

# Gracedale Care Limited - Gracedale Hospital

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## 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:

<b>Legal entity:</b>	Gracedale Care Limited	
<b>Premises audited:</b>	Gracedale Hospital	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 23 January 2024	End date: 24 January 2024
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	34	

# Executive summary of the audit

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

## General overview of the audit

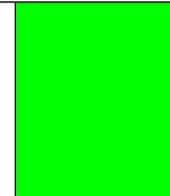
Gracedale Care Limited - Gracedale Hospital (Gracedale Home and Hospital) provides rest home and hospital level care for up to 36 residents. The service is operated by Gracedale Care Limited and managed by a facility manager and a clinical coordinator. Since 2017, Howick Baptist Senior Living has assumed management and operational responsibilities for the facility, in collaboration with the Gracedale Trust Board. The Eden Alternative principles are being introduced.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the chief executive and group manager clinical and quality for Howick Baptist Healthcare group, two trustees from Grace Trust, the facility manager, chaplain, staff, and a general practitioner.

Strengths of the service, resulting in continuous improvement ratings, included the activities programme and infection prevention surveillance. Improvements are required to the governance reporting arrangement between Grace Trust and Howick Baptist Healthcare group.

## 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.

Gracedale Home and Hospital works collaboratively to support and encourage 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.

Processes are in place to ensure that Pacific peoples would be provided with services that recognised their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

## 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.		Some subsections applicable to this service partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

The purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals using the Howick Baptist Healthcare systems and processes.

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. Internal and external benchmarking of clinical indicators is occurring. Actual and potential risks are identified and mitigated.

Adverse events are being reported, 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. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

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 is adopted. Relevant information is provided to the potential resident, and/or family. Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Records sampled demonstrated that the care provided and needs of residents were reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required.

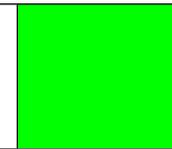
The planned activities programme provides residents with a variety of individual and group activities and maintains their links with the community. This is in line with the Eden Alternative philosophy. Opportunities for Māori residents to participate in te ao Māori can be facilitated. Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable for their age group.

The service uses a pre-packaged medication system. Medications are administered by staff who have completed annual medication administration competencies. Medication reviews were completed by the general practitioner in a timely manner.

The food service meets the nutritional needs of the residents, with special needs catered for. Food was safely managed. Residents verified satisfaction with meals. There was a current food control plan.

## 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.



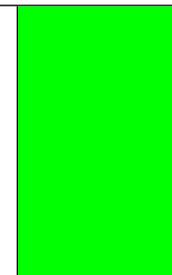
Subsections applicable to this service fully attained.

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, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Appropriate 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. The clinical coordinator leads the programme which is reviewed annually.

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

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

Hazardous waste is managed appropriately. There are safe and effective cleaning and laundry services.

## 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 for a restraint-free environment. This is supported by the governing body and policies and procedures. There were residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process occurs for any restraint used, with review processes in place. 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	1	0	0	0
Criteria	2	173	0	1	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>	FA	<p>Gracedale Home and Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake (self-determination) of residents is respected. Partnerships have been established with Māori community services to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisers and would be used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and monitored by the facility manager.</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>	FA	<p>Gracedale Home and Hospital identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing</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>planning and evaluation of services and outcomes.</p> <p>Pasifika residents interviewed felt their worldview, and cultural and spiritual beliefs were embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported, resulting in Pasifika staff employed across roles, including in management roles. There is Pasifika representation on the Grace Trust board of trustees (BOT). The stated goal is to continue to develop culturally appropriate community links for residents and their whānau. There are current community links in place via the activities programme.</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 of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and in ongoing annual mandatory training, as was verified in staff records and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. Copies of the Code are available in English and te reo Māori and were posted on notice boards around the facility. The Code is also available in other formats and can be enlarged if needed. Information on the Nationwide Health and Disability Advocacy Service and the Code was included in the admission pack and the admission agreement.</p> <p>Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanations were provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>Māori mana motuhake is recognised in practice. The cultural and ethical 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>
<p>Subsection 1.4: I am treated with respect</p>	<p>FA</p>	<p>Residents' values and beliefs, culture, religion, ethnicity, disabilities,</p>

