

Bryant House Limited - Bryant House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bryant House Limited
Premises audited:	Bryant House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 14 March 2024 End date: 15 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:	49

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Bryant House provides rest home, hospital and dementia level care for up to 50 residents. The service is operated by Bryant House Limited. The facility is managed by one of two owners. The business and facility manager are well supported by an experienced clinical manager who oversees the clinical team. Residents and families interviewed spoke highly about the care and management provided.

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

There were no areas identified as requiring improvement at this audit.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Bryant House provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. Bryant House worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) and this was confirmed by residents and staff interviewed.

Systems and processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe. Residents and whānau interviewed confirmed that care is provided in a way that meets their needs.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse, and they received services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and whānau.

There was evidence that residents and their whānau were kept well informed. They confirmed that they received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori, honouring Te Tiriti o Waitangi and reducing barriers to improve access and outcomes and achieving equity for Māori and tāngata whaikaha (people with disabilities).

Planning ensures the mission statement, vision, objectives and values are clearly defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are robust and focused on continuous improvement of service delivery and care provision. Residents and family/whānau provide regular feedback and staff are also involved in internal audit activities. An integrated approach includes collection and analysis of quality improvement data, identifies if there are any trends and leads to improvements. All actual and potential risks are identified and mitigated.

Adverse events are 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 employed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe and equitable service provision.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When people enter the service a person-centred and whānau-centred approach is adopted. All relevant information is provided to the potential resident/whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that may arise. The files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their individual interests and are encouraged to participate in meaningful community and social activities, related to their culture, age and stage of life. Opportunities are facilitated for Māori to participate in te ao Māori.

Medication is safely managed and administered by staff who have undertaken an annual medication competency assessment.

The food service meets the nutritional needs of residents with their special cultural needs catered for. Food is managed following safe food guidelines.

Residents are referred or transferred to other health services as required.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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Bryant House meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness for the rest home and dementia service. The new hospital facility has a current certificate of public use. There are approved fire evacuation plans for the two separate facilities. Electrical equipment has been tested as required. Calibration records were current.

External areas are accessible and safe and meet the needs of people with disabilities.

Staff receive training on emergency management at orientation and this is ongoing. Staff, residents and family/whānau understood emergency and security arrangements. Residents and family reported timely staff response to call bells in both facilities.

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.
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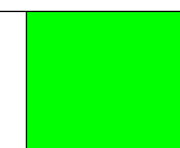
Bryant House governance and the care team ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It is adequately

resourced. The experienced and trained infection control nurse who led the programme, is involved in the procurement processes, any change to the built environment, and processes related to decontamination of any reusable devices and equipment.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the Bryant House pandemic/infectious diseases response plan. Aged care-specific infection surveillance is undertaken, with follow-up action taken as required.

The environment at Bryant House supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free environment. This is supported by the management team and policies and procedures. At the time of the audit no residents were using a restraint. No restraints have been used at this facility since 2022 as per the restraint register reviewed. A comprehensive assessment, approval, monitoring process would occur for any restraint used. Staff interviewed 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)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Bryant House 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 mission statement, vision and values of the organisation.</p> <p>A Māori Health Plan has been developed with input from cultural advisors and is available for residents who identify as Māori. The Māori health plan is in line with Te Tiriti o Waitangi and the Māori health strategy 'He Korowai Oranga'. The clinical manager (CM) has established links with Te Whatu Ora Te Matau a Māui Hawke's Bay.</p> <p>Bryant House is committed to creating employment opportunities for Māori through actively recruiting a Māori health workforce across all organisational roles.</p> <p>There were residents and staff who identified as Māori on the day of the audit.</p> <p>The CM and staff reported that they have completed cultural safety training. This was confirmed in documentation reviewed.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Bryant House works to ensure Pacific peoples' worldviews; cultural and spiritual beliefs are embraced. There were staff and residents who identify as Pasifika. The staff who identify as Pasifika bring their own skills and expertise. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan.</p> <p>Cultural needs assessments at admission are completed by the registered nurses and the diversional therapist to identify any requirements.</p> <p>Bryant House has a Pacific plan with cultural guidelines and standard operating procedures developed with input from staff and the wider Pasifika community. They include Pacific models of care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights was available and on display at Bryant House in te reo Māori, English and New Zealand Sign Language (NZSL). Brochures on the Nationwide Health and Disability Advocacy Service were available in the reception areas, in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Staff interviewed at Bryant House understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their individual needs and wishes. Education for staff on the Code was undertaken in February 2024. Residents confirmed that mana motuhake was recognised and respected.</p> <p>An independent Maori advocate visits Bryant House to meet with residents. Bryant House had a range of cultural diversity in their staff mix, and staff could assist if interpreter assistance was required, where appropriate. The service also had access to external interpreter services and cultural advisors/advocates as required. Relationships</p>

