

Pacific Coast Village Partnership - Pacific Coast Village Care Centre Te Manaaki

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:

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| Legal entity: | Pacific Coast Village Partnership |
| Premises audited: | Pacific Coast Village Care Centre Te Manaaki |
| Services audited: | Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 12 March 2024 End date: 13 March 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: | 42 |

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

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

General overview of the audit

Pacific Coast Village Care Centre – Te Manaaki provides rest home, hospital and memory care services for up to 57 residents. The service is operated by Generus Living Group. The facility is managed by a service manager who is supported by a clinical manager who oversees all clinical services. Residents and families interviewed spoke highly of the care and management provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards NZS 8134:2021 and the provider's contract with Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty (Te Whatu Ora Hauora a Toi Bay of Plenty). The certification process included review of policies and procedures, review of residents' and staff records, and observations and interviews with residents and family members. The general practitioner and staff were interviewed.

No areas were identified as requiring improvement. Strengths of the service, resulting in continuous improvement ratings, relate to the falls programme and the sustainability programme.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

The cultural safety policy guides staff practice to ensure the needs are met, should any residents identify as Māori, in a manner that respects their cultural values and beliefs. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evidenced in service delivery. The Māori health plan guides staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs.

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

Residents and their family are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive education on the Code. The provider maintains a socially inclusive and person-centred service.

Residents confirmed that they were treated with dignity and respect. Consent was obtained where and when required. A compendium of information is provided on admission for residents. Residents felt listened to when making decisions about care and treatment. Open communication is encouraged and practised. Interpreter services were readily available. Family and legal representatives were involved in decision-making. Advance directives were followed wherever possible. All residents in the memory care service had enduring powers of attorney (EPOAs) which were accessible for staff.

Residents and family/whānau were informed about the complaints process at the time of admission. A complaints register was maintained and demonstrated complaints were resolved promptly and effectively

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.

The management /governing body team assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau provide regular feedback and staff were involved in quality activities.

An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

Adverse events were documented with corrective actions implemented. 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 was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te ora | Pathways to wellbeing

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| 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. |
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Entry to service processes was efficiently managed. All relevant information is provided to the potential resident/family/whānau. The registered nurses assess all residents on admission, as does the general medical practitioner and the contracted physiotherapist. The service works in partnership with the residents and their family to assess, plan and evaluate care. The care plans were comprehensive and demonstrated appropriate interventions and individualised care. Residents are referred to specialist services and to other health service providers as needed.

Residents were supported to maintain and develop their interests and to participate in the activities programme which involves the community and other social activities suitable for the age of the residents. The planned activities programme provides group and one-to-one activities with residents. Family members are invited to participate and were kept informed of the events taking place on a regular basis.

Medications were safely stored and administered by staff who were competent to do so. Timely medication reviews were completed by the general medical practitioner and reconciliation of medicines occurs. The service has a contracted pharmacy and pharmacist.

The nutritional service meets the requirements of the residents, with special needs being catered for. Food is safely managed, and the service has a current food safety plan. Residents verified satisfaction with meals.

Te aro ki te tangata me te taiao haumarū | 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 code of compliance and an approved fire evacuation plan.

Electrical equipment has been tested as required. Calibration records were current. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff were 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 and family/whānau reported a timely staff response to call bells.

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 governing body ensures the safety of residents, staff and visitors through a planned developed and implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the services provided. The clinical manager leads the programme. Specialist infection prevention advice was accessed when needed.

Staff demonstrated a good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

The environment supports prevention and transmission of infections. Waste and hazardous substances were well managed. There were safe cleaning and laundry services, and material data sheets were available for all products used. Training has been provided to staff.

Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action was taken as and when required. No infection outbreaks have been reported since the previous audit.

Here taratahi | Restraint and seclusion

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| 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 management team and policies and procedures.

There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, was in place should any restraint be used.

Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, 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) |
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| Subsection | 0 | 27 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 2 | 166 | 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 |
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| <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>Pacific Coast Village Care Centre Te Manaaki (Te Manaaki) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Te Manaaki denotes a place of support and care, where generosity and hospitality are tendered in an enveloping spirit of respect. Manaaki is one of the cornerstones of the Māori world view.</p> <p>A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. The business care manager (BCM) has established links with a local marae and with Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty.</p> <p>Te Manaaki is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles.</p> <p>There were staff who identified as Māori on the day of the audit. The business care manager (BCM) and the health services</p> |

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| | | <p>manager (HSM) reported these staff would support residents and staff if required. There were no residents who identified as Māori on the days of the audit.</p> <p>Residents and family/whānau interviewed reported that staff respected their right to mana motuhake, and they felt culturally safe. Staff reported they include tikanga in their practice and are learning te reo Māori.</p> <p>The BCM and HSM reported, and documentation confirmed, staff have attended cultural safety training. Staff reported they have attended Treaty of Waitangi, Te Tiriti o Waitangi and cultural safety training.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>Te Manaaki works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs would be embraced. Staff reported at interview that they were guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan. For example, food preferences, meal planning and attending church services.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) and the activities co-ordinator to identify any shortfalls.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan was sighted and is available for reference.</p> <p>Te Manaaki has a Pacific plan with cultural guidelines and standard operating procedures developed with input from the wider Pasifika community. They include Pacific models of care and guide staff to deliver culturally safe services to Pasifika people.</p> |