<p>The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>gender, sexual orientation, relationship status, and other social identities or characteristics 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 the doors and announcing themselves before entry. Personal cares were provided behind closed doors. 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. The clinical coordinator (CC) stated that residents are supported to participate in te ao Māori where applicable and if it is their wish to do so.</p> <p>Te reo Māori and tikanga Māori are promoted as applicable throughout the organisation and incorporated in all activities. Care partners have received Te Tiriti o Waitangi and equity training in March 2023. The facility manager (FM) has completed online Te Tiriti o Waitangi and equity training with the Ministry of Health. Twenty staff attended cultural safety training in November 2023. Te reo Māori words and phrases are 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.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process and in ongoing annual mandatory training for staff. 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, systemic and institutional racism include the complaints management process and meetings with residents and family/whānau. Staff understood professional boundaries and the processes to follow, should they suspect any form of abuse, neglect, 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 personal expenses. Residents, family/whānau 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/whānau 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/whānau are provided with an opportunity to discuss any concerns they may have to make an informed decision whether 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 reviewed. Staff understood the principles of effective and open communication, which is 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 English. The clinical coordinator stated that the information can be provided in other formats when requested. Interpreter services are engaged when required. Whānau support Māori residents when admitted to the facility, with interpretation where appropriate. The organisation has a cultural Māori health advisor who can be contacted if required. Written information and verbal discussions were provided by the clinical coordinator and the registered nurses (RNs) to improve communication with residents and their families. Residents at this facility are diverse and come from many ethnic backgrounds, as do the staff interviewed.</p> <p>Residents and family interviewed stated that staff were</p>

		<p>approachable and responsive to requests in a sensitive manner. Any contact with family was recorded in the individual hard copy records. For non-verbal residents, communication strategies were documented and observed to be effectively implemented by staff during the audit.</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 information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Appropriate best practice tikanga guidelines in relation to consent were followed. The interviewed staff understood the principles and practice of informed consent. Informed consent is obtained as part of the admission process. Consent for specific procedures including sharing of photographs, van outings and open disclosure has been gained appropriately.</p> <p>Resuscitation authorisation plans were in place and advance directives where applicable. Staff were observed to gain consent for daily cares. The general practitioner interviewed had a good understanding of discussions with residents about their health and wellbeing and understood the requirements when a resident was not medically well or able to make these decisions. Enduring power of attorney (EPOA) was requested prior to residents being admitted, even if not activated at the time. A letter was sighted to a family of a resident admitted from Te Whatu Ora Te Toka Tumai directly to the care home, for this to be organised as the resident was to be admitted for long-term care.</p> <p>Residents' legal representatives made decisions where applicable in compliance with the law. Family/whānau and support of advocacy services is 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>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/patients and whānau</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. 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>understood their right to make a complaint and knew how to do so. Information is provided at admission and displayed throughout the care home.</p> <p>There has been one minor complaint/negative feedback received since 1 January 2023. Documentation sighted showed that complainant had been informed of findings following investigation and improvements had been made.</p> <p>The facility manager (FM) is aware of the process for managing complaints in a culturally sensitive manner and described this and would ensure the complaints process works equitably for Māori residents.</p> <p>There have been no complaints received from external sources since the previous audit.</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>PA Low</p>	<p>Grace Trust, (owners of Gracedale Care Ltd) owns the care home building and the co-located retirement village and are directly responsible for these components. Grace Trust have contracted the management of Gracedale Hospital services to Howick Baptist Healthcare (HBH) Ltd since 2017, who are responsible for the day-to-day management of the care home, accountable for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety. Grace Trust also has trustees that identify as Māori and Pasifika and stated a commitment to providing culturally and clinically appropriate equitable services.</p> <p>The HBH 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 purpose, values, direction, scope and goals are defined. The service is using those documented by HBH. Formal monitoring and reviewing of performance occurs through regular reporting at planned intervals to HBH Ltd.</p>

		<p>A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through interview with Grace Trust trustees and the CEO of HBH. A commitment to the quality and risk management system was evident. Members of the governance group interviewed felt well informed on progress and risks. Grace Trust is working to develop more formal reporting processes between HBH and Grace Trust. As part of this process Grace Trust needs to identify what quality and risk related information is required to be reported on by HBH, the frequency and how this reporting is to occur, and to ensure relevant information is consistently communicated to the Grace Trust BOT.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services, and their whanau, participate in planning and evaluation of services through care planning and review processes, resident meetings and the facility manager has an open door policy.</p> <p>The service holds contracts with Te Whatu Ora for rest home and hospital level aged residential care. Thirty-four residents were receiving long-term care/services under this contract, ten at rest home and twenty-four at hospital level ARRC care.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement using the HBH quality and risk programme. This includes the management of incidents, hazards, complaints and concerns, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections and the use of restraint. Residents, whānau and staff contribute to quality improvement through an annual satisfaction survey and regular resident meetings. The results demonstrate satisfaction with services provided, and a summary of key results is displayed for residents and whānau.</p>

