advisory committee which includes board members, the facility general practitioners and the care facility manager.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service.</p>

		<p>The service is managed by a general manager with the support of a care facility manager, who is a registered nurse, and a clinical manager. The clinical manager is currently on leave and the care facility manager is being supported by senior registered nurses until their return. The general manager and care facility manager both have aged care experience with extensive management and clinical experience respectively and bring their own skills, expertise, and knowledge to the roles. They have attended Te Tiriti o Waitangi and cultural training. They confirmed knowledge of the sector, regulatory and reporting requirements, and maintain currency in the field through sector communication, clinical training, and through contacts with Te Whatu Ora Waitemata.</p> <p>There is a business plan in place for the hospital, rest home and memory care centre for the 2023/24 year. Strengths, weaknesses, opportunities and threats (SWOT) are regularly reviewed, and the resulting information contributes to business objectives and goals. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing performance occurs with regular monthly reporting to the board by the general manager. Northbridge Rest Home and Hospital is focused on identifying barriers to access, improving outcomes, and achieving equity for Māori, Pasifika and tāngata whaikaha. This is occurring through engaging with local Māori and Pasifika communities, business planning, ensuring the environment is accessible and seeking feedback from residents and whānau. The board has appointed a resident of the attached village, who is a board member, as a disability champion for the facility. The responsibilities of this new role are documented, and the person has met with residents to assist in identifying their needs. Compliance with legislative, contractual and regulatory requirements is overseen by the general manager and board, with external advice sought as required.</p> <p>A commitment to the quality and risk management system was evident. Historic gaps in the quality and risk management framework were evident. However, since the appointment of the care facility manager in May 2023 improvements have been made, and the facility now has an appropriate framework in place which is functioning well. This was confirmed in documents reviewed and a sample of reports to the Trust board. The board chair interviewed felt well informed on</p>
--	--	--

		<p>progress and risks.</p> <p>Residents and their whānau participate in planning and evaluation of services through resident and whānau meetings and a recent resident survey.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Waitematā to provide age-related residential care for rest home and hospital services including respite, and secure dementia care. The facility also holds a contract with the Accident Compensation Corporation (ACC). On the first day of audit there were 94 residents receiving care and support at Northbridge. Twenty-eight were receiving rest home care, fifty receiving hospital level care and sixteen receiving secure dementia care in the memory care centre.</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 organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, internal audit activities, a resident and whānau satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, falls and pressure injuries, corrective action, and quality improvement planning. The quality framework was strengthened by the care facility manager when appointed in May 2023 and is now embedded as expected practice. This includes a monthly clinical quality meeting with reporting on clinical indicators to staff and a review of progress.</p> <p>Critical analysis of practices and systems, including ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles including a kaumatua and a Māori staff member who is supporting staff training.</p> <p>The quality programme annual calendar detailed appropriate and varied internal audits and documentation confirmed these had been completed, results were shared with staff and relevant corrective actions were developed and implemented to address any shortfalls. Quality improvement and corrective action documentation was sighted for a variety of projects including care planning, falls prevention,</p>

