# Orewa Beach View Retirement Home & Hospital Limited - Solemar

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Orewa Beach View Retirement Home & Hospital Limited

**Premises audited:** Solemar

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 10 April 2024 End date: 11 April 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:** 24

# 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 haumaru │ 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 are fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service are 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 are partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service are 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 are unattained and of moderate or high risk |

## General overview of the audit

Orewa Beach View Retirement Home & Hospital Limited – Solemar, provides rest home, hospital, and secure dementia care services for up to 30 residents. There were 24 residents at the time of the audit. Residents and families/whānau reported satisfaction and positivity about the care, services, and activities provided. There have been no significant changes to the facility or services since the last audit. The facility is run by the facility manager, who is assisted by a team of registered nurses and the owner/director.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand Te Whatu Ora - Waitemata. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with the general practitioner, staff, and management.

This certification audit identified an area requiring improvement around governance; quality systems; collation of entry, decline and ethnicity data; and family/whānau input to care planning.

## 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 are fully attained. |

The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these were being upheld. Personal identity, independence, privacy, and dignity were respected and supported. Processes were in place to protect residents from abuse.

Residents and family/whānau receive information in an easy-to-understand format that enables them to feel listened to and make decisions about care and treatment. Open communication is practiced. Interpreter services were provided as needed. Family/whānau and legal representatives were involved in decision making that complies with the law. Advance directives were being followed wherever possible.

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

## Hunga mahi me te hanganga │ Workforce and structure

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| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Some subsections applicable to this service are partially attained and of low risk. |

The facility manager is supported by registered nurses and the owner/director. Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. Management and the owner/director have knowledge and expertise in Te Tiriti o Waitangi, health equity, and cultural safety. Incidents are well managed, quality data is collated and analysed, and internal audits are completed.

The business plan includes a mission statement and outlines current objectives. The plan is supported by quality and risk management processes that take a risk-based approach. Internal audits, staff meetings, and collation of data were all documented as taking place as scheduled. Systems are in place for monitoring the services provided, including regular monthly reporting to the owner/director. Services are planned, coordinated, and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure and staff ethnicity data is collected.

## 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. |  | Some subsections applicable to this service are partially attained and of low risk. |

Solemar has an admission package available prior to, or on entry to the service. The facility manager /clinical nurse manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. The care plans viewed demonstrate service integration. Resident files included medical notes by the general practitioner and other allied health professionals.

There is an interesting and varied activities programme that includes cultural celebrations which the activities coordinator implements. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

The registered nurses identify residents' food preferences and dietary requirements at admission. All food and baking is prepared and cooked on site in the kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. There are additional snacks available 24/7. The service has a current food control plan.

Transfers and discharges are coordinated between services.

## Te aro ki te tangata me te taiao haumaru │ 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 are fully attained. |

The building holds a current warrant of fitness. All rooms (except one double room in the hospital area) are single occupancy, spacious to provide personal cares and are personalised. Fixtures, fittings, and flooring are appropriate. Maintenance is completed on an ‘as required’ basis with plans for preventative maintenance. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit is secure, with a secure enclosed outdoor area.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days.

Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty and on outings with a current first aid certificate. Appropriate security checks and measures are completed by staff.

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

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| --- | --- | --- |
| 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. |  | Some subsections applicable to this service are partially attained and of low risk. |

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The facility manager / clinical manager coordinates the programme.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health-care associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were three outbreaks recorded since the last audit at the service and these were managed according to Ministry of Health guidelines.

The environment supports the prevention of transmission of infections. The environment, and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. There are safe and effective laundry services.

## 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 are fully attained. |

The restraint coordinator is the facility manager /clinical manager. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit.