<p>support workers.</p>		<p>Critical analysis of practices and systems, using 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 internally and externally. There is culturally diversity in the management team interviewed.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current or scheduled for review.</p> <p>The facility manager (FM) is responsible for the day-to-day quality and activities supported by the clinical coordinator (CC) reporting to the group manager clinical and quality at HBH. The GM C&amp;Q, the FM and the two Grace Trust BOT members interviewed described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with current accepted practice. 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>The GM C&amp;Q, facility manager and clinical coordinator understood and has complied with essential notification reporting requirements. Essential notifications have been sighted for flooding, an internet and telephone outage, pressure injuries (three), and multiple occasions where the service was unable to have a registered nurse (RN) on duty as required by ARRC contract requirements. The service is fully recruited for registered nurses now. However, essential notifications have been made when the service was unable to cover a shift due to the rostered RN's unplanned leave. This links with subsection 3.1.</p> <p>The facility manager provides a report to the chair of the BOT that</p>
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		<p>includes quality and risk events. The Grace Trust BOT and CEO at HBH are working to establish a more formal quality, risk and governance reporting structure moving forward (links with the area for improvement raised in criterion 2.1.2).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a 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). Permanent staff work a fixed roster, and work in an allocated wing. This enables care continuity. Casual staff are rostered to fill remaining shifts not covered by permanent staff. The facility adjusts staffing levels to meet the changing needs of residents. 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 usually 24/7 RN coverage in the hospital as required to meet ARRC contract requirements. In the event a RN is not on duty, a Section 31 notification is made. The FM advised the facility is now fully staffed and recent recruitment of RNs has been successful. Agency staff are sought to cover RN unplanned absences where able. There is a minimum of three staff on duty at night, comprising a RN and two care partners.</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. Police vetting occurs during the recruitment process.</p> <p>Continuing education is planned on a biannual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care partners are required to complete a New Zealand Qualification</p>

		<p>Authority education programme to meet the requirements of the provider's agreement with the local Te Whatu Ora. A level two qualification is now linked with successful completion of the orientation programme. Fifteen staff have a level four industry approved qualification including three based on time worked equivalency. Nine staff have a level two or three qualification.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace and a range of wellness initiatives were discussed.</p> <p>Two longstanding volunteers assist with activities and church service. These volunteers were well known to the service before commencing. Grace Home and Hospital has more formal processes in place now for screening volunteers including police vetting and a documented orientation programme.</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 eight staff records reviewed confirmed the organisation's policies are being consistently implemented, including staff completing an application, interviews, reference checks and police vetting. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment, with processes in place to monitor that these remain current.</p> <p>Staff reported that the general and role-specific induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Orientation includes the facility, key policies and procedures, fire and emergency response and individual residents' care needs. Opportunities to discuss and review performance occurs at least annually, 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</p>

		Standards Organisation (HISO) requirements.
<p><b>Subsection 2.5: Information</b></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>	FA	<p>The service uses both an electronic information management system and paper-based records. At the time of the audit the service was transitioning to the electronic system. Accurate data was collected with records being well organised. All necessary demographic, personal, clinical and health information was fully completed in the residents' records sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who need it. Staff have individual passwords to access the electronic system.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for National Health Index (NHI) registration processes. This is rated not audited.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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 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. The enquiry record since the previous audit is now managed electronically. The information is completed by the administrator interviewed. Records are updated regularly and reasons for decline are recorded, and the ethnicity of the prospective resident is also recorded to meet the standard.</p> <p>The entry to service policies and procedures are documented. Any declines were recorded, for example, the resident needs may have changed in the interim time, the resident may require secure dementia care, and this is not able to be provided at this facility or other reasons. Residents' rights and identity are respected. Entry to services data was documented in the register, including ethnicity</p>