		<p>had been established with the local Te Whatu Ora Hawke's Bay, and with the local iwi to provide support for residents who identified as Māori. Support for Pasifika people was available through staff linkages into the local community.</p>
<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>	<p>FA</p>	<p>Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they had received services in a manner that had regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual resident's needs during admission, care planning and at review. Residents and whānau (as applicable) confirmed that they were involved in the assessment process. The clinical nurse manager (CNM) reported that residents are supported to maintain their independence by staff through daily activities. Examples of this included resident-led activities, and individualised mealtimes. Residents in the rest home and hospital were able to move freely within and outside the facility.</p> <p>Staff at Bryant House have completed training on Te Tiriti o Waitangi. Training was maintained on cultural safety, maintaining professional boundaries, the aging process, diversity and inclusion. Training was made relevant to support tāngata whaikaha. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. Residents all had their own rooms.</p> <p>Te reo Māori and tikanga are promoted within the service through staff education. Staff attention to meeting tikanga needs of residents was evident in policies and procedures, as well as a care plan reviewed and sighted during the audit. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters with key information in the facility were in English and te reo Māori. The service supports residents in a way that is inclusive and respects their identity and experiences.</p> <p>Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity,</p>

		gender, privacy, sexual orientation, spirituality, and choices.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Policies and procedures outlined the facility’s commitment to promoting an environment that does not support institutional and systemic racism. Staff interviewed understood the service’s policy on abuse and neglect, including what to do should this become evident at Bryant House. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with the registered nurse or CNM if they had any concerns about racism or discrimination. The CNM stated that any observed or reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by a code of conduct.</p> <p>Residents interviewed reported they had not witnessed any abuse or neglect, they were treated fairly, they felt safe and were protected from discrimination, coercion, harassment, abuse and/or neglect. Whānau interviewed had no concerns about how staff interacted with residents.</p> <p>Policies and procedures for handling residents’ property and finance were evident. Bryant House has implemented a sound process to manage residents’ sundry expenses. Professional boundaries are explained to staff during induction and orientation, were maintained by staff as observed during the audit, and verified by residents and whānau when interviewed.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they always felt listened to. Information was provided in an easy-to-understand format as well as accommodating different languages and text sizes for sight impaired people. Information was made available in te reo Māori. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Te reo Māori was incorporated into day-to-day greetings, prayer, documentation, and signage throughout the facility. Residents’ meetings were held monthly, and meeting minutes verified satisfaction with services provided. An independent Māori advocate</p>

		<p>visits residents and their whānau when requested.</p> <p>Residents, whānau, and staff reported the owner and CNM responded promptly to any suggestions or concerns. The organisation has a newsletter that provides updates. Copies of the newsletter were available at reception.</p> <p>Changes to residents' health status or reported incidents/events were communicated to whānau in a timely manner and these communications were documented in the resident's record. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the resident's care as required.</p> <p>Staff knew how to access interpreter services if needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representatives were provided with the information necessary to make informed decisions. Interviews with residents and whānau verified this. They felt empowered by staff at Bryant House to actively participate in decision-making. The CNM and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting enduring power of attorney requirements, and processes for residents unable to consent were documented, as relevant, in the resident's clinical file. There was evidence of an Enduring Power of Attorney (EPOA) that was enacted for residents in the specialist dementia unit at Bryant House.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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>	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>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaints/compliments forms are located at the entrance to the facility or can be completed on-line.</p> <p>No complaints from the Health and Disability Commissioner’s Office (HDC) or other external complaints have been received since the previous audit. Four complaints, two verbal and two written, have been received and have been effectively closed out as verified in the on-line complaints register. The complaints register is maintained by the CM.</p> <p>The CM and staff interviewed reported they knew what to do should they receive a complaint. All complaints are reported by the CM monthly to the business and facility manager (B&FM). Any compliments received are fed back to the staff.</p> <p>The manager and CM interviewed reported that interpreter services can be accessed as needed. The nationwide advocacy service information pamphlets are accessible, with the local contact details being available. The Code, complaints and the nationwide advocacy brochures are available in te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Bryant House provides aged related residential care for rest home, hospital and dementia care residents. There are two owner directors. One director is the B&FM who works onsite full time. The GM understands and complies with legislative, contractual and regulatory requirements and demonstrated commitment to international conventions ratified by the New Zealand government. The B&FM is supported by a fulltime CM who oversees the day-to-day clinical care provided to residents. The CM has been in this role since August 2023. Two experienced registered nurses (RNs) are employed. One is responsible for overseeing the rest home and dementia care services and one in the hospital. A team of RNs cover the services as required. Two RNs and one contracted RN complete the interRAI resident assessments.</p> <p>The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This objective was also</p>