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| | | <p>There were no residents and no staff who identified as Pasifika at the time of the audit.</p> <p>Te Manaaki identifies and works in partnership with Pasifika communities and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service. The BCM and HSM have links with the Pasifika advisors through Te Whatu Ora Hauora a Toi Bay of Plenty. Evidence was sighted of community integration occurring through social and cultural engagement and staff participating in cultural days including Pasifika culture.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | FA | <p>Training on the Code of Health and Disability Services Consumers' Rights (the Code) is part of the orientation process and ongoing education as verified in the staff training records sampled. The last training was provided on 20 April 2023. Staff interviewed understood residents' rights and gave examples of how they incorporate these into daily practice. The Code was available in different languages and the Nationwide Health and Disability Advocacy Service pamphlets were displayed at the reception area. Residents and family/whānau confirmed that services were provided at Pacific Coast Village Care Centre – Te Manaaki in a manner that complies with their rights.</p> <p>Staff interviewed reported that they supported residents to know and understand their rights and that their mana motuhake is recognised. The clinical manager (CM) stated that the care plans are individualised and those reviewed evidenced residents' input into their care and that their choices and independence were promoted. Families are invited and involved in the six-monthly reviews of the care plans. The Māori health plan in place identified how the service would support Maori mana motuhake. Staff have completed cultural competency training which includes current rights in relation to health equity.</p> |

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| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | FA | <p>The training plan reviewed demonstrated training that is responsive to the diverse needs of people accessing the services provided. The services promote holistic and collective care by educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Care plans included documentation related to residents' abilities, and strategies to maximise independence. Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. Staff interviews described how they support residents to choose what they want to do. Residents stated that they had choices and are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Staff were observed to use person-centred and respectful language with residents.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with the correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. There were staff who identified as Māori. On the day of the audit there were no Māori residents. There are two Māori health advisors who cover Te Manaaki.</p> <p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Church services are arranged monthly as part of the activities programme. Staff were observed to maintain privacy throughout the audit. Resident, family/whānau and staff interviews, and observation confirmed privacy is respected. Staff knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided, and</p> |
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| | | <p>residents are suitably dressed when taken to the bathroom. Interviews and observations also confirmed that staff maintain confidentiality and were discrete, holding conversations of a personal nature in private. The health services manager is the designated privacy officer.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | FA | <p>The policy to manage abuse and neglect acknowledges the reality of institutional and systemic racism in the health care system in Aotearoa. The service Pacific Coast Village Care Centre – Te Manaaki is committed to the elimination of inequity for Māori within the service by identifying and eliminating barriers to care. The Māori health plan was reviewed in February 2024. Māori health advisors were involved in the review of the plan. The CM reported that the organisation has zero tolerance for abuse and any observed or reported racism, abuse or exploitation would be addressed promptly. Professional boundaries, the code of conduct, misconduct, discrimination, and abuse and neglect information is included in the staff employment handbook. These were discussed with all staff during their orientation. 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. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of abuse, neglect and /or exploitation. Residents interviewed confirmed that they were treated fairly.</p> <p>Residents' property is labelled on admission and respected.</p> <p>Te Whare Tapu Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. Staff interviewed stated that they were treated fairly and with respect. They were treated without discrimination and felt comfortable talking to management if they</p> |

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| | | had any concerns. |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | FA | <p>Te Manaaki's staff have access to interpreter services should this be required. An interpreter is available through the twenty-four hour, seven days a week (24/7) national interpreter service. Residents, family/whānau and enduring powers of attorney (EPOAs) are given the opportunity to discuss any concerns they may have to make informed decisions whether during the admission process or whenever required. The general practitioner (GP), CM and RNs interviewed understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code. Open communication with residents and family/whānau is promoted through the open-door policy maintained by the CM. Residents and families interviewed expressed satisfaction with communication and the response to requests. A record of phone or email contact with family was maintained.</p> <p>Information provided to residents, family or EPOAs was in English and te reo Māori. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow. Communication with other agencies and allied health providers involved in residents' care was evidenced in the residents' records reviewed. All staff were able to speak English although staff came from diverse backgrounds.</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</p> | FA | <p>Informed consent is obtained for all procedures and all treatments as needed. The informed consent policy explains the process. Residents are provided with information that supports the resident to make an informed decision. Residents have the right to decline/refuse treatment and care at any time. Tikanga guidelines are included in the consent policy and used. Staff interviewed understood the principles and practice of informed consent.</p> |

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| <p>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>Informed consent was obtained as part of the admission process documents which the resident and family/whānau or the nominated legal representative signed on admission. Staff were observed to gain consent for daily cares.</p> <p>Resuscitation treatment plans/advance directives were available in residents' records reviewed. The GP signed resuscitation treatment plans for residents who were unable to provide consent, in consultation with family and EPOAs. All residents in the memory care unit have activated enduring power of attorney documentation completed.</p> <p>Residents who were assessed as rest home and hospital level care interviewed stated that they had been provided with information and had been involved in making decisions about their care and wellbeing. Where required, a nominated support person was involved with the resident's consent. The CM reported that residents can be offered a support person through the advocacy services when required. Communication records verified inclusion of support people where appropriate.</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> | FA | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box were at reception. The Code was available in te reo Māori and English.</p> <p>The HSM is responsible for complaints management and follow-up.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, were documented and completed within</p> |

