

The Napier District Masonic Trust - Elmwood House and Hospital

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	The Napier District Masonic Trust	
Premises audited:	Elmwood House and Hospital	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care	
Dates of audit:	Start date: 21 February 2024	End date: 22 February 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:	39	

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 haumaruru | 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

Elmwood House and Hospital (Elmwood) provides dementia level of care and hospital care for up to 39 residents. The Napier District Masonic Trust Board provide governance for the organisation. The service was managed by a clinical services manager who reports to the Chief Executive Officer. Residents and families/whānau interviewed spoke positively about the care and service provided.

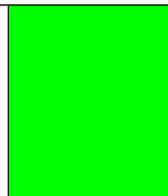
This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard, and the contract with Health New Zealand Te Whatu Ora- Te Matau a Maui- Hawkes Bay. The audit process included review of policies and procedures, residents' clinical records, staff records, and operational documents. Observation of clinical practice and inspection of the facility was undertaken, alongside completion of interviews with residents, family/whānau, staff and a general practitioner.

There has been in a change in management since the last audit. The service has implemented various environmental upgrades since the last audit.

This audit identified the service is meeting the Ngā Paerewa Health and Disability Services Standard. A continuous improvement rating is awarded for the successful implementation of their restraint reduction strategies.

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.

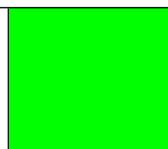


Subsections applicable to this service fully attained.

Elmwood provides an environment that supports resident rights and safe care. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of resident's rights and obligations. A Māori health plan is documented for the service. This service supports culturally safe care delivery to all residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. A complaints management policy includes information on access to advocacy and complaint support systems.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operations objectives which are reviewed on a regular basis. The quality plan includes a mission statement and quality objectives. The service has effective quality and risk management systems in place that take a risk-based approach. Quality and risk performance is reported across various meetings and to the Chief Executive Officer and the Board. Elmwood collates clinical indicator data and benchmarking occurs within the organisation and at a national level.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. A comprehensive orientation programme is implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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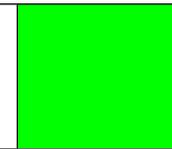
The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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.

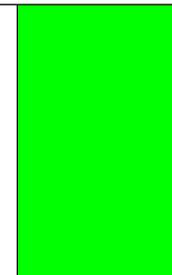


Subsections applicable to this service fully attained.

A current warrant of fitness is in place and displayed. There is a planned and reactive maintenance programme in place.

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

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



Subsections applicable to this service fully attained.

All policies, procedures, the pandemic plan, and the infection control programme is in place. Education is routinely provided in relation to infection control.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. A monthly surveillance infection control report is completed and forwarded to the clinicals services manager. Benchmarking occurs. There has been one outbreak recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is clinical team leader. At the time of the audit there was one resident using restraint. Strategies to eliminate restraints and managing distressed behaviour and associated risks are included as part of the mandatory training plan and orientation programme.