		<p>present in the business expansion plan January 2024 reviewed. No identified barriers were discussed for Māori seeking care at this care home. Reducing barriers is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with residents and their family/whānau, and health care assistants' (HCAs) knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>Clinical governance has grown over recent years and since the previous audit due to the hospital services being added to the service.</p> <p>Through the contracted quality consultant, a Māori health advisor is accessible for advice if needed, as well as the cultural advisors at Te Whatu Ora Te Matau a Māui Hawke's Bay and from a local marae. Core cultural competencies have been completed by management and staff. Training on Te Tiriti o Waitangi and health equity are ongoing presently.</p> <p>The B&FM and the CM interviewed reported residents receiving services and family/whānau participate in the planning, implementation and monitoring and evaluation of service delivery through review of the care plans, surveys and meetings. A sample of staff, resident meeting minutes evidenced positive feedback. Interviews with family at audit were also positive. The general practitioner of the service (also interviewed by telephone) spoke highly of the care and services provided.</p> <p>The service holds contracts with Te Whatu Ora Te Matau a Māui Hawke's Bay to provide age-related residential care (ARRC), rest home, hospital, respite care and dementia care. Additional contracts include mental health, long term support chronic health (LTSCH), younger persons with a disability (YPD), interim Accident Compensation Corporation (ACC) and Restore & ARC RH level care. Forty-nine residents were receiving services under the contracts on the day of the audit. There were 18 receiving rest home level of care including one YPD, 13 hospital, 17 dementia care and one interim ACC.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, whānau, diversional therapists, RNs and HCAs contribute to quality improvement through meetings and surveys. Resident meeting minutes were reviewed, and these are maintained by the diversional therapists two-monthly. An annual resident/family survey was completed last in February 2024, but results have not been collated. Previous surveys provided positive feedback. The B&FM interviewed stated that any outcomes are used for continuous quality improvement. Staff also provide feedback annually and comments are respected.</p> <p>The B&CM are responsible for quality with input from staff as needed. A sample of quality and risk-related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed. Staff meetings are held monthly (set agenda reviewed) and 'cluster' meetings only if needed. The RNs also meet monthly to discuss staffing, interRAI and other topics of interest at the time. Monthly quality meetings cover health and safety, infection prevention and control, incidents, falls prevention, staff education, complaints, wound care and restraint elimination. The B&FM is present at all meetings except for the RN meetings held.</p> <p>Policies and procedures are reviewed by a contracted quality consultant. All policies and procedures were current and up to date with review timeframes documented. The policies reviewed covered all aspects of service provision and contractual requirements were current.</p> <p>The 2024 internal audit schedule was reviewed. Audits are performed monthly, including infection prevention, kitchen, laundry, residents' records, and staff records. For example, antimicrobial management surveillance was reviewed 26 September 2023, maintenance management 3 August 2023 and medication management 25 February 2024. All audits are signed off when completed and dated. If</p>
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		<p>a corrective action (CAR) is required, this is also signed off when completed. All audit outcomes are discussed at the quality meetings held monthly and progress against quality outcomes is evaluated.</p> <p>The CM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies if needed. Documented risks included falls, infection prevention, sharps, oxygen management (recent purchase of two oxygenators) and any potential inequities. YPD residents have all necessary equipment and resources to maintain independence.</p> <p>Staff documented adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. A copy of the National Adverse Events Reporting Policy 1 July 2023 was sighted, and the service is planning to work towards implementation.</p> <p>The CM understood and has ensured essential notification reporting in respect of Section 31 notifications have been completed as needed. Examples were discussed. Those sighted included 26 May 2023 a notification for an unstageable pressure injury, 14 February 2024 a stage three pressure injury, and 10 March 2024 a resident wandered from the secure dementia care service. Copies were available for review. These are maintained by the CM electronically. A notification was also provided to HealthCERT for the change in clinical manager.</p> <p>Staff are supported to deliver high-quality health care should any residents identify as Māori through, for example, training, including cultural safety, cultural assessments, care planning, and communicating with the resident and family/whānau. Staff reported they understood tikanga best practice.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The CM adjusts</p>