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| | | <p>the required timeframes.</p> <p>There have been no complaints received from external sources since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint.</p> <p>Minor concerns are logged in a register and treated the same as complaints. Entries were observed to be addressed and signed off by the HSM. Complainants had been informed of findings following investigation.</p> <p>The BCM and HSM reported, and documentation evidenced, that a translator and staff who identified as Māori would be available to support people if needed. There have been no complaints received by Māori to date.</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> | FA | <p>Te Manaaki is governed and led by an engaged and involved director, executive leadership, and management team who assume accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from external Māori advisors. The management team have participated in bicultural practice and Te Tiriti o Waitangi workshops and have completed the level 4 certificate in te reo Māori.</p> <p>The BCM has access to a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> |

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| | | <p>The HSM, who is part of the management team, confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency within the field through legal advice, sector communication, training, Te Whatu Ora Hauora a Toi Bay of Plenty, and colleagues.</p> <p>The HSM is responsible for the management of the facility, supported by the clinical manager (CM), with oversight from the BCM.</p> <p>The HSM has been in the role since May 2023, has been in management roles since 2015, is a registered physiotherapist, and has been in the aged care sector since 2007. The CM, who has been in the role since July 2023, is an RN with three years' experience in the aged care sector. The BCM has been in the role for four years and is an RN with 11 years' management experience. When the HSM is absent, the CM carries out all the required duties under delegated authority with support from the BCM.</p> <p>The 2023-2024 business plan includes the vision, mission statement, values and goals. The goals to be achieved include: fulfilled residents, an engaged team, satisfied shareholders and a sustainable business.</p> <p>The clinical team, guided by the clinical governance policy and a clinical manager, discuss clinical indicators including medication errors, complaints, compliments, falls and infections. Minutes of the clinical meetings were sighted.</p> <p>The executive leadership team, and the management team demonstrates leadership and commitment to quality and risk management through, for example, the business plan, risk register,</p> |
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| | | <p>improving services, reporting processes and through feedback mechanisms, and purchasing equipment.</p> <p>A sample of reports to the BCM and director showed reporting is of a consistent format and includes adequate information to monitor performance. The reports included information on occupancy, complaints, compliments, health and safety, internal audits, clinical indicators, education, infection prevention, and nil restraint.</p> <p>The governing body, executive leadership and management team are focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through the accessible building, staffs' experience in working with people with disabilities, cultural training, and cultural engagement with the wider community. Additionally, there are timely referrals to external providers, family/whānau meetings, feedback and communication with the resident and their family/whānau. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The BCM reported that staff identify and work to address barriers to equitable service delivery through NASC and cultural needs assessments, training, and advice from external cultural advisors, health care assistants' knowledge of the resident and their likes and dislikes, including cultural and spiritual needs.</p> <p>Residents receiving services and whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident, family/whānau meeting minutes evidenced positive feedback.</p> <p>The service holds contracts with Te Whatu Ora Hauora a Toi Bay of Plenty for age-related residential care (ARRC), for the provision of rest home, respite, hospital, dementia and palliative care</p> |
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| | | <p>services.</p> <p>On the day of audit, 42 assessed residents were receiving care. Twenty-three residents were receiving rest home level of care including two on the respite contract. Fourteen residents were receiving hospital level care, and five residents were receiving dementia level care. Forty-seven beds are certified as dual-purpose beds (RLOC and HLOC), 10 beds are D3 memory care and a total of 57 care suites.</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> | FA | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections, wounds and falls.</p> <p>Residents, whānau and HCAs contribute to quality improvement through meetings and surveys.</p> <p>Resident meeting minutes were reviewed. The last resident, family/whānau survey was completed in February 2024, with residents above satisfied with the service delivered. Evidence was sighted of implemented corrective actions being reported back to the residents' meeting on 22 February 2024. The next survey is due to be completed by the end of November 2024.</p> <p>The last staff opinion survey was completed during February 2024 and evidenced that staff were very satisfied.</p> <p>The HSM is responsible for quality. A sample of quality and risk-related meeting minutes were reviewed and confirmed there have been regular reviews and analysis of quality indicators, and that related information is reported and discussed. There have been monthly quality meetings, registered nurse meetings, link meetings and resident meetings. Topics include health and safety, infection</p> |

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| | | <p>control, falls, nil restraint, complaints, survey outcomes. A sample of meeting minutes evidenced comprehensive reporting.</p> <p>The CM and HSM report to the BCM, who reports to the director. An example of the reports was sighted.</p> <p>Quality improvement initiatives included the falls programme and the sustainability programme. A virtual reality project is being implemented.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2024 internal audit schedule was sighted. Completed audits include education, maintenance, medication, infection prevention, laundry and cleaning, and progress notes. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The HSM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Documented risks include infection, pandemic, food safety, chemicals, vehicles, moving and handling, earthquake, falls and potential inequities. Staff reported at interview that they knew to report risks.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions</p> |
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| | | <p>followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. Whilst Pacific Coast Te Manaaki is following the principles of the National Adverse Events Reporting Policy, it is not yet required to report externally in relation to this.</p> <p>The HSM understood and has complied with essential notification reporting requirements. Examples were discussed. One section 31 notification relating to a pressure injury was forwarded to HealthCERT on 22 February 2024. One section 31 notification relating to an unlocked vehicle burglary was forwarded to HealthCERT on 21 January 2024. The police were notified.</p> <p>There have not been any coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high-quality health care should any residents identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident, and family/whānau. Staff reported they were learning te reo Māori and gave examples of tikanga.</p> <p>The provider benchmarks internally against relevant health performance indicators, for example infections, skin care and falls. The HSM reported that benchmarking data in all areas compares positively against all benchmarks except falls. Graphs were sighted. A falls prevention programme has been implemented.</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</p> | FA | <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). A 'Safe Rostering' tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of five weekly rosters</p> |