		<p>data. Entry data, including specific entry and decline rates for Māori, was analysed in the quarterly reports reviewed at audit. The organisation has a Māori health advisor who provides cultural support for Māori residents when required and the resident chaplain is available if needed. Additional Māori cultural support can be accessed from the family/whānau as desired.</p> <p>Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been provided 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>	<p>FA</p>	<p>The registered nurses (RNs) complete the admission assessments, care planning and evaluation of care in a timely manner. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff with appropriate cultural safety training. The assessment plan for Māori residents' tool was sighted and is utilised for Māori residents, when required, and includes Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga.</p> <p>All residents' records randomly sampled had current interRAI assessments completed and the relevant outcome scores had supported care plan goals and interventions to achieve the goals. The care plans 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 affect a resident's wellbeing were documented. Management of specific medical conditions, allergies and sensitivities, was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations were addressed in the care plans where applicable. Tāngata whaikaha and family/whānau are supported to access information when required. The care planning process was able to support residents who identify as Māori and whānau, so as to identify their own pae ora outcomes in their care, where required. The whānau of</p>

	<p>a resident interviewed explained that their family member identified more with Pacific culture than Māori and the care plan reviewed acknowledged this.</p> <p>Service integration with other health providers including specialist services, medical and allied health professionals was evident in the care plans reviewed. Changes in residents' health status were escalated to the general practitioner (GP). This was confirmed by the GP interviewed. Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evident in the residents' records sampled. The GP confirmed satisfaction with the care being provided and the timely communication by the RNs. Medical assessments were completed by the GP with three-monthly medical reviews, monthly for the hospital level care residents and other visits as determined by the individual resident's condition. The resident GP has only been covering this service for two months but is well supported by the contracted practice and medical officers. Residents have the option to maintain their private GP if desired. Medical records were available in sampled records.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and interventions. Any changes were reported to the RNs by the care partners as confirmed in the records sampled. The care plans were reviewed at least six-monthly following the interRAI reassessments.</p> <p>Four registered nurses and the clinical coordinator are interRAI competent and all resident interRAI assessments were up to date. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when their acute conditions were resolved. The evaluations included the residents' degree of progress towards achieving their agreed goals as well as family/whānau goals where applicable. 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,</p>
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		<p>interventions and set goals. 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/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau 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 activities programme is overseen by trained diversional therapists and an occupational therapist at HBH. The activities coordinator completes the activities programme in consultation with residents and families, where applicable. Activities and lifestyle assessments were completed within the first two weeks of an admission, as part of the admission assessments. Residents' 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. Activities calendars were posted on notice boards around the facility and in each of the three wings.</p> <p>Residents are fully supported to access community events and activities where possible. Individual, group activities and regular events are offered. One-on-one attention is offered to hospital level residents as needed. There is a wide variety of activities offered including gender-specific activities. Opportunities for Māori residents and family/whānau to participate in are facilitated for any Māori residents admitted to the facility. Residents are supported to go out to visit family and friends where applicable.</p> <p>A quality improvement initiative project was implemented to overcome 'boredom and loneliness' for residents living at Gracedale Home and Hospital and acknowledged in criterion 3.3.1.</p> <p>Spiritual wellbeing and residents' aspirations in relation to pet therapy activities occur weekly. A pastoral care team also provides support to residents on a one-on-one basis; the acting chaplain and two volunteers facilitate this aspect of support for residents/family as needed. The two volunteers have been visiting this facility for some time and help with the weekly church service, activities programme</p>

		<p>and visit residents. The acting chaplain visits the facility regularly and one volunteer interviewed, visits daily and has been undertaking this voluntary role for over fifteen years. Residents were seen to enjoy the pet therapy session and the church service provided at the time of the audit.</p> <p>The activities care plans were completed for all residents' records sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there was a significant change in the resident's 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 service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. The RN was observed administering medicines correctly. The RN demonstrated good knowledge and had a clear understanding of the role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current administration competency. Twelve care partners are competent to be checkers and level 4 care partners who have completed competencies are able to assist the RNs with medication administration as needed.</p> <p>Medicines are prescribed by the GP and over-the-counter medication and supplements were documented on the medicine 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' pro re nata (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's medication and clinical records reviewed where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts</p>

		<p>sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs prepared by the contracted pharmacy of choice and pharmacist. 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 to the service. All medicines in the medication cupboard and trolley were within current use-by dates. Clinical pharmacist input was provided on request. Unwanted or expired medicines were returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and medication room were within the recommended range.</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 (documented in red ink) and six-monthly stock checks by the pharmacist and accurate entries.</p> <p>Residents and their families are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support and advice for treatment for Māori would be provided.</p> <p>There were no 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 if required. Staff understood the requirements. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Two incident forms in relation to medicine management were completed in the last 12 months.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>The food service is contracted out to an external service provider. The service is provided in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service by the RN, in consultation with the resident and family. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural</p>