<p>to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>staffing in any planned and unplanned absence. The service has a core of staff who have worked at this facility for some time, however there are also staff who are newly employed with the opening of the hospital. Staff were increased with the number of residents increasing. The physical environments are considered as there are two separate facilities. One facility is for rest home and secure dementia level care and the other for hospital level care residents. Family/whānau and HCAs interviewed confirmed there were sufficient care staff.</p> <p>The CM reported that at least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse cover. Agency staff are not used by the service provider.</p> <p>The CM and RNs provide the after-hours on-call system. Two RNs and one contracted RN complete the interRAI assessments in a timely manner. There are eight RNs including the CM. All RNs have current annual practising certificates which were reviewed. Care staff reported that there is good access to advice which is available as needed.</p> <p>The administrator/personal assistant to the CM described the recruitment process, which includes referee checks, police vetting and validation of qualifications and practising certificates for the RNs. There are HCAs, a diversional therapist (Level 4 NZQA) and an activities co-ordinator, two cooks, kitchen assistant, household coordinators/ one is an HCA, and staff complete the cleaning.</p> <p>The competency policy guides the service to ensure competencies are assessed and support equitable service delivery. Competencies include the aging process, cultural training, handwashing, hoist, infection prevention, and restraint elimination. Medicine competencies are completed by senior HCAs and records are maintained. Online learning is provided on a regular basis. The service has a memorandum of understanding with another large aged residential care provider to join in the education programme which is held monthly. The CM confirmed that this initiative is working out with a collaborative approach. Records of attendance are maintained.</p> <p>Continuing education is planned on an annual basis and included mandatory requirements. The CM confirmed there are 25 HCAs</p>
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		<p>employed; 11 are at level 4 on the New Zealand Quality Authority (NZQA) framework, six level 3, three level 2 and five are to be enrolled. All staff who work in the dementia service have completed dementia care units. New Zealand Qualifications Authority (NZQA) education qualifications are recorded accurately. The CN and the RNs ensure the interRAI assessments are completed in a timely manner. Training for staff is recorded by the CM and administrator and the two training calendars were reviewed and displayed for staff.</p> <p>The CM reported that Bryant House is building on their own knowledge through cultural training, which included Te Tiriti o Waitangi. Certificates were sighted. Ongoing training is being undertaken by the management team, to ensure staff fully understand about health equity and the collecting and sharing of high-quality Māori health information. The organisation has a commitment to include, provide and to invest in equity expertise as needed. Staff reported being well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource policies and processes are based on good employment practices and relevant legislation. A sample of seven staff records reviewed confirmed the organisation's policies are consistently implemented. Position descriptions are documented and were sighted in the records reviewed. Professional qualifications, where required, are sourced prior to employment and annually thereafter. The administrator described the procedure to ensure professional qualifications are validated prior to employment and a record is maintained. The records for the contracted podiatrist, pharmacist, pharmacy licence and general practitioner were sighted.</p> <p>Staff orientation includes all necessary components relevant to the role. An experienced HCA and a newly employed HCA reported that the orientation process prepared them well for the role. A new HCA described the orientation provided and stated being buddied with an experienced HCA for up to three weeks if required. Orientation includes falls prevention, bedmaking, documentation and communication, residents' personal cares, hygiene, fire and emergency and security.</p>