		<p>infection surveillance reporting, increasing activities in the memory care centre and actions to improve staff satisfaction. Progress against quality outcomes is evaluated and reported monthly to the board via the general manager's report.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements, had appropriate document control and were current.</p> <p>Records provided demonstrated the facility manager has complied with essential notification reporting requirements since appointment in May 2023. Historic data prior to that time was not available. There have been no coroner's or police investigations required.</p> <p>The general manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register detailed mitigation strategies and reporting to the board was sighted.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>Residents, whānau and staff have contributed to quality improvement through complaints investigations, staff satisfaction surveys and a resident and whānau satisfaction survey completed in September 2023. Resident satisfaction levels were high with an overall satisfaction level of 88%. The survey showed residents felt they were treated with respect (94%) and felt safe at Northbridge Rest Home and Hospital (96%). The lowest area of satisfaction related to food provision (72% satisfaction) and a corrective action plan has been implemented to improve food service delivery.</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>PA Moderate</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</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>staffing levels to meet the changing needs of residents, and this was confirmed in a review of rosters for each area. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. 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 in the hospital.</p> <p>Northbridge Lifecare Trust has a contracted HR provider who manages the employment process. This contract is overseen by the general manager to ensure all processes meet the needs for the facility. The 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. High-quality Māori health information is accessed and used to support recruitment, training and development programmes, policy development and care delivery.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related core competencies are assessed and support equitable service delivery and the ability to maximise the participation of residents and their whānau. The training coordinator described, and a sample of competencies confirmed, the training for first aid, medication, cultural safety, manual handling and hoist training, and infection prevention. Records reviewed confirmed staff completion of required training and competencies, required by the facility. Seven nurses were interRAI trained.</p> <p>Processes are in place for care staff to be enrolled and complete a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waitematā. However, the staff and training records were incomplete, and enrolment and/or completion could not be verified for all staff; refer criterion 2.3.4. Ten staff work permanently in the memory care centre (dementia care). Eight have completed and two are enrolled in the required education.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Northbridge Lifecare Trust has contracted an experienced HR provider to manage human resources. The general manager works</p>

<p>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>closely with the contracted HR manager.</p> <p>Human Resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) have been validated prior to employment.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed for recent appointments.</p> <p>Opportunities to discuss and review performance occur at one month and three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals. Staff have support following incidents and have access to employee assistance if required to ensure wellbeing.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</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>The service is currently transitioning from hard copy records to an electronic system for all records. Accurate data was collected with files being well organised. All necessary demographic, personal, clinical and health information was fully completed in the ten resident records sampled for review. Clinical notes were current, integrated and legible and met current documentation and health information legislative requirements and standards. Staff have individual passwords to access the electronic system. Printed labels are placed on all pages of the clinical records reviewed with the date of birth, full name of the resident, the name of their general practitioner and the NHI number.</p> <p>Policies and procedures guide staff in the management of information. The service maintains quality records that comply with relevant</p>

		<p>legislation, health information standards, and professional guidelines. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Information is accessible for all those who need it.</p> <p>Hard copy files are held securely onsite for the required period before being destroyed. No personal or private resident information was on public display during the audit. Some information is held electronically, and password protected.</p> <p>Northbridge Lifecare Trust is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local 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. A tour of the facility with the receptionist/administrator can be arranged. Entry to service policies and procedures are documented. The service currently has a waiting list. On rare occasions where entry may be declined due to the prospective resident requiring services that are not provided at this facility, for example psychogeriatric care, the referrer would be contacted, and assistance given to the family concerned. Residents' rights and identity are respected. Entry to services data is documented, including ethnicity data. Entry data, including specific entry and decline rates for Māori, is analysed in the reports from the CFM to the general manager (GM).</p> <p>The organisation has a kaumatua who provides cultural support for Māori residents when required. Additional Māori cultural support would be accessed from the family/whānau as needed.</p> <p>Residents and family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files 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>	<p>FA</p>	<p>The registered nurses (RNs) and the enrolled nurse complete admission assessments, care planning and evaluation of care plans in a timely manner. The enrolled nurse (EN) works under the supervision of the RNs. Recognised assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural safety training (refer to 2.3.4).</p> <p>All residents' files sampled had current interRAI assessments completed and the relevant outcome scores had supported care plan goals and interventions. The care plans reviewed online reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote residents' independence, wellbeing, and where appropriate, early warning signs and risks that may reflect 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. Family/whānau goals and aspirations identified were addressed in the care plans where applicable. Tāngata whaikaha and family/whānau are supported to access information when required. The care planning process supports residents who identify as Māori, and whānau, to identify their own pae ora outcomes in their care, where and when required.</p> <p>Service integration with other health providers including specialist services, medical and allied health professionals was evident in care plans reviewed. Any changes in residents' health were escalated to the general practitioners (GPs). Timely referrals made to the GP when a resident's needs changed was evident on the day of the audit with two residents from different services being transferred to the secondary care service provider. The GP interviewed stated that the staff contacted the service in a timely manner and confirmed satisfaction with the care being provided across all services at Northbridge Lifecare Trust. Medical assessments were completed by the GPs and routine monthly and three-monthly reviews were completed regularly, with the frequency increased as determined by the resident's condition. Residents have the right to maintain their own private GP if desired. Medical records were available in sampled</p>