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| <p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The physical environments were considered due to the building footprint. Residents, family/whānau and staff interviewed confirmed there were sufficient staff.</p> <p>The BCM and HSM reported that there is always an RN in the care suites. Laundry and housekeeping staff cover seven days a week. Bureau staff have not needed to be used to cover staff shortages.</p> <p>There are staff who have up to 16 years' aged care experience.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital.</p> <p>An after-hours on-call system is in place with the CM providing clinical cover and the HSM providing support for all other areas 24/7.</p> <p>Staff reported that good access to advice is available when needed.</p> <p>The HSM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, Code of Health and Disability Services Consumers' Rights (the Code), cultural safety, fire safety, hand hygiene, health and safety, manual handling, safe</p> |
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| | | <p>restraint, and dementia competencies confirmed the training.</p> <p>Continuing education is planned annually, including mandatory training requirements. Staff reported they hold up to level five New Zealand Qualification Authority (NZQA) education qualifications.</p> <p>Four of the eleven registered nurses are interRAI trained. The HSM reported that two RNs are booked to undertake the training.</p> <p>The four level four health care assistants working in the memory care unit (dementia unit) have completed the 'understanding dementia' units and hold a medication competency. The clinical staff are booked to begin an on-line university-level dementia training in April 2024.</p> <p>Training is provided either face-to-face or on-line and includes dementia care, wound care, falls and falls prevention, nutrition and hydration, health and safety, rights, abuse and neglect, privacy and dignity, cultural safety, Māori health plan, fire safety, infection prevention, manual handling, medication, pressure injuries, and Te Tiriti o Waitangi. A sample of training records were sighted.</p> <p>Meetings were held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings were held monthly and are an opportunity for people to discuss and express opinions on aspects of the service. Positive comments regarding the meals were noted in the minutes.</p> <p>The HSM reported that Te Manaaki is building on their own knowledge through cultural training, communication with the resident, family/whānau and learning te reo Māori. For example, staff and managers reported the use of te reo Māori both in</p> |
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| | | <p>language, signage and email greetings.</p> <p>The HSM reported that where health equity expertise is not available, external agencies are contacted. For example, Te Whatu Ora palliative care, mental health services, and gerontology staff.</p> <p>Staff reported and the HSM confirmed that staff feel well supported and safe in the workplace through, for example, the employee assistance programme, acknowledgement of birthdays, cultural events, and BBQs.</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>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of eight staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions were documented and were sighted in the files reviewed.</p> <p>The HSM described the procedure to ensure professional qualifications were validated prior to employment. Current annual practicing certificates were sighted for the ten registered nurses, one enrolled nurse, three pharmacists, dietitian, general practitioner, physiotherapist, and the podiatrist. All were current. The level four certificate for the diversional therapist was sighted.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New health care assistants described their orientation and are buddied with an experienced staff member for up to two weeks.</p> <p>Orientation includes Code of Health and Disability Services Consumers' Rights (the Code), chemicals, dementia, fire safety,</p> |

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| | | <p>cultural safety, safe restraint, aging process, hand hygiene, documentation, communication, infection control, and moving and handling.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper-based staff files are kept locked and confidential. Ethnicity data is recorded and used in line with health information standards.</p> <p>Staff reported incident reports are discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | FA | <p>Policies and procedures guide staff in the management of information.</p> <p>Staff and resident records reviewed met health record legislative requirements. Confidentiality was maintained and clearly understood by staff interviewed.</p> <p>Staff have a username and unique log in to access the online resources. Backup database systems were held by an external provider.</p> <p>Residents' and staff files were held securely for the required period before being destroyed. No personal or private residents' information was on public display during the audit.</p> |

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| | | The provider is not responsible for registering residents' National Health Index (NHI) number. All residents have a National Health Index (NHI) number on admission. |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | FA | <p>The entry to services policy and procedures are documented and have clear processes for communicating the entry and decline to services. The health services manager (HSM) receives the enquiries and advises the CM. Prospective residents, their family/whānau are encouraged to visit the facility prior to admission. They are provided a compendium of information from the HSM about the services provided and the admission process.</p> <p>Residents can enter the service when their level of care assessment has been completed by the local Needs Assessment Service Coordination (NASC) agency. Residents' rights and identity were respected. The service maintains a record of the enquiries and a register of all residents. The service is continually working towards their partnership with local Māori communities to support Māori residents and whānau more efficiently, although no residents currently identify as Māori. The Generus Living Group already has established links with Māori, and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation, and business model. Residents can have access to complimentary or traditional medicines if desired.</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> | FA | <p>The RNs are responsible for completing nursing assessments, care planning and evaluations. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau, where appropriate. The service uses recognised assessment tools that include consideration for residents' lived experiences, oral health, cultural needs, values and beliefs.</p> |