		<p>HCA's confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted. Staff records are being transitioned from hard copy records to electronic records. This was demonstrated by the administrator. A staff register is maintained including commencement date, full names, ethnicities and job title. All staff information is stored safely and is confidential. The ethnicity data is used in line with health information standards.</p> <p>HCA's reported incident reports are discussed at the staff meetings. The HCA's interviewed explained how 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>	<p>FA</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and is username and password protected. Any paper-based records are held securely and are available only to authorised users.</p> <p>Residents' files are integrated electronic and hard copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Bryant House is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Whānau interviewed stated they were</p>

<p>the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>satisfied with the admission process and the information that had been made available to them on admission. Admission packs and files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data, including ethnicity data, is documented and analysed including decline rates for Māori.</p> <p>Bryant House had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting Te Whatu Ora Te Matau a Māui Hawke's Bay and through the local iwi. Assistance for Pasifika people can be accessed from communities related to Pasifika staff who are employed at Bryant House.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Bryant House worked in partnership with the resident and their whānau to support the resident's wellbeing. Seven residents' files were reviewed: two hospital files, three rest home files and two dementia files. These files included residents who had had an acute event requiring transfer to an acute facility, residents with a wound, residents with behaviours that challenge, residents who had had a fall, and residents with complex clinical needs.</p> <p>The seven files reviewed verified that a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Specialist referral to the service had been confirmed for residents requiring specialist dementia services and there was evidence that the residents EPOA had consented for the resident to be admitted to the service. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, interRAI, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Residents who had had an unwitnessed fall had an incident form completed, neurological</p>

		<p>observations taken with oversight by the RN, and notification to the resident's family. Residents with long standing wounds had wound assessments completed, a wound management plan and documentation that verified treatment was provided in accordance with the plan and best practice guidelines. Input from the wound care nurse had been sought and advice included in the treatment regime. Challenging behaviours were managed in accordance with the documented behaviour management plan. Short-term care plans were in place in three of the files reviewed. Short-term problems had been identified as well as interventions to address the problems.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participated in Bryant House service development and delivery of services that provided choice and control, removing barriers that prevented access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in the care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews with whānau, staff and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the GP, resident and/or whānau. Residents and/or whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Interviews with four residents and six whānau of residents expressed a high degree of satisfaction with the care provided at Bryant House. The residents and their whānau were actively involved in planning the resident's care and any ongoing discussions.</p> <p>Interviews with the staff identified that they were familiar with all aspects of the care for all residents. An interview with the GP expressed satisfaction with the care provided by Bryant House. The GP stated that Bryant House had a clinical manager and registered nurses with very good clinical knowledge.</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. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The trained diversional therapist, activity assistant and rostered volunteers from the retirement village and community provide the activity programme at Bryant House. Volunteers have been orientated to the facility. The programme supports residents to maintain and develop their interests and is tailored to meet cultural needs and is suitable for the residents' age groups and stages of life. Activities inhouse included celebration of special holidays and cultural events, groups visiting the home and pet therapy. Community outings included visiting places of interest in the local Hawke's Bay, shopping, and special community events. The activity programme also accommodated cultural preferences.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. A holistic 24/7 approach for individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities. Bryant House facilitated opportunities for other residents, including Pasifika and Māori and whānau, in te ao Māori.</p> <p>Residents and whānau were involved in evaluating and improving the programme. Residents interviewed confirmed the activities programme met their needs. Whānau were also satisfied with the programme provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. A health care assistant (medication-competent) was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency. Medicines were prescribed by the GP and over-the-counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the</p>