		<p>records reviewed.</p> <p>Residents' care was evaluated on each shift and reported in the progress records by the health care assistants (HCAs). Changes noted were reported to the EN or RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI assessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions were resolved. The evaluations included the residents' degree of progress towards achieving their goals and aspirations as well as family goals and aspirations, where applicable. Where progress was different from expected, the service, in collaboration with the resident or family, responded by initiating changes to the care plan. If a resident required transfer for secondary or tertiary level care this was done in a timely manner.</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 level of care provided and in accordance with the residents' needs. Residents and family confirmed being involved in evaluation of progress and any resulting changes. Staff interviewed understood the processes to support residents and family when required.</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 diversional team consists of four diversional therapists (DT) and one activities assistant. One DT has recently resigned, and a replacement is commencing in the next week. The DTs work collaboratively together and seek the input of both the residents and family/whānau where applicable. On admission 'My Life and Memoirs' is completed, and an individual interest checklist is undertaken to determine the likes and dislikes of each resident. The activities assessment undertaken during the preadmission assessment is taken into consideration when developing the individual activities care plan.</p> <p>For the residents in the memory care centre a specific dementia care activities assessment is completed by the DT. All interests, cognition, ability and preferences are considered. Activities on the programme reflected residents' goals, ordinary patterns of life, strengths, skills, interests and included normal community activities. A 24-hour</p>

		<p>activities plan was developed and implemented for each individual resident. Activities calendars were posted on notice boards around the facility.</p> <p>Residents are supported to access community events and activities where possible. Individual and group activities and regular events are offered. Individual activities are encouraged for hospital level residents who are frail and cannot attend the group sessions. There is a wide variety of activities offered including gender-specific activities. Opportunities for any Māori residents (none presently) and family/whānau to participate in te ao Māori are able to be facilitated. One HCA interviewed is available and assures this can be facilitated as she speaks fluent te reo Māori, as does the kaumatua for this service. Residents are supported to go out with family and friends as applicable.</p> <p>Diversional therapy care plans were completed in all residents' records sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and adjusted when there was a significant change in the residents' abilities. Residents and family are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their 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 services provided. The medication management policy identified all aspects of medicine in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. A registered nurse (RN) was observed administering medicines correctly. The staff interviewed demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines were competent to perform the function they managed and had a current medication administration competency.</p> <p>Medicines were prescribed by the GPs and over-the-counter medications and supplements were documented in the medicine</p>

	<p>charts where required. 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. 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 records sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RN when regular medicine packs were received from the pharmacy and when a resident was transferred back into the service by the GP. All medicines in the medication cupboard and trolley reviewed were within current use-by dates. Clinical pharmacist input was provided on request and three-monthly checks occur by the contracted pharmacy. A stamp is used by the pharmacist and is signed and dated. Any unwanted medicines were returned to the pharmacy in a timely manner. The records of the temperature for the medicine fridge and the room sampled were within the recommended range. Two medication trollies are used: one in Unit 1 and one in Unit 2.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly checks (Wednesdays) by the registered nurses and three-monthly stock checks and accurate entries. Two registers were sighted.</p> <p>Residents and their families are supported to understand their medications when required. The GP interviewed stated that when requested by Māori, appropriate support and advice for treatment for Māori would be provided.</p> <p>There were residents who were self-administering medicine at the time of the audit. Appropriate processes were in place to ensure this was managed in a safe manner, and staff understood the requirements. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as</p>
--	--