<p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>preferences, and whether modified texture requirements are needed. Special food requirements are accommodated in daily meal plans. Culturally specific meals to te ao Māori food options were on the menu if requested. The RNs send referrals to the contracted dietitian as needed for advice or for nutritional assessments to be undertaken.</p> <p>The operations manager for the designated food provider was interviewed and explained the staffing and training programme. All staff have completed the required food safety training. The staff cover the kitchen Monday to Sunday. The summer/winter menu plans were sighted. The summer menu was reviewed on 7 December 2023 by the food service dietitian. The winter plan will be reviewed prior to implementation. The food control plan sighted and displayed expires on 30 January 2025.</p> <p>Mealtimes were observed during the audit. Each of the four wings has a dining room and the meals are prepared in the kitchen and delivered to the wings. All dishes after the meal are rinsed in the dishwasher by the care partners in each wing, and then collected to go back to the kitchen and are further sterilised in the kitchen dishwasher.</p> <p>Residents received the support needed and were given enough time to eat their meals in an unhurried manner. Residents/families interviewed expressed satisfaction with the variety of meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	<p>FA</p>	<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 interviewed reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the residents' progress records. The Te Whatu Ora 'yellow envelope system' is used when transferring a resident to another ARC facility or to secondary or tertiary level care</p>

<p>coordinate a supported transition of care or support.</p>		<p>facilities.</p> <p>Residents are supported to access kaupapa Māori agencies when indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP where required and as evidenced in the 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>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. The care home is made up of four wings. Each wing has a lounge / dining area. The care home main lounge is used for activities. The building has a current building warrant of fitness with an expiry date of 30 March 2024. The facility vehicle has a current registration and warrant of fitness. A contractor service is utilised in the event a vehicle with a hoist is required. Clinical equipment and electrical appliances have had electrical test and tagging (ETT) and appropriate performance monitoring.</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, including 34 bedrooms having full ensuite bathrooms, and two bedrooms sharing an ensuite bathroom.</p> <p>Residents and whānau interviewed were very happy with the environment, including underfloor heating, ventilation, natural light, privacy, and maintenance. Most bedrooms have access to an external courtyard area.</p> <p>The current environment is inclusive of peoples' cultures and supported cultural practices. A process is in place to ensure consultation or co-design with Māori occurs when a new building is in the design process.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<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 have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. A debrief with staff occurred in 2023 when the facility was damaged by flooding. The fire evacuation plan was approved by the Fire and Emergency New Zealand (FENZ) predecessor on 17 May 2004. A fire evacuation drill last occurred on 18 October 2023.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. A contract is in place with an external provider for use of a generator when required. Staff were able to 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.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required. Evacuation procedures are displayed throughout the care home.</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 of IP and AMS programme governance.</p> <p>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 infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate for the size and complexity of the service, have been approved by the governing body (HBH), link to the quality improvement system and are reviewed and reported on annually, next due on January 2024. The programme is guided by a comprehensive and current infection control manual, with input from an external IP advisor if needed. The current business plan includes an objective to minimise the risk of infection.</p> <p>The infection prevention and control manual was fully reviewed on 15 March 2023.</p> <p>Expertise and advice are sought following a defined process. Special support can be accessed through Te Whatu Ora Te Toka</p>

		<p>Tumai Auckland infection prevention team, the medical laboratory microbiologist and the attending GP.</p> <p>An infection control component is included in the three-monthly quality and staff meetings.</p> <p>The incident reporting system documents the pathway for the reporting of issues and significant infection events to the FM and the group manager clinical and quality.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical coordinator (CC) is the designated infection control coordinator (ICC). The IP responsibilities and reporting requirements are defined in the infection prevention and control policy. The ICC completed external education on infection prevention and has completed the online Ministry of Health (MoH) training. The ICC has access to the residents' clinical records and laboratory results.</p> <p>The IP programme implemented is clearly documented. The IP programme was approved by the HBH governance body and is linked to the quality and risk and improvement programme. The IP programme as part of the IP policy is reviewed annually, and was last reviewed in January 2024. The IP policies were developed by suitably qualified personnel and comply with legislation and accepted good practice. The IP policies reflected the requirements of the infection prevention standards and included appropriate referencing.</p> <p>The pandemic plan is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were accessible to support the pandemic plan.</p> <p>The ICCs for HBH have input into other related clinical policies that impact on health care-associated infection (HIA) risk. Staff have received IP education at orientation and in ongoing annual education for staff. Monthly toolbox topics often include infection prevention and control. Education with residents was on an individual basis when an infection was identified and through infection prevention posters posted around the facility. Hand hygiene</p>