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| <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | | <p>InterRAI assessments were completed within the required timeframe of three weeks after admission to Te Manaaki. A range of clinical assessments, including interRAI, referral information and the NASC assessments service are the basis for care planning. Residents' and family/whānau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes. All residents' records had current interRAI assessments completed, and the relevant outcome scores have supported care plans goals and interventions. Residents and families interviewed confirmed their involvement with the assessment process.</p> <p>The care plans sampled identified residents' strengths, goals and aspirations, aligned with their values and beliefs. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of any specific medical conditions was well documented by the GP, with evidence of systematic monitoring and regular evaluation in response to planned care. Any family goals identified were also addressed in the care plan.</p> <p>The Māori health care plan template to be used for any Māori residents includes Māori healing methodologies, such as karakia, mirimiri and rongoā. The care planning processes will support residents who identify as Māori and whānau to identify their own pae ora when required. Cultural guidelines have been used to complete Māori health and wellbeing assessments, to ensure the tikanga and kaupapa Māori perspectives permeate the assessment process. The staff confirmed that they understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori health plan reviewed, and the CM reported that these will be eliminated as required.</p> |
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| | | <p>Medical assessments are completed by the GP within the required timeframe. Routine medical reviews were completed three-monthly and more often as needed. Medical clinical notes were evidenced in the resident records sighted.</p> <p>The care plans were integrated with other health professionals' input such as the physiotherapist who reviews each resident after admission and ongoing as needed. Any changes in residents' health status were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant allied health professionals, specialist services as indicated, were noted in the records reviewed. The GP confirmed at interview by Zoom, that they were contacted when required, that medical orders were followed, and that care was implemented promptly.</p> <p>When progress was different than expected, the service in collaboration with the resident and family, responded by initiating changes to the care plan. The process was followed through as a project and worthy of a continuous improvement rating (refer to 3.2.5). The rate of residents' falling has considerably improved due to the success of the falls prevention programme implemented.</p> <p>Residents' records, observations and interviews verified the care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources available was suited to the level of care provided, and in accordance with the residents' needs. Family interviewed confirmed their involvement in evaluation and any progress and any resulting changes.</p> <p>A continuous improvement has been acknowledged, in relation to the falls' prevention programme.</p> |
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| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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> | FA | <p>The activities coordinator employed when this service opened in 2023 works fulltime and is currently enrolled in the Level 4 New Zealand Qualification Authority (NZQA) training programme. Two assistants support the activities coordinator in this role. There are two activities programmes arranged, one for the rest home and hospital level residents (care centre) and one for the memory care unit. A contracted diversional therapist (DT) is available for advice as needed. Activities are developed for each individual resident and involve group and one-on-one activities. Weekly activities plans were displayed in both areas visited. External outings were provided twice a week, and the timetable for the outings provided. The activities programme was reviewed through satisfaction surveys and in residents' meetings to help formulate an activities plan, that is meaningful to residents. Residents' activity needs were evaluated as part of the formal six-monthly interRAI assessments and care plan reviews, and when there was a significant change in the residents' ability. This was evidenced in the records sampled.</p> <p>Activities on the programme reflected residents' goals, ordinary patterns of life, and included normal community activities. Activities included music appreciation, church services, news and views, entertainment sessions, movies, arts and crafts, bingo, hydrotherapy sessions and other activities where family and some of the memory care residents can participate with staff present. One-on-one activities are provided for the residents who are unable to join in to the group activities provided.</p> <p>Sensory games were provided for the residents in the memory care unit. These activities keep residents focused. A projector is used with bright and colourful music provided. The system is updated regularly and has new material for the residents currently.</p> <p>Activities attendance records were maintained. Residents were observed participating in a variety of activities on the day of the audit. The wheelchair travel session was fully observed with staff,</p> |
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| | | <p>family and others participating in this fun, well prepared activity. Residents and family confirmed they find the programme stimulating and enjoyable. Cultural and Māori activities are encouraged, and the programme includes activities to meet cultural needs of residents.</p> <p>Special celebrations were advertised a month prior, and families are invited to join in the programme, for example the 'Spring Fling' held on 29 September 2023, and the Cook Island cultural event held on 24 February 2024. Feedback provided by residents and families was that they were appreciative of the staff involvement from all levels of the organisation, and the activities were thoroughly enjoyed.</p> <p>The HSM develops the Te Manaaki Journal which is sent to all residents and families. All staff contribute and this provides a forum for families to follow the activities and events provided at this care facility.</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> | FA | <p>The implemented medicine management system is appropriate for the scope of the service. The medication policies identified all aspects of medicine management in line with current legislative practice guidelines. An electronic medication management system is used. A registered nurse was observed administering medicines correctly and in a safe manner. Staff demonstrated good knowledge and had a clear understanding of their role and responsibilities in relation to each stage of medicine management. All staff who administer medicines were competent to perform the function they manage and had a current medication administration competency. The RNs are responsible for the administering of medication in the care centre, and level four health care assistants administer medications in the memory care unit.</p> <p>Medicines were prescribed by the GP and over-the-counter</p> |