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	18	0	0	0	0	0
Criteria	1	48	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori plan is documented to guide practice and service provided to residents at Elmwood. At the time of the audit there were residents who identified as Māori. Interviews with the management team (clinical services manager, clinical nurse manager and clinical team leader) identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe.</p> <p>The service has provided training sessions on cultural safety/diversity in 2023. Three healthcare assistants (HCA) were interviewed, and described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan, which is part of the Pacific Peoples cultural and general awareness policy, and documents connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Staff interviewed were knowledgeable around cultural preferences of residents who identify as Pasifika. At the time of the audit there were residents and</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>staff who identified 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>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. The Code is also available in a number of different languages if required. Three family/whānau (two hospital and one dementia) interviewed reported that the service is upholding the residents' rights. No residents were able to be interviewed. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Elmwood policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document sighted in the staff files. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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>FA</p>	<p>There are policies around informed consent. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms of residents in the dementia unit were appropriately signed by the activated enduring power of attorney (EPOA). All documentation regarding enduring</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>powers of attorney and activation is on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaint forms and a suggestion box are in a visible location at the entrance to the facility. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained. There was one complaint made in 2022, three complaints received in 2023, and no complaints made in 2024 year to date. The complaints reviewed have been acknowledged and addressed within the required timeframes and demonstrate management in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the family/whānau meeting (quarterly). Interviews with the clinical nurse manager confirmed their understanding of the complaints process. The clinical nurse manager reported the complaints process works equitably for Māori, support is available and there is an understanding that face to face meetings with whānau are preferred in resolving issues for Māori. Staff are informed of complaints (and any subsequent corrective actions) in the monthly staff meeting (minutes sighted). Discussions with family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</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>Elmwood House and Hospital is certified to provide hospital (geriatric and medical) and dementia levels of care for up to 39 residents. There are 14 hospital level beds and 25 dementia level beds. On the day of the audit, there were 39 residents living at the facility during the audit (14 hospital level and 25 dementia level). All residents were on the age-related residential care contract (ARRC).</p> <p>Interviews with the CEO confirmed The Napier District Masonic Trust Board understood the obligation to comply with Ngā Paerewa NZS 8134:2021. These were described as the core competencies that the Board and leadership team were required to demonstrate, and included understanding of the services obligations under Te Tiriti, health equity, cultural safety and services that improve outcomes and achieve equity for tāngata whaikaha, people with disabilities. The Board meets monthly and is provided with operational reports. The chief executive oversees two facilities the Napier District Masonic Trust owns and operates in this region. A range of reports are available to the CEO and the Board to include all clinical, health and safety, and human resources. Information pertaining to demographic data, barriers to access residential services and equity for Māori residents and tāngata whaikaha is woven throughout organisational and operational documents. The strategic plan documented provide purpose, values, scope, direction, performance, and goals. The goals relate to operational and clinical effectiveness, are clearly identified, monitored, and reviewed annually.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau and staff input through feedback and meetings.</p> <p>The clinical services manager is a registered nurse and oversees the clinical governance of the two facilities. The nursing team of the facilities, including clinical team leaders, clinical nurse managers and the clinical educator, meets regularly to discuss clinical performance, corrective actions and quality improvement activities. Monthly reports are generated to be included in Board reports.</p> <p>The service employs a clinical nurse manager (registered nurse) who has been in the role for six months; however, worked as the clinical coordinator previously in the same facility. They are supported by a clinical team leader</p>
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		<p>who has been in the role for three months but has worked as a registered nurse in the facility for a few years. The management team is supported by a clinical nurse manager and clinical educator (both present during the audit).</p> <p>The clinical nurse manager has completed comprehensive orientation and is in the process to complete the required leadership activities related to managing an aged care facility.</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>Elmwood has a quality and risk management programme. Quality goals for 2023 are documented and progress towards quality goals is reviewed annually. Goals set for 2023 has been reviewed as met and include working towards eliminating restraints. The facility has been awarded a continuous improvement rating for the implementation of their restraint elimination strategies. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. A range of meetings are held regularly, including clinical review meetings, quality and risk meetings, and staff meetings. Discussions include (but are not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Quality data and trends in data are posted for staff. The corrective action log is discussed at meetings to ensure any outstanding matters are addressed, with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level. The residents and family/whānau feedback is collated during quarterly meetings, meeting minutes sighted evidence high satisfaction levels related to the service. Policies are available to all staff.</p> <p>A health and safety system is in place with identified health and safety goals. The health and safety plan was reviewed in November 2023. Hazard identification forms and an up-to-date hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the quality and risk meeting. There are regular manual handling training sessions for staff. The internal audit schedule includes</p>