		<p>education is paramount, and signs are placed near hand basins around the facility.</p> <p>The ICC and staff are involved in the procurement of the required equipment, devices, and consumables through preferred approved providers. The ICC is involved in the consultation process when significant changes are proposed to the existing facility, though this has not been required so far as stated by the ICC.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on the 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 audits were completed as part of the internal audit system. Where required, corrective actions were implemented.</p> <p>Appropriate infection prevention practices were observed by staff during the audit. Hand washing and sanitized antibacterial dispensers were readily available around the facility.</p> <p>The HBH Māori cultural advisor was involved in the development of IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori are available.</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 service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the HBH governance body. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated through the results, 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>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is well set up and is appropriate for the size of Gracedale Home and Hospital and the complexity of the services provided 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. Reports are provided to governance monthly as well. The data is collated, analysed and action plans are implemented, where required. Ethnicity was included in surveillance data. A project in 2023 was undertaken to reduce the rates of infection from the previous year. A continuous improvement rating (5.4.2) was awarded for this project which involved all clinical and non-clinical staff, families and residents and resulted in a positive outcome for residents.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular outcomes at staff meetings and through compiled reports as confirmed in interviews with staff and sighted in graph form on the notice board in the staff handover room. New infections are discussed at the shift handovers (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 has been one recent outbreak of COVID-19 which was 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</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. A company is contracted for waste management and cardboard is collected by a separate contracted service provider regularly. Domestic waste is removed as per the local authority requirements weekly. All chemicals were observed to be stored securely and safely. Cleaning products were in labelled bottles. Material safety data sheets for all products used were accessible in both the laundry and for the cleaning staff. Cleaning trolleys were safely stored when not in use. There was sufficient PPE available. Staff demonstrated knowledge and understood the</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>donning and doffing of PPE. Yellow linen bags were used in the event of an infection outbreak. Terminal cleaning of rooms occurs when resident rooms are vacated.</p> <p>There were separate cleaning and laundry policies and procedures to guide staff. The cleaners and laundry staff have attended training appropriate for their roles. The ICC has oversight of the facility and environmental audits are undertaken three-monthly.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents/families 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 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>Maintaining a restraint-free environment is the aim of the service. The HBH governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. The Grace Trust BPT also noted a commitment to services being restraint-free. This is in accordance with the Eden Alternative Philosophy of care.</p> <p>At the time of audit residents were using a restraint. Prior to this, the service had been restraint free since the last audit until late 2023. Any use of restraint is reported to the governing body via the quality and risk programme.</p> <p>Policies and procedures meet the requirements of the standards. 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 are involved in decision-making.</p>
<p>Subsection 6.2: Safe restraint</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,</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>monitoring and evaluation was 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 who is also the clinical coordinator 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>The FM advised a person-centred debrief would be undertaken following any episode of emergency restraint using the most appropriate member of the workforce to do so. No emergency restraint has been used.</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 clinical coordinator stated processes are in place to undertake a six-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes would be implemented if indicated. The review is not due yet, however, the review process and associated documentation/forms were sighted.</p> <p>The HBH clinical governance committee is also actively monitoring the use of restraint – this is an agenda item at each meeting. Howick Baptist Healthcare is benchmarking the use of restraint with a cluster of other similar ARRC facilities. The benchmarked data showed HBH is currently the highest in the cohort related to use of restraint and is actively working to reduce this.</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 2.1.2</p> <p>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	PA Low	<p>Grace Trust trustees (including the chair), along with the HBH chief executive officer (CEO) and the HBH group manager clinical and quality (GM C&amp;Q) interviewed confirmed Gracedale Home and Hospital have been operating using the HBH Ltd quality and risk and governance reporting systems. The HBH, values, strategic direction and goals are also currently being utilised for Gracedale Home and Hospital. All Gracedale Home and Hospital quality and risk activities and outcomes are formally being reported to the HBH Ltd group manager clinical and quality and reported though to the HBH governance team. The Gracedale FM attends the HBH senior leadership team (SLT) meetings and is a member of the HBH</p>	<p>Grace Trust does not currently have sufficiently robust reporting processes in place to ensure performance, goals, and information on quality and risk are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	<p>For Grace Trust to develop and implement formal reporting processes to ensure performance, goals, and appropriate information on quality and risk are clearly identified, monitored, reviewed, and evaluated at defined intervals by Grace Trust.</p> <p>180 days</p>