## 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 | 22 | 0 | 5 | 0 | 0 | 0 |
| **Criteria** | 0 | 162 | 0 | 6 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand, with guidelines providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in te reo Māori and English.  The service has residents who identify as Māori. The Māori health care plan identifies specific cultural interventions around food, cares, and practices as per policy and tikanga guidelines. The facility manager/ clinical manager interviewed stated that cultural needs are met, and the service supports them to link with family/whānau if required.  Interviews with the facility manager/ clinical manager (FM/CM), and eight staff (four caregivers, cook, registered nurse (RN), cleaner, and activities coordinator), described cultural support as per the policy and the care plans reviewed evidenced a Māori-centred approach. The interviewed staff members further confirmed culturally safe support is provided to residents and that mana is respected. Ethnicity data is gathered when staff are employed.  The service employs Māori staff and supports increasing Māori capacity by employing Māori staff members across different levels of the organisation, as vacancies and applications for employment permit. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines.  The service is working on establishing links to support the organisation’s cultural journey, which will ensure opportunities for the service to learn about Māori customs and culture (link 2.1.9). |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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. | FA | Solemar recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in a number of different languages according to resident need.  On the day of audit there were Pacific residents living at Solemar. Whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau in service delivery. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.  At the time of the audit, there were staff who identified as Pasifika. The service is actively recruiting new staff. The FM/CM confirmed how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika.  Interviews with staff members, two hospital residents, and five family/whānau (two dementia, and three hospital) identified that the service puts people using the services, family/whānau, and the Solemar community at the heart of their services. The service can consult with Pacific staff to access community links and continue to provide equitable employment opportunities for the Pacific community. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | All staff at Solemar understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code) and were observed supporting residents following their wishes. The family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, Pacific and English languages.  There were residents who identify as Māori. The FM/CM reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives by involving them in the care delivery process to determine residents’ wishes and support needs. There are cultural policies which outlines tikanga best practice guidelines to follow. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau and residents confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Residents’ files sampled confirmed that each resident’s individual cultural, religious, social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.  The FM/CM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility’s secure spacious garden area.  There is a documented privacy policy that references current legislation requirements. Staff were observed to maintain privacy throughout the audit, including respecting residents’ personal areas and knocking on the doors before entering.  All staff have completed cultural training as part of orientation and annually. The FM/CM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to te reo Māori. Tāngata whaikaha needs are responded to as assessed. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. |
| Subsection 1.5: I am protected from abuse  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. | FA | A staff code of conduct is discussed during the new employee’s induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive, and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.  Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents, showing them respect and dignity. Family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.  Police checks are completed as part of the employment process. The service implements a process to manage residents’ comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. The staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.  The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care that included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents. |
| Subsection 1.6: Effective communication occurs  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. | FA | Information is provided to residents and family/whānau on admission. Residents and family/whānau have the opportunity to provide feedback through the annual surveys; however, these have not been completed as scheduled (link 2.2.2).  Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.  An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Caregivers and the registered nurse interviewed described how they are able to assist residents that do not speak English, with interpreters or resources to communicate as the need arises.  Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.  The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes input from members of the multidisciplinary team. The FM/CM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. |
| Subsection 1.7: I am informed and able to make choices  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. 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. 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. | FA | There are policies around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Five resident files were reviewed and written general consents sighted for outings, photographs, the release of medical information, medication management, and medical cares were included and signed as part of the admission process. Specific consent had been signed by residents (where appropriate) for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and delivery of personal care.  The admission agreement is appropriately signed by the resident or the activated enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents’ clinical file and activated as applicable for residents assessed as incompetent to make an informed decision. Training related to the Code of Rights, informed consent and EPOAs is part of the mandatory education programme.  An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative’s lives.  The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents’ cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | The service has complaints register in place. There were two internal complaints recorded since last audit. The complaints (both verbal) have since been investigated, corrective actions developed, and closed out. The FM/CM confirms that both verbal and written complaints are managed in line with the guidelines set by the Health and Disability Commissioner. The complaint process timeframes were adhered to, and service improvement measures implemented.  Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified from previous complaints lodged. Discussions with residents, and family/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues raised, are addressed promptly by the FM/CM.  An external complaint to the Health and Disability Commissioner from August 2021 was closed in January 2023, with no further action required. Review of the documented information confirm that the service complied with all requests for further information within the required timeframes at the time.  Family/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers’ Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. Residents and family/whānau interviewed describe a process of making a complaint that includes being able to raise these when needed, or directly approaching staff, management team, or the owner/director.  There have also been several compliments received about services. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | PA Low | Orewa Beach View Retirement Home & Hospital Limited which operates as Solemar is certified to provide rest home, dementia, and hospital (geriatric) levels care for up to 30 residents. There are 15 dedicated dementia beds and 15 hospital beds. On the day of audit there was a total of 24 residents (15 hospital and 9 dementia level). All residents were under the age-related residential care (ARRC) contract. There is one double room, which at the time of the audit was singly occupied.  The service is managed by an experienced registered nurse who holds a dual role of facility manager and clinical manager (FM/CM) and provides clinical governance input. They have been in the current role since March 2022. Prior to this role, the FM/CM was employed in a management role for a large, aged care provider for a number of years. They are supported by a business manager who has an administration role and is the health and safety officer The FM/CM has maintained at least eight hours annually of professional development activities related to managing a rest home and training related to cultural awareness, Te Tiriti o Waitangi, Te Whare Tapa Whā, and te ao Māori.  The owner/director is the governing body for Solemar. The director and FM/CM interviewed were able to describe the company’s quality goals. There is a 2024 business plan that outlines objectives for the period being implemented. The business plan includes a mission statement, scope, direction, goals, values, and operational objectives. The 2023 objectives have been reviewed and signed off when fully attained. Management reports reviewed showed adequate information to monitor performance is reported to governance (the owner/ director), including potential risks; contracts; human resource and staffing; growth and development; maintenance; quality management; and financial performance. The FM/CM and owner/director are in constant communication and meet face to face at least twice weekly. The owner/director attends staff meetings regularly.  There is no evidence of meaningful Māori representation and input into organisational operational processes. On interview, the owner/director confirms that there are plans to collaborate with mana whenua (resident’s whānau) in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery. The owner/director described how residents have experienced improved health outcomes while in the service, and how this evidenced equity for tāngata whaikaha people with disabilities. This was corroborated in interviews with family/whānau. The director has completed training in Te Tiriti, health equity, and cultural safety. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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. | PA Low | Solemar has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. However, resident ethnicities are not documented as part of the resident’s entry profile (link 3.1.5 and 5.4.3).  Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and any new policies or changes to policy are communicated to staff.  Monthly staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place; however, where corrective actions were identified with internal audits, these were not always followed up and signed off as achieved. Quality data and trends in data are posted, and accessible to staff. Corrective actions are discussed at staff meetings. Outstanding matters arising from meetings are addressed with sign-off when completed.  The staff, resident and family satisfaction surveys have not been completed as scheduled between 2022 and 2024.  A health and safety system is in place with identified health and safety goals. Health and safety is included in the staff meetings, with the business manager (admin support) undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in March 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety officer. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering employees the employee assistance programme.  All staff completed cultural safety training to ensure a high-quality service is provided for Māori. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded and achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.  Hard copy reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, bruises, and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the FM/CM, who reviews every adverse event.  Discussions with the FM/CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT around registered nurse shortages (last completed 28 February 2024) and one pressure injury in April 2023. There has been three outbreaks since last audit (norovirus in July 2023, Covid-19 in October 2023 and scabies outbreak in March 2024). These were appropriately notified and staff were debriefed. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | 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. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. The service has recently recruited three new registered nurses and review of the last three weeks roster confirms that there is a registered nurse on shift 24/7. However, most of the morning shifts are covered by the FM/CM, supported by a caregiver who is an internationally qualified registered nurse. There are vacancies for three more registered nurses which were being recruited into (applications already received at the time of the audit).  The FM/CM currently works in excess of 40 hours a week Monday to Saturday and is available on-call 24/7. The FM/CM, registered nurses and senior caregivers maintain current first aid certificates so there is always a first aider on site. The service continues to recruit RNs.  Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. The training topics on the in-service calendar included (but are not limited to) infection control /hand hygiene; outbreak management; moving and handling; safe food handling; pain identification and management; complaints; resident’s Code of Rights; managing continence; cultural safety; Treaty of Waitangi; wound care; challenging behaviour; dementia care; and medication management. Related competencies are completed as required for registered nurses, such as interRAI, syringe driver competency, and controlled drug competency. Further training for registered nurses includes (but is not limited to), palliative care, pressure injury prevention, and management coordination. Care staff are supported to complete a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider’s funding and service agreement. There are five caregivers who have achieved level 3 and above; one who has completed level 2 NZQA qualifications; and two are internationally qualified nurses going through their registration process. Of the eleven caregivers employed, four had completed dementia care training; the remaining are currently in training.  Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well supported and safe in the workplace. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The FM/CM reported the Solemar model of care ensured that all residents are treated equitably.  The provider has an environment that encourages collecting and sharing quality Māori health information. The service is working towards having a relationship with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focused on achieving healthy equity for Māori. At the time of the audit, the service had staff and residents who identified as Māori. Staff wellness is encouraged through participation in health and wellbeing activities, including cultural days and shared meals at meetings.  There are four registered nurses, including the FM/CM, with one being interRAI trained. The staff records sampled demonstrated completion of the required training and competency assessments. |
| Subsection 2.4: Health care and support workers  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. 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. 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. | FA | Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented. Each position has a job description. A total of five staff files were reviewed (two caregivers, FM/CM, registered nurse and cook) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.  Records were kept, confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. This includes (but not limited to) those related with the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, and other allied health service providers.  Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies. Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.  The ethnic origin of each staff member is documented on their personnel records. A process to evaluate this data is in place and this is reported to the owner/director at management meetings. Following incidents, the management team is available for any required debrief and discussion. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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. | FA | All necessary demographic, personal, clinical, and health information was fully completed in the residents’ files sampled for review. The clinical notes were current, integrated, and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents’ information is held for the required period before being destroyed.  The service uses an electronic information management system (Medi-map, interRAI) and a paper-based system. Staff have individual passwords to the medication management system, and interRAI assessment tool. The visiting general practitioner (GP), and allied health providers also document as required in the residents’ records. Policies and procedures guide staff in the management of information. An external provider holds back-up database systems.  There is a consent process for data collection. The records sampled were integrated. The FM/CM reported that EPOAs can review residents’ records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.  Solemar is not responsible for the National Health Index registration of people receiving services. |
| Subsection 3.1: Entry and declining entry  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. 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. | PA Low | Residents who are admitted to Solemar are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The facility manager (FM) /clinical manager (CM) screens prospective residents prior to admission.  In cases where entry is declined, there is liaison between the FM/CM and the referral team. The prospective resident would be referred to the referrer. The FM/CM described reasons for declining entry would only occur if there were no beds available or Solemar is unable to provide the service the prospective resident requires, after considering staffing and resident needs.  The admission and enquiry policy and procedure, guide staff around admission and declining processes, including required documentation. However, the service does not keep records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals and did not report the facility ethnicity data and did not routinely analyse ethnicity data related to admissions and declined referrals.  There is an information pack relating to the services provided at Solemar, which is available for families/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed. Items that are not provided by Solemar, are included in the admission agreement.  Solemar identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service currently does not have established engagement with local Māori advisors including kaumātua to benefit Māori individuals and whānau (link 2.1.9). |
| Subsection 3.2: My pathway to wellbeing  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. | PA Low | Five resident files were reviewed (three hospital and two dementia level care). The FM/CM and registered nurse are responsible for conducting all assessments and for the development of care plans. The five files reviewed, evidenced there was no resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. Solemar provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.  Solemar uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include those relating to falls; pressure injury; behaviour; continence; nutrition; skin; and pain. The initial support plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan. All residents have a behaviour assessment and a behaviour plan, with associated risks and supports needed and includes strategies for managing/diversion of behaviours.  Long-term care plans have been completed within 21 days. Care plan interventions are holistic, resident centred and provided guidance to staff around all medical and non- medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly) for the residents and when changes occurred earlier as indicated. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet.  The general practitioner (GP) from local medical centre provides medical services, including after hours on-call support. Residents are reviewed by a visit to the facility by the general practitioner on admission, acutely or for monthly / three-monthly review. There is evidence in the resident files that the residents were seen by the GP within five working days of admission and resident regular reviews occurred as per required timeframes. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner (interviewed by phone) stated they were very happy with the competence of the FM/CM and registered nurse, care provided and timely communication when there are concerns.  Specialist services are initiated as needed. Allied health interventions are documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. A physiotherapist is available on request as required. The podiatrist visits regularly. Specialist services (eg, mental health, psych geriatrician, dietitian, speech language therapist, wound care, and continence specialist nurse) are available as required through Health New Zealand- Waitemata.  Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the registered nurses document at least daily for hospital level and at least weekly and as necessary for dementia level care residents.  The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident’s condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the general practitioner. Family stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files.  There was one wound (skin tear) present on the day of audit. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, are completed when required. A wound register has been fully maintained. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.  Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. The progress note entries and long term care plan described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure. |
| Subsection 3.3: Individualised activities  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. | FA | There is one activities coordinator (currently training as a diversional therapist) that provides activities Monday to Friday with van outings, as viewed on the day of audit. The activities coordinator has a current first aid certificate. The activities coordinator develops and delivers the activity programme. There are resources available for caregivers to use after hours and when the activities coordinator is not present. A weekly activities calendar is posted on the noticeboards and copies available for each resident.  There are a range of activities appropriate to the resident’s cognitive and physical capabilities. These include (but not limited to) exercises; board games; entertainment; art; newspaper; sing along; Māori music; craft; van trips; sensory activities; and walks. Residents who do not participate regularly in group activities are visited one-on-one. The interactions observed on the day of the audit showed engagement between residents, the activities coordinator, and staff. Some residents were observed going out for walks and a bus trip. Residents’ participation and attendance in activities are recorded and filed in the resident records. Residents have an individualised activities assessment and care plan which is integrated in the long-term care plan, and these are reviewed at least six-monthly. Resident care plans had 24-hour activity plans which included strategies for distraction, de-escalation, and management of challenging behaviours.  Special events like birthdays, St Patricks day, Matariki, Easter, Father’s / Mother’s Day, ANZAC day, Christmas, and theme days are on the programme and celebrated with appropriate resources available. The service ensures that staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori, with support from a resident’s whānau and a staff member.  Families/whānau and residents interviewed spoke positively of the activities programme, with feedback and suggestions for activities made via one on one and resident meetings. |
| Subsection 3.4: My medication  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. | FA | Solemar has policies available for safe medicine management that meet legislative requirements. The registered nurse and medication competent caregivers who administer medications are assessed annually for competency. Education around safe medication administration is provided.  On the day of the audit, a registered nurse was observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their roles regarding medication administration. Solemar uses robotic rolls for all regular and short course medications and blister packs for ‘as required’ medicines. All medications once delivered are checked by the registered nurses against the medication chart. Any discrepancies are fed back to the supplying pharmacy.  Medications were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.  Ten electronic medication charts were reviewed. There is evidence of a three-monthly general practitioner review of all the residents’ medication charts, and each drug chart has photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-medicating. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. Standing orders are not used at Solemar. There are no vaccines kept on site.  There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The FM/CM described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The cook works full time Monday to Saturday and is supported by another trainee cook and a kitchen hand. All meals are prepared and cooked on site, with meals being plated and served from kitchen to the dining rooms in the dementia unit and by hotbox to the hospital dining area and residents’ rooms as requested. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, are available for residents to maintain independence with meals. Caregivers interviewed are knowledgeable regarding a resident’s food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the registered nurse and record this in progress notes. The kitchen was observed to be clean, well-organised, well equipped and with a current approved food control plan, issued 5 September 2022. The four-weekly seasonal menu has been reviewed by a dietitian April 2024.  A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen. The kitchen meets the needs of residents who require special diets. The cooks work closely with the registered nurse and FM/CM with resident’s dietary profiles and any allergies. Residents who require supplements for identified weight loss have them supplied.  Kitchen staff are trained in safe food handling. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers.  One-to-one interaction of residents with staff and cooks in the dining room allows the opportunity for feedback on the meals and food services. The cook and caregivers interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they provide food for the cultural themed days, in line with the theme. The cook stated they do their best to accommodate any requests from residents.  Residents and family/whānau members interviewed indicated satisfaction with the food. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form; copies of medical history; admission form with family/whānau contact details; resuscitation form; medication charts; and last general practitioner review records. The residents (if appropriate) and families/whānau are involved for all discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents’ files and any instructions integrated into the care plan. The FM/CM advised a comprehensive handover occurs between services. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | The buildings, plant, and equipment are fit for purpose at Solemar and comply with legislation relevant to services being provided. The current building warrant of fitness expires 3 April 2025.The environment is inclusive of peoples’ cultures and supports cultural practices.  Maintenance requests are logged into a maintenance book and the facility manager arranges repair with chosen contractor. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. There is an annual maintenance plan that includes electrical testing and tagging; resident’s equipment checks; call bell checks; calibration of medical equipment; and monthly testing of hot water temperatures, that is managed by the facility manager. Testing and tagging of electrical equipment was completed in February 2024. Checking and calibration of medical equipment, hoists and scales calibration was completed 27 March 2024. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.  The corridors have sufficient room to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and to the outside decked areas and gardens. The external courtyards and gardens have seating and shade.  The service consists of thirty beds, all on one level. It is split into two areas (hospital and secure dementia unit). The hospital consists of fifteen beds comprising of thirteen single rooms and one double. At the time of audit the double room had single occupancy. All of the rooms had handbasins and a portion of them had shared toilets with a privacy lock.  The dementia unit consists of fifteen single rooms, some with handbasin and shared toilets which have a privacy lock system. The layout provides a secure environment. The walking paths are designed to encourage purposeful walking around the decked area. The secure external areas are safely maintained and were appropriate to the resident group and setting. There is room to store mobility aids, hoists, and wheelchairs. There are adequate numbers of accessible bathrooms and toilet facilities throughout the facility. Visitor and staff toilet is also available at the facility.  Rooms are large enough for easy movement with mobility aids. The hospital rooms are large enough to accommodate the use of hoists. Residents can have personal items in their bedrooms. Bathrooms/showers have signs, handrails, and call bells. The rooms are well lit, ventilated, and heated. Flooring is carpet or vinyl and maintained in very good condition. Installations, walls, and floorings are in good condition. A variety of seating is provided to meet all resident’s needs.  Each area had an adequately sized lounge and dining rooms in which activities took place and smaller quieter areas for residents and for family/whanau to spend time with residents.  The service has no current plans to build or extend; however, should this occur in the future, the FM/CM advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.  The fire evacuation plan has been approved by the New Zealand Fire Service 23 January 2014. A fire evacuation drill is repeated six-monthly, in accordance with the facility’s building warrant of fitness; with the last fire drill having been completed in February 2024. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage, the kitchen has gas cooking facilities. Emergency lighting (lasts for approximately three hours) is available to give staff time to organise emergency procedures. There are adequate supplies in the event of a civil defence emergency, including an equivalent of 3 litres of water per person, per day, for a three-day cover. lighting is approx. The owner advised that the power company will provide a generator when power outage is extended. Information around emergency procedures is provided for residents and relatives in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures.  Registered nurse and caregivers files reviewed demonstrated evidence of completing first aid/CPR training.  There are call bells in the residents’ rooms, communal toilets/bathroom, and lounge/dining room areas. There is a display monitor at the nurses’ station. Residents were observed to have their call bells in proximity to their current position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.  There are cameras in the hallways and communal areas. Entry into the dementia unit is by a code and the doors are set to automatically release in case of fire. The front door to the building is locked by staff at sunset and unlocked at sunrise. The building is secured after hours. Staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols. |
| Subsection 5.1: Governance  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. 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. | FA | The infection prevention (IP) and Antimicrobial Stewardship (AMS) policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.  The FM/CM is the infection control coordinator, and reported they have full support from the owner/director regarding infection prevention matters. This includes time, resources, and training. Monthly staff meetings include discussions regarding any residents of concern, including any infections. The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training; as verified in training records sighted. Additional support and information are accessed from the infection control team at Health New Zealand- Waitemata, the community laboratory, and the GP, as required. There were three infection outbreaks reported since the previous audit, which were managed according to Ministry of Health guidelines and reported to the owner/director immediately. |
| Subsection 5.2: The infection prevention programme and implementation  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. | FA | The FM/CM coordinates the implementation of the infection control programme. The infection control coordinator’s role, responsibilities and reporting requirements are defined in the infection control coordinator’s job description. The FM/CM has completed external education on infection prevention and control for clinical staff.  The service has a clearly defined and documented infection control programme implemented that was developed with input from external infection control services. The infection control programme was approved by the owner/director and is linked to the quality improvement programme. The infection control programme is reviewed annually, and it was current.  The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.  The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources, including personal protective equipment (PPE), were available on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan if required.  The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk and has access to shared clinical records and diagnostic results of residents.  Staff have received education around infection control practices at orientation and through annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic and at the time of outbreaks. Education with residents was on an individual basis as required. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.  The infection control coordinator consults with the owner/director on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand- Waitemata. The owner/director stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.  Medical reusable devices and shared equipment are