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| | | <p>medications 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' (PRN) medicine. Medicine allergies and sensitivities were documented on the resident's medication record and clinical record. The three-monthly reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are no longer used, and this was verified by the GP interviewed.</p> <p>The service used pre-packed medication packs. Medication reconciliation was completed by the GP and the RNs who checked the medication packs on arrival from the contracted pharmacy. When residents are transferred back into the service, the pharmacist and GP reviewed the medication records. All medicines in the medication trolley and cupboard in each service area were within current use-by dates. Clinical pharmacist input was provided on request. Unwanted or expired medicines are returned to the pharmacy in a timely manner. The records of temperature monitoring for the medicine fridges and the two treatment rooms were completed daily. Controlled drugs were stored and checked appropriately by two RNs. Weekly electronic medication audits were also performed by the CM.</p> <p>Residents and their family are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support and advice for treatment will be provided when applicable. There were three residents self-administering medications at the time of the audit. Appropriate processes were in place to ensure this was managed in a safe manner. The GP and staff interviewed understood the requirements.</p> |
| Subsection 3.5: Nutrition to support wellbeing | FA | Residents' nutritional requirements are ascertained on admission to the services in consultation with the residents and family. The |

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| <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>nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A diet preference is completed and shared with the food service staff and any requirements are accommodated in the daily menu plans. Copies of individualised forms were available and maintained by the food service manager/chef interviewed. The chef visits residents in their own care suites to ensure they are pleased with the food service and food provided.</p> <p>All food is prepared on site and sent up from the main kitchen in hot boxes. The menu plans reviewed are in line with recognised nutritional guidelines for older people. The chef and kitchen staff have all completed relevant food safety training. The menu is displayed daily on all floors and in the memory care unit. The menu plans reviewed follow seasonal patterns and were reviewed by the contracted New Zealand dietitian on 8 February 2024. The menus are rotated every four weeks. Residents have their meals in the dining rooms and/or in their own room if requested. The meals are served to residents in the memory care unit.</p> <p>The services operate with an approved food control plan and registration issued by the local council. The current food control plan expires on 28 February 2025. Food temperatures, fridges and freezers were monitored appropriately and recorded as part of the plan and recorded on the electronic system in place. On the days of the audit, the kitchen and dining areas on each floor were clean and kitchen staff involved were observed following appropriate infection prevention measures during preparation and serving. Sustainability, as explained by the chef, has had a positive impact on the staff and the food service (refer to 5.5.1).</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried manner. Residents/families interviewed expressed satisfaction with the meals provided. Any cultural needs were</p> |
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| | | addressed. The chef interviewed reported that Māori and whānau would be provided with menu options culturally specific to te ao Māori. |
| <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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/EPOA. Residents' families reported at interview of being kept well informed during the transfer of their relative. The CM reported that the yellow envelope system is used if a resident is transferring to or from Te Whatu Ora Hauora a Toi Bay of Plenty for acute, non-acute and/or emergency situations. The reason for transfer being required was documented in the transfer documents reviewed.</p> <p>The CM discussed how the referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered when applicable. Referrals to seek specialist input for non-urgent services were completed by the GP. Examples of referrals completed were visible in residents' records reviewed, including referrals to the wound care nurse specialist, radiology, dietitian, eye and orthopaedic specialists, and others as needed.</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>The HSM and BCM reported the building warrant of fitness has not yet been issued as the building has not been commissioned for 12 months. They both reported that the monthly environmental and building checks are completed by an external contractor. The building code of compliance was publicly displayed and was sighted. The BCM reported that the building warrant of fitness is due to be issued in June 2024.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative</p> |

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| | | <p>requirements. The HSM described the maintenance schedule, which was sighted.</p> <p>Residents, family/whānau and staff confirmed they know the processes they should follow if any repair or maintenance is required, any requests are appropriately actioned and that they are happy with the environment.</p> <p>Equipment tagging and testing is current as confirmed in records, interviews with the HSM, documentation and observation. Current calibration of biomedical records was sighted.</p> <p>The facility has a lift to the first floor and is large enough to take a bed if required. The certificate of compliance was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids, and wheelchairs.</p> <p>The HSM reported that appropriate equipment such as wheelchairs, which are considered to be communal equipment, are available when needed, for example for outings to appointments. The facility is accessible to meet the mobility and equipment needs of people receiving services. A ceiling hoist has been installed in each of the care suites.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. Consultation was sought with Māori health advisory input throughout the total journey of the new building, to ensure the design and environment would reflect the identity of Māori. There are paintings, carvings and other works of art</p> |
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| | | <p>installed throughout the care suites and the memory care unit. The Mangatawa Gallery on the ground floor of the complex is culturally set up for residents and families/whānau to enjoy. The gallery captures the stories of the whenua and its people, providing insight and meaning to the cultural heritage and whakapapa to the 'whenua' O Nga Potiki, which the village is built on.</p> <p>Communal areas are available for residents to engage in activities.</p> <p>The dining areas and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas such as the library or family/whānau room for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Each resident has their own ensuite. The numbers of toilet and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to safely move around within the spacious bedrooms. Rooms are personalised with furnishings, photos and other personal items displayed. HCAs reported that they respect the residents' spiritual and cultural requirements. Residents and family/whānau reported the adequacy of bedrooms.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. There is central heating in all care suites and communal areas. The temperature of each care suite and communal area can be individually adjusted. Each area was warm and well-ventilated throughout the audit.</p> |
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| <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> | FA | <p>The current fire evacuation plan was approved by the Fire and Emergency New Zealand (FENZ) on 17 April 2023.</p> <p>A trial evacuation takes place six-monthly with a copy sent to Fire and Emergency New Zealand, the most recent being on 14 November 2023. The record was sighted.</p> <p>A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Emergency evacuation plans were displayed and known to staff. The emergency plan met the needs of people with disabilities in an emergency. Documentation described the assistance required in the event of an emergency. Call boxes, floor plans, sprinklers, alarms, exit signs, and fire action notices were sighted.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff were trained in emergency procedures. HCAs confirmed their awareness of the emergency procedures and attend regular fire drills. Staff reported attending fire safety training in November and records confirmed this.</p> <p>The HSM reported that all RNs and HCAs either have a current first aid certificate or are booked to attend a course. Current first aid certificates were sighted in the HCA and RN files reviewed.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, PPE, and a gas</p> |
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| | | <p>BBQ were sighted. Supplies were last checked on 9 February 2024.</p> <p>The BCM reported that a water tank was onsite that contained sufficient supplies for use in an emergency. The HSM and BCM reported that there is an adjacent freshwater lake and swimming pool to provide extra water. This meets the National Emergency Management Agency recommendations for the region. The BCM manager reported that emergency lighting power is available for three days.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a security company checks the premises at night. Residents are informed of the emergency and security arrangements at entry. Residents, family/whānau and staff were familiar with emergency and security arrangements. A camera at the main door enables staff to identify visitors before granting access. Closed-circuit cameras have been installed throughout the grounds and specific internal communal areas. Residents and family/whānau members are fully informed and their use does not compromise personal privacy.</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</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> | FA | <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>The programme is guided by a comprehensive and current infection control manual, with input from an external quality consultant. It includes a commitment to infections as a key performance indicator, and the annual infection prevention and anti-microbial stewardship internal audit.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora, the</p> |