		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 outsourced to an external provider. 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 to food (if any), 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 six-weekly cycle, and the menu plans were reviewed in March 2023 by a New Zealand-contracted dietitian. Residents who chose not to go to the dining room had their meals delivered to their rooms. The main meals in the dining room are buffet style and staff assist the residents to access the food they wish to have. Full assistance was provided to residents who needed assistance with their meals. Culturally specific te ao Māori options were documented on the weekly menu. The chef manager interviewed stated these options would be provided per residents' requests.</p> <p>The service operated with an approved food control plan and registration issued by the Ministry for Primary Industries. The current food control plan will expire on 21 September 2024. Mealtimes were observed during the audit. Residents were given enough time to eat their meal in an unhurried fashion. Resident and families interviewed expressed satisfaction with the variety of the meals provided. Food is available in the memory loss centre for the 24 hour period if needed for residents.</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>	FA	<p>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 EPOA. Residents' family/whānau reported being kept well informed during the transfer of their relative.</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>		<p>An escort is provided for transfers when required. This is important for residents being transferred from the memory care centre if family are not available. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. A designated ambulance entry is located near the entrance to the facility. The yellow bag Te Whatu Ora transfer envelopes are used with all resident information being provided, including any details of EPOA and advance directives. The reasons for the transfers were documented in the transfer documents reviewed and the residents' progress notes.</p> <p>Residents are supported to access Kaupapa Māori agencies or alternative agencies when indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP when required, and as evidenced in the resident records sampled.</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>A current building warrant of fitness was publicly displayed which expires on 18 November 2024. 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. Testing and tagging of electrical equipment occurs annually and was last completed in June 2023. Biomedical equipment was last checked in November 2023.</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. Communal areas are available for residents to engage in activities. Outdoor areas are well maintained and residents in the memory care centre have access to a secure courtyard.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>The dining room and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas such as</p>

		<p>the library for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. The general manager reported that the design of any new buildings would be managed at board level to ensure they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters, take into account residents with dementia, and described the procedures to be followed. Staff have received relevant information and training and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff are able to provide a level of first aid relevant to the types of risk 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 and this was verified in review of electronic records.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service and have been approved and signed off by two members of Northbridge's Medical Advisory Committee (clinical governance) on 15 January 2024. The annual reports to the board were sighted and minutes recorded were dated December 2023. The programmes</p>

<p>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>developed and implemented link to the quality improvement system. The programme is guided by a comprehensive and current infection control manual, with input from an external advisor if needed. The current business plan includes an objective to minimize the risk of infection.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora Waitematā infection prevention team, the medical laboratory, external consultants, and the attending GP.</p> <p>An infection prevention and control component are included in the monthly quality and staff meetings.</p> <p>The incident/accident reporting policy documents the pathway for the reporting issues and significance of events to the CFM and management team.</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>A registered nurse is the infection prevention control nurse (IP&CN) and has been in the role since July 2023. The CFM oversees the programme to provide support to the RN for this new role. The IP responsibilities and reporting requirements are defined in the prevention and control policy. Online training has been completed and provides access to shared clinical records and diagnostic results of residents.</p> <p>The IP&C committee consists of four clinical staff including the IP&CN, a diversional therapist and two household staff. The committee meet monthly, and minutes of the meetings were sighted. The IP&CN reports to the RNS and the CFM.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the clinical governance committee and is linked to the quality and risk improvement programme. The IP programme as part of the IP policy is reviewed annually. It was last reviewed in January 2024. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention standards and include</p>