		<p>health and safety, maintenance, and environmental audits. All resident's incidents and accidents are recorded, data is collated and analysed through the electronic system. Seven electronic resident incident forms reviewed evidenced immediate action noted and any follow-up action(s) required.</p> <p>Discussions with the clinical nurse manager and clinical services manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be completed. HealthCERT was notified in relation to change in clinical nurse manager in September 2023 (not sighted). There has been one Covid-19 outbreak recorded since the last audit. The outbreak was well managed and reported appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Policy includes staff rationale and skill mix for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The clinical nurse manager and clinical team leader both work full time from Monday to Friday. The clinical nurse manager and clinical team leader provide afterhours clinical support matters. Staff interviewed stated that the staffing levels are good, there is cover provided for sickness and leave, and that the management team provide good support. There is 24/7 RN cover. Family/whānau interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services, competency, and external professional development. All senior HCAs and RNs have current medication competencies. There is a person with a first aid certificate on duty on all the shifts. All HCAs are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Approximately 34 HCAs are employed and rotate between the hospital and dementia unit. Twenty-four have achieved their level three or higher of Certificate in Health and Wellbeing. Support with education and progression through the skills framework is supported by the clinical educator and Careerforce assessor (RN). Staff completed cultural training as part of their mandatory training days. The requirements under ARRC E4.5F has been satisfied; all but six staff have completed their specific dementia training. Six are either enrolled to complete or is progressing towards completing the training within the</p>

		<p>required timeframe.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for RNs and HCAs related to specialised procedures or treatments, including (but not limited to) infection control, wound management medication, medication, syringe driver, and insulin competencies. At the time of the audit there were nine RNs employed at Elmwood and six RNs have completed interRAI training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files (one clinical team leader, one RN, one diversional therapist, two HCAs and one cook) reviewed and evidenced completed orientation, training and competencies and professional qualifications on file where required. Annual appraisals have been completed for staff who have been employed for more than a year. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. The HCAs interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Appraisal and development meetings occur three months after commencement of employment and have been held according to schedule.</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</p>	FA	<p>Five resident files were reviewed: two hospital level residents and three in the dementia unit. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. InterRAI assessments, re-</p>

<p>and whānau to support wellbeing.</p>	<p>assessments, care plan development and reviews have been completed within the required timeframes. These residents have a range of appropriate risk assessments completed.</p> <p>The electronic long-term care plan is holistic and aligns with the organisational model of care. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with residents and family/whānau or significant others form the basis of the long-term care plans. Residents in the dementia unit have a diversional plan that include close to normal routine, and hobbies reflected over a 24-hour period, which assist HCAs to divert behaviours that challenge.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. The GP interviewed provides after-hours support when needed and commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older persons mental health specialists, and wound care specialist nurse is available as required through Health New Zealand– Te Matau a Maui-Hawkes Bay. The physiotherapist is contracted to attend to residents once a fortnight.</p> <p>The HCAs interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. The HCAs complete task lists within the progress notes on every shift. RNs document at least daily for hospital level and at least weekly and as necessary for dementia level care residents. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Family/whānau interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health</p>
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		<p>status. This was confirmed through the interviews with family/whānau members.</p> <p>There were thirteen wounds, including two surgical wounds, one chronic venous ulcer and skin tears. There has been no notification required to HealthCERT to be completed for any pressure injuries since the last audit. Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The HCAs complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities, as evidenced in one file reviewed.</p> <p>Resident incidents are entered onto the system and evidence timely RN follow up. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family/whānau are invited to attend the multidisciplinary case conference meeting. Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</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</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked treatment room. HCAs and RNs responsible for medication administration complete medication competencies. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and</p>