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| | | <p>medical laboratory, external consultants, nurse practitioner, colleagues, and the attending GPs.</p> <p>The quality assurance programme documents the pathway for the reporting of issues and significant events to the governance body. An infection control component was sighted in monthly quality, link, RN, CM and HSM reports, and staff meetings minutes.</p> <p>The pandemic plan has been tested through the outbreak of Covid.</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> | FA | <p>The CM oversees the infection prevention and control (IP & C) programme and is the designated infection prevention coordinator. The job description was reviewed and clearly outlined the responsibilities of the role. The CM has completed relevant education on IP & C online as per the education records reviewed and has access to the resident clinical records and diagnostic results as needed. The GP interviewed was very supportive of the IP & C programme and decision-making.</p> <p>The service has a clearly defined and documented IPC programme which was developed to be used organisation-wide with input of the contracted quality advisor. The programme had been signed off by the BCM prior to implementation. The policies and procedures reviewed February 2024, comply with legislative requirements and good practice. The policies sighted reflect the requirements of the Ngā Paerewa standard and include referencing.</p> <p>There is a pandemic plan and infectious disease outbreak management plan in place that has been reviewed annually. There were sufficient IPC resources available including personal protective equipment (PPE). There is adequate storage available for these resources which are accessible and checked regularly. There have been no infection outbreaks since the service opened</p> |

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| | | <p>in 2023.</p> <p>Staff interviewed were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention using methods aligned with their capacity for understanding. Additional staff education was provided as needed. Education with residents was on an individual basis, and at the group residents' meetings as required.</p> <p>Medical reusable devices and shared equipment were appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection prevention and control audits were completed, as part of the internal audit system, and where required corrective actions would be implemented.</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 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.</p> <p>The CM IP & C coordinator and the general practitioner are responsible for the appropriate use of antimicrobials. All use of antimicrobials was documented and recorded within surveillance documentation. Effectiveness of the AMS programme was evaluated at both facility and governance levels by monitoring antimicrobial use and outcomes and identifying opportunities for improvement.</p> |

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| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the services provided. Surveillance is in line with priorities defined in the IP & C programme.</p> <p>The CM is responsible for collating and analysing any trends, possible causative factors and any action plans implemented. The HAIs being monitored include infections of the urinary tract, respiratory, skin, scabies, fungal, eye and multi-resistant organisms. Surveillance tools were used to collect infection data and standardised surveillance definitions are used. Ethnicity data was included in the surveillance records reviewed. Results of the surveillance programme were reported to governance and shared with staff at the monthly staff meetings. The minutes of meetings were reviewed.</p> <p>Infection prevention audits were completed including cleaning, hand hygiene and laundry. Relevant corrective actions were implemented where required. Staff interviewed reported they were informed of infection rates and regular outcomes at staff meetings. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous month, reason for any increase or decrease, and any action advised. The CM monitors the infection events, and any high-risk infection is discussed with the business manager. Any new infections were discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau (where applicable) were advised of any infections identified in a culturally safe manner. This was confirmed in the clinical notes sampled and verified when residents and family/whānau were interviewed.</p> |
| Subsection 5.5: Environment | FA | Staff follow documented processes for the management of waste, |