		<p>appropriate referencing.</p> <p>The pandemic plan in place is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic plan.</p> <p>The IP&CN and the CFM have input into other related policies that impact on health care-associated (HA) risk. Staff have received education on IP at orientation, and in the ongoing annual education for staff. This was verified at the group meeting held with staff from all disciplines. Education with residents was on an individual basis when an infection was identified and through infection control posters observed around the facility.</p> <p>The IP&CN is involved with the CFM and the GM in the procurement of the required equipment, any devices and consumables through approved suppliers. The IP&CN will be involved in the consultation process of any new buildings or alterations to the facility, although this has not been required so far as stated by the IP&CN.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not used. Policies and procedures to guide staff practice were available. Infection prevention control audits were completed as part of the internal audit system, and where required, corrective actions were implemented.</p> <p>Appropriate infection prevention practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>A Māori cultural advisor was available and can be consulted in the development and review of the IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti o Waitangi. Educational resources in te reo Māori were available, such as hand hygiene posters.</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 antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope and complexity of the services provided. It was developed using evidence-based antimicrobial guidance and expertise. The AMS programme was approved by two senior members of the clinical governance committee. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated annually, 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 nature of the services 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, where required. Ethnicity was included in surveillance data. Outcomes of surveillance were reported back to the governance body on a regular basis.</p> <p>Infection prevention audits were completed, with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed with staff. New infections are discussed at shift handover (observed) for early interventions to be implemented.</p> <p>Residents and family are advised of infections identified in a culturally safe manner, as verified in interviews. There have been no recent outbreaks of infection.</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</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. A contracted service provider removes all rubbish from the facility. All chemicals were observed to be stored securely and safely. Material data sheets were displayed in the chemical storage room and in the laundry. Cleaning products were in</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>labelled refillable bottles. The cleaning trolleys were safely stored when not in use. There were sufficient PPE resources available, which included masks, gloves, face shields, goggles and aprons. Staff interviewed from the laundry and cleaning services, and clinical staff, demonstrated a sound knowledge and understood donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaning and laundry staff have attended training appropriate to their roles. The IP&CN has oversight of the facility testing and monitoring programme for this 96-bed facility.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents and family interviewed confirmed satisfaction with the 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 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>Becoming a restraint-free environment is the aim of the service. The governing board demonstrated commitment to this, supported by the general manager and care facility manager. At the time of audit three hospital residents were using bedrails and/or lap belts as restraint. This is a significant reduction in the use of restraint over the last year, down from 14 residents in January 2023. When restraint is used, this is as a last resort when all alternatives have been explored. Any use of restraint is reported to the governing board.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision-making.</p>

<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>Monitoring of restraint is overseen by the restraint coordinator and care facility manager and takes into consideration the person's cultural, physical, psychological, and psychosocial needs and addresses wairuatanga.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record including all requirements of the standard.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint coordinator and restraint committee undertake monthly reviews of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the care facility manager and the governing board. Any changes to policies, guidelines, education and processes are implemented if indicated.</p> <p>The use of restraint has reduced over the last year, from fourteen residents in January 2023 to three residents at the time of audit, as a result of review and a focus on eliminating restraint. There was documented evidence that alternatives to bed rails are considered. Where residents are no longer in need of restraint because of changes in the resident's condition, the restraint is discontinued.</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 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>A staff in-service education policy details the training required of staff members, including which core competencies are mandatory. A process is in place to plan and deliver education, including the enrolment of care staff in a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider’s agreement with Te Whatu Ora Waitematā. The training coordinator is a Career Force assessor and monitors completion of the NZQA requirements.</p> <p>Attendance at internal staff training is recorded on an attendance sheet and records of individual educational attainment, including certificates, are held in computer files, on an excel</p>	<p>There was no clear system in place to record completion of training, including core competencies and NZQA education. The service was unable to evidence whether all care staff have completed the NZQA education programme requirements detailed in their age-related residential care agreement with Te Whatu Ora Waitematā.</p>	<p>Ensure there is a clear system to record education, including core competencies and NZQA certificate completion.</p> <p>Evidence the NZQA certificate levels of all care staff, including the completion of the required dementia care education as detailed in the age-related residential care agreement.</p> <p>90 days</p>

		<p>spreadsheet and in some cases in the staff member's HR file. Review of multiple sources of records verified internal training and competency requirements had been met in relation to medications, first aid, fire and emergency response training, infection control and de-escalation and safe restraint use. Te Tiriti o Waitangi and cultural safety training is underway. The facility was unable to confirm how many staff have outstanding training requirements due to the system in place for recording training.</p> <p>The system in place did not record staff training and competencies in one unique place and as a result the facility was unable to verify that all care staff have achieved the required NZQA education programme requirements. Staff who work permanently in the memory care centre are either enrolled or have completed the required NZQA dementia care training. However, the service was unable to verify whether all care staff who regularly work in the dementia unit have done so.</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.