		<p>commencement and discontinuation of medicines and all requirements for as-required (pro re nata - PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs are received from the pharmacy and when residents are transferred back to the service. All medicines in the medication rooms and trolleys were within current use-by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries. The family/whānau of residents are supported to understand the resident's medications when required. Appropriate support and advice for treatment for Māori was provided. There was one resident who self-administered their medications. There was a robust process to facilitate safe self-administration. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed by the CM with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu was reviewed 22 March 2022 by a qualified dietitian. The menus are currently being reviewed for the next two-year term. All recommendations have been incorporated into the menu and signed off by the dietitian.</p> <p>All aspects of food management comply with current legislation and</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>guidelines. The service operates with an approved food safety plan and registration issued by the Napier City Council. The food control programme (FCP) audit was last audited on 17 May 2022. An audit is scheduled for 19 March 2024. This audit was originally scheduled for November 2023 but was delayed by the council, due to a backlog of FCP audits in the Hawke's Bay, resulting from Cyclone Gabrielle.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, food sensitivities, any special diets and modified texture requirements and availability of 24/7 snack food were accommodated in the daily meal plan. Menu options are available for other cultures, including te ao Māori, with the options of boil ups and hangi if requested.</p> <p>Evidence of levels of resident satisfaction with meals was verified by residents and whānau interviews, through satisfaction surveys and resident meeting minutes. A satisfaction survey completed in 2023 evidenced residents and their whānau were generally satisfied with the food services provided at Bryant House. Residents and whānau interviewed during the audit reported that they found the food service met their needs. Meal satisfaction audits are completed annually, results from those audits are generally positive.</p> <p>Residents could choose their time preferences to eat their meals. Residents were also given sufficient time to eat their meals. Assistance and monitoring were provided to residents who required this.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau.</p> <p>Another resident file reviewed who had returned to the facility from acute care showed evidence that the RN engaged with the hospital to ensure all relevant information for ongoing care of the resident was communicated and documented. The resident and whānau interviewed reported being kept well informed and supported by staff during the recent transfer to the acute facility.</p>

<p>coordinate a supported transition of care or support.</p>		<p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness was publicly displayed in the rest home and dementia facility. This expires 1 November 2024. For the hospital, a certificate for public use was issued and displayed dated 10 October 2023.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for purpose, well maintained and that they meet legislative requirements. The B&FM described the maintenance schedule which was sighted. Residents confirmed that they know the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned. A list of contracted preferred service providers was sighted if needed.</p> <p>Equipment tagging and testing was current and was last completed for the rest home and dementia care services on 1 March 2024. A verification letter was provided for the testing and tagging of electrical equipment for the hospital which was completed on 11 March 2024. All bio-medical equipment for all services were calibrated 11 March 2024.</p> <p>In the rest home and dementia service the environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. The new facility which opened 24 October 2023, is welcoming for residents, family/whānau, staff and visitors. Spaces were culturally and spiritually inclusive and suited the needs of the resident groups. Furniture is appropriate to the setting and resident needs. Ceiling hoists are in place in all residents' rooms and staff are trained appropriately.</p> <p>There are adequate separate large shower rooms and four communal toilets in the rest home and two separate shower bathrooms and three toilets. Four rooms have their own toilet and vanity. There are 12 resident rooms with ensuites provided, and five rooms do not have</p>

		<p>ensuites. Separate toilets and showers were available close to these rooms. Shower chairs and appropriately secured and approved safety rails are provided in all bathrooms and toilets. There are separate staff and visitor bathroom facilities available.</p> <p>Adequate personal space is provided to allow residents to freely move around their bedrooms safely. Rooms are personalised with furnishings, photographs and other personal items displayed. Residents and family/whānau reported the adequacy of bedrooms. There are no shared rooms.</p> <p>Residents and family/whānau were happy with the environment in all service areas, including heating and ventilation, privacy, and maintenance. Heat pumps assist with cooling in the summer. Each area was well ventilated throughout the audit.</p> <p>The B&FM reported that input was sought with the new building projects in place from a cultural advisor and the hospital was blessed at the opening ceremony.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan approved by Fire and Emergency New Zealand (FENZ) for the rest home dementia service was dated 23 November 2009.</p> <p>The fire evacuation plan approval for the hospital which opened October 2023, was gained prior to occupancy from FENZ. However, it was recently observed by the contracted fire compliance service provider, that the approved plan did not meet the requirements for hospital level care residents. The new facility was built originally as a dementia service. The application with the required information was with FENZ on the day of the audit. The notification of the approved evacuation scheme was provided after the audit and accepted, dated 21 March 2024. Six-monthly fire evacuation drills are planned. The last fire evacuation drill was performed 4 October 2023 for all services.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. The emergency policies were known to staff interviewed. The</p>