		<p>clinical governance group (CGG).</p> <p>The FM has provided the chair of Grace Trust a report that includes a range of operational, quality and risk data. However, Grace Trust has not had regular meetings in 2023 due to a variety of factors. The Grace Trust meeting minutes sighted did not include sufficient information related to quality, risk, and goals although the chair of the BOT confirms being provided with some information.</p> <p>A new trustee has been appointed to the Grace Trust and is working with the Grace Trust chairperson, along with the HBH CEO to formalise what information Grace Trust BOT requires, and the frequency and format of reporting to assist Grace Trust trustees to meet their governance needs. The chief executive officer of HBH Ltd has been meeting with the chair of Grace Trust to determine a more formal process of reporting to the Grace Trust BOT.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>Despite a full activities calendar in place, it was seen as part of the Eden Alternative being transitioned at Gracedale Home and Hospital to introduce a social calendar to prevent residents experiencing ‘boredom and loneliness’. The activities coordinator completed the Eden Philosophy training in April 2023. Residents were involved from the onset in planning the activities for the month and residents were welcome to give feedback each month at the residents’ meeting. There has been variety and spontaneity to overcome boredom and loneliness. The layout of the activities room was changed to provide a more homely and inviting space. A fresh flower arrangement is done every week by residents and the coordinator. A whiteboard of the day’s activities has increased the number of participants. There has been increased community connection as verified in</p>	<p>A continuous improvement rating is made for the achievement beyond the expected full attainment for the activities programme (social calendar) development including Eden principles. The activities coordinator has embarked on a special project to overcome ‘boredom and loneliness’ for residents living at Gracedale and as part of the ‘Edenising’ process which is being implemented across the organisation. A new social calendar introduced monthly incorporates the Eden growth of spontaneity and variety and has increased the opportunity for spontaneous events, to give care and to facilitate care balance. The outcome has been very positive, and the Eden Alternative has significantly grown with staff, family and resident-led participation being evident. More residents and staff have been empowered as evidenced in the resident/family and staff</p>

		<p>the newsletters to residents and family. Family members interviewed stated that the difference in their relatives has been exceptional. Residents are involved in outside activities such as gardening (using raised gardens) specifically built for the activities programme. Approximately 96% of residents are involved. All activities are much more meaningful since chosen by the residents and this has increased resident involvement and participation.</p>	<p>surveys undertaken. The results were reported at the staff and quality meetings and were well received. The service is continually working towards achieving full registration for the 10 Eden principles.</p>
<p>Criterion 5.4.2 Service providers, through their IP role or personnel, shall determine the type of surveillance required and the frequency with which it is undertaken, taking into account the size and setting of the service and national and regional surveillance programmes and guidelines.</p>	CI	<p>There were 110 infections reported in 2022. The aim of the project was to reduce the infection rate and infection-related complications in 2023. Management reviewed the IP programme to ensure the effectiveness of the program and to minimise antimicrobial use. Hand hygiene and vaccination rates were targeted. Increased resources were made available to staff, residents and families to raise awareness. All RNs completed IP education and ongoing discussions with non-clinical staff including the administrator, maintenance, volunteers and family members occurred. Staff and residents were encouraged to get vaccinated, and staff and family were educated to stay away if unwell. Monthly data was displayed on the staff room notice board and detailed IP analysis and corrective actions were discussed at the staff meetings.</p>	<p>Having fully attained the criterion the service can, in addition to this, clearly demonstrate that improvements in the infection prevention rates have occurred in ways that benefit resident care and staff competence. The involvement of non-clinical staff in IP was significantly increased and all staff were much more aware about infection data and ways to minimise the spread of infection. In 2023 there was a significant decrease in resident hospital admissions due to infections and 70 infections were reported in 2023 compared to 110 in 2022. Resident vaccination records evidenced a significant uptake to 98% in the vaccination programme for 2023, which was a positive outcome.</p>

End of the report.