<p>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>a record of medication reconciliation is maintained. Any discrepancies are reported back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner. There were no residents self-administering medications. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a RN.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the GP are available to discuss treatment options to ensure timely access to medications.</p> <p>There is a medication room that stock medication and wound supplies for the hospital and dementia unit. Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents and family/whānau takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or 'as required.' Staff have received training in medication management and pain management as part of their annual scheduled training programme.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Food service policies and procedures include basic Māori practices respecting and supporting cultural beliefs, values, and protocols around food. The main cook (qualified chef) oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff. There is a current food control plan which expires on 28 February 2024.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the chef (interviewed) works closely with the care staff on duty. The service purees foods on site to those residents requiring this modification. Lip</p>

		plates and special utensils are available as required.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures are in place to ensure discharge or transfer of residents are undertaken in a timely and safe manner. The residents and their family/whānau were involved for discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a current building warrant of fitness that expires 1 January 2025. The maintenance is overseen by a property and maintenance team who are located at the Taradale sister facility. The maintenance requests are logged and records reviewed evidence requests are attended to in a timely manner. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>An annual maintenance plan includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Testing and tagging of electrical equipment have been completed annually. Checking and calibration of medical equipment, hoists, ceiling hoists, and scales is next due in August 2024.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance, into the home and can personalise their room.</p> <p>The service has completed environmental upgrades to the call bell system, kitchen, new carpets and window treatments in the hospital area, internal courtyard upgrades and a new staffroom. None of the changes required a</p>

		change in the fire approved evacuation scheme.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A RN oversees infection control and prevention across the service. The infection control coordinator has completed infection control training. The infection control coordinator has access to education and all organisational policies.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an external consultant, with input and approval from the clinical governance team. The infection control programme links to the quality programme, infections are collated, analysed and reported on in meetings. Any infections of concerns are escalated to the CEO and the Board. The infection control programme is reviewed annually as part of the internal audit schedule and occurred end of 2023. Infections are benchmarked.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Hand hygiene competencies and infection prevention and control training are completed by staff and were sighted in the staff files reviewed. Resident education occurs as part of the daily cares.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control committee meets as part of the quality and risk meeting to discuss relevant policy changes, relevant education, audits, and any infection control concerns. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time; this data includes</p>

<p>and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>ethnicity and is monitored and analysed for trends monthly and annually. Benchmarking occurs monthly within the organisation and others. Internal infection control audits are completed with corrective actions implemented for areas of improvement. The service meets regularly with Health New Zealand- Te Matau a Maui- Hawkes Bay for support.</p> <p>Staff are informed of infection surveillance data through meeting minutes (clinical review meetings, staff meetings) and quality and risk meetings and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Since the previous audit, there has been one Covid-19 outbreak in July 2023. Outbreaks were notified to Public Health and have been well documented and managed. Outbreak meetings occurred daily.</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>Restraint policy confirms governance commitment to aim for a restraint-free environment and when restraints are used, that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there was one hospital level resident using a chair brief.</p> <p>The restraint coordinator (clinical team leader) confirmed the service is committed to providing services to residents without the use of restraint. Working towards a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. All staff at Elmwood had completed restraint training and competencies in 2023. The care plan reviewed evidence cultural considerations. The service has actively reduced their use of restraint through proven strategies and is awarded a continuous improvement rating (link CI 2.2.2).</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The service provides an environment that encourages quality initiatives that is beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings. There is evidence of action taken place, based on findings that has made improvements to service provision. The projects include reviewing the restraint elimination project that had positive impacts on resident’s wellbeing.</p>	<p>The leadership and Board support the goal to eliminate restraint within Elmwood house. In May 2022, there were 14 residents using restraints. The project includes trials of removing restraint. The facility made purchases of equipment to assist with their goal (i) Sentida beds with half rails that do not impede on freedom of movement. (ii) The completion of installation of the Vital Care nurse call system, which includes an infrared beam that activates the nurse call bell system and staff respond promptly. The equipment has been great to prevent the use of chair bed restraints and bedrails. Restraint approval group meetings minutes, resident advocate/family meeting minutes reviewed and data collated evidence strategies were successfully implemented. Elmwood House has successfully reduced the number of restraints used from 14 in May 2022, to one at the time of the audit. The reduction of restraints aligns with the goal of Nga Paerewa Standard and improves</p>

			the wellbeing of residents.
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End of the report.