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| <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p> | | <p>and infectious and hazardous substances. Appropriate signage is displayed where necessary. Staff who handle chemicals have completed appropriate education and training for safe chemical handling. An external company is contracted to supply and manage all chemicals and cleaning products. They also provide the relevant training for staff. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the cleaning cupboard and the laundry. Staff interviewed knew what to do should any chemical spill/event occur. Cleaning products were stored in labelled bottles. Cleaners advised that the trolley was safely stored when not in use.</p> <p>There are cleaning policies and procedures to guide staff. The facility was observed to be clean and tidy throughout all service areas including the memory care unit. Laundry is undertaken onsite. The cleaning staff have attended appropriate training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed.</p> <p>Residents and whānau reported that the laundry was managed efficiently, and that the facility is kept clean and tidy. This was confirmed through observations.</p> <p>The sustainability quality improvement project is worthy of a continuous improvement rating.</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> | FA | <p>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy. The BCM, HSM, CM, care projects manager and health care assistants confirmed commitment to this.</p> <p>At the time of the audit no residents were using a restraint. Staff reported that a restraint would be used as a last resort when all alternatives have been explored.</p> <p>The CM is the restraint coordinator providing support and oversight should any restraint be used. Their position description was sighted.</p> |

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| | | <p>The CM described the restraint approval group which is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability.</p> <p>There are processes in place to report aggregated restraint data, including data analysis supporting the implementation of an agreed strategy. Meeting minutes and monthly reports evidenced nil restraint.</p> <p>The HSM would be involved in the purchase of equipment should it be needed.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint-free and safe practice, and management of challenging behaviours. Staff confirmed they have received training.</p> <p>Policies and procedures meet the requirements of the standards.</p> <p>Given there has been no restraint reported to governance since the facility opened in June 2023, subsections 6.2 and 6.3 have not been audited.</p> |
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Specific results for criterion where corrective actions are required

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

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

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

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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 |
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| Criterion 3.2.5 Planned review of a person’s care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are | CI | The service has clearly demonstrated that review and analysis occurred after a corrective action was raised due to the increased number of falls identified in the falls metric (KPI) results at the end of last year. The results identified 23 (51%) of total incidents were falls. This was despite risk assessments, policies and procedures, care planning, interventions and staff training occurring as part of the ‘falls and preventing pressure injuries’ programme. In line with a multidisciplinary team approach, including the contracted physiotherapist, and with resident and family involvement, the service providers embarked on a comprehensive improvement programme. This involved staff completing full mobility assessments and ensuring post -fall reviews were undertaken. Family members interviewed stated the difference observed in the mobility of their family members was very | Having fully attained the criterion the service has successfully implemented a falls prevention programme which enhances the safety and well-being of residents, especially residents with risk scores after mobility assessments are completed on admission. The programme initiated was in line with the best practice guidelines of the National Falls Prevention initiative. This quality improvement project was commenced to minimise the risk of falls, whilst at the same time considered the rights of residents in relation to independence and mobility. The service has clearly demonstrated that review and analysis does occur after a corrective action is raised. The service providers are increasingly learning that proactive assessments and review of frequent fallers, robust nursing falls assessments in relation to clinical changes, updating and ensuring the |

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| implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan. | | satisfying. Residents were further engaged with activities in the lounge daily. Outcomes verified two months later, that the falls had decreased to 11 falls being reported, for the 23 falls reported when the programme commenced. | nursing notes are robust and falls-focused, implementing a more simplified falls prevention training programme, and ongoing evaluations has hugely benefited the residents. |
| <p>Criterion 5.5.1</p> <p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p> | CI | <p>Te Manaaki Care Centre has a robust sustainability project to minimize their environmental footprint and promote eco-friendly practices. Central to this initiative is the implementation of a comprehensive waste management system. They are introducing separate bins for various waste streams, including general rubbish, mixed recycling, soft plastics, glass, electronic waste, and food composting. By segregating waste at its source, they aim to maximize recycling and reduce the amount of waste sent to landfills.</p> <p>One significant aspect of the project is utilizing a milk tap in the café. By eliminating plastic milk bottles and swapping them with glass milk bottles, they are taking a proactive step towards reducing single-use plastics and packaging waste. Milk will be offered directly from the tap, promoting a more sustainable and efficient way of dispensing milk.</p> <p>Te Manaaki Care Centre is committed to providing ongoing training for its staff and able-care residents to ensure the success and longevity of the sustainability efforts. This includes educating them on proper waste sorting</p> | <p>Te Manaaki Care Centre has a robust sustainability project to minimize its environmental footprint and promote eco-friendly practices through the implementation of a comprehensive waste management system. It is introducing separate bins for various waste streams, including general rubbish, mixed recycling, soft plastics, glass, electronic waste, and food composting. By segregating waste at its source, it aims to maximize recycling and reduce the amount of waste sent to landfills. A bi-monthly sustainability activities program for all the able residents to participate in, reflected through the monthly activities calendar, also serves as physical and mental exercise.</p> |

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| | | <p>techniques, promoting awareness of environmental issues, and fostering a culture of sustainability within the organization. Regular waste audits will be conducted internally and in collaboration with the Tauranga City Council's Resource Wise Business program. These audits will help to track the progress, identify areas for improvement, and ensure compliance with local sustainability regulations.</p> <p>Te Manaaki Care Centre has successfully incorporated a bi-monthly sustainability activities program for all the able residents to participate in, which is reflected through their monthly activities calendar. This also serves as physical and mental exercise.</p> <p>The sustainability project represents a holistic approach to environmental stewardship and responsible waste management. By implementing innovative solutions, fostering education and awareness, and collaborating with local authorities, Te Manaaki is dedicated to positively impacting our Care Centre, community, and the planet.</p> <p>Recently, they were awarded the Tauranga Waste Wise Sustainability Audit of Stage 5-green.</p> | |
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End of the report.