		<p>emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff records provide evidence that staff are training in emergency procedures. Staff confirmed their awareness of the emergency procedures and the location of fire extinguishers, floor plans, sprinkler alarms, smoke detectors and fire action notices were sighted. A record of the staff who have completed current first aid certificates is maintained by the administrator. There is a first aider on each shift on the roster.</p> <p>Call bells alert staff to residents requiring assistance. The call bell system in the rest home and dementia service has three different ring tones. A light is displayed above the resident's door or wherever the call has been activated from. In the hospital, the call bell when activated shows up on the staff member's phone. This shows up in the nurses' station but does not go off until activated by a staff member. Residents and family/whānau reported staff responded to call bells in a timely manner.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, medical supplies, personal protective equipment (PPE) and a gas barbecue and spare gas cylinder were readily available. Large bins are available with supplies that are checked regularly. Water supplies include header tanks for emergencies. The new hospital building has a 5000-litre water tank in place. The B&FM has an agreement with a local engineering company for use of a generator whilst the building project is occurring.</p> <p>Appropriate security arrangements are in place. The staff ensure the two buildings are locked in the evening and on the night duty. All windows and doors are checked by staff. Staff wear name badges for identification purposes.</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</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate for the size and nature 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>appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>The programme is guided by a comprehensive and current infection prevention and control manual, with input from an external IP consultant if needed. The current business plan includes a goal to minimise the risk of infection.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora Te Matau a Māui Hawke’s Bay, the medical laboratory, external consultants, and the attending GP.</p> <p>An infection prevention component is included in a monthly staff meeting and is part of the quality meetings held monthly.</p> <p>The incident/accident reporting policy documents the pathway for the reporting of issues and significant events to the CM and B&FM.</p> <p>The pandemic plan has been tested with a current outbreak of COVID-19 and the secure dementia service residents are currently in isolation.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC), a registered nurse, is responsible for overseeing and implementing the IP programme with reporting lines to the CM. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support from Te Whatu Ora Te Matau a Māui Hawkes Bay IC clinical nurse specialist. Their advice has been sought when making decisions around procurement relevant to care delivery and they can be consulted about new builds, facility changes and policies.</p> <p>The infection prevention and control policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. These policies were developed by an external consultant. Cultural advice was accessed by the quality consultant who developed the infection control policies and programme.</p> <p>Policy and procedure and staff interviews demonstrated compliance with decontamination of reusable medical devices and shared</p>

		<p>mechanical equipment.</p> <p>The B&FM interviewed is aware of the need to consult with infection prevention personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Staff at Bryant House were familiar with IC policies through education during orientation and ongoing education and were observed to follow policy and procedure correctly. Residents and whānau are educated about infection prevention relevant to their needs.</p> <p>In staff and resident interviews, it was evident that the B&FM proactively seeks feedback from residents and family to provide culturally safe practice.</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>Bryant House has a documented antimicrobial stewardship (AMS) programme, appropriate to the size, scope, and complexity of the service, which sets out to optimise antimicrobial use and minimise harm. The AMS had been approved by governance and is overseen by the infection prevention RN. Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use to inform ongoing antimicrobial prescribing in the service.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the owner, CM, staff, residents, and whānau. Results of the surveillance programme were</p>

<p>an equity focus.</p>		<p>also reported to the owner and CM.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the RN.</p> <p>A surveillance summary report for a COVID-19 outbreak was reviewed and demonstrated a thorough process for investigation and follow-up. Regional Public Health Unit (RPH) and Te Whatu Ora Te Matau a Māui Hawke’s Bay were informed of the outbreak. Learnings from the event have now been incorporated into practice.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment at Bryant House supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and cleansing gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Staff interviewed and observed demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness via the internal audit programme and resident satisfaction survey, and these were sighted. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family reported that the laundry is managed well, and the facility, communal and person spaces, are kept clean and tidy. This was confirmed through observation.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy stated a commitment from management toward eliminating restraint. The CM is the restraint coordinator providing support and oversight for any restraint management. There is a job description for this role. There are processes in place to report aggregate restraint data, including data analysis supporting the implementation of an agreed strategy. There were no restraints in use on the day of the audit. There have been no restraints (as per the restraint register) used at Bryant House since 2022.</p> <p>The CM and B&FM are involved in the purchase of equipment to prevent use of restraint. Orientation and ongoing education related to restraint elimination included alternative specific interventions, least restrictive practices, de-escalation techniques, restraint minimisation, and safe practice and management of challenging behaviour. HCAs confirmed they have received training. Cultural needs are considered at all times.</p> <p>Policies and procedures were reviewed 22 February 2024, and meet the requirements of the standard.</p> <p>Given that there has been no restraint used since 2022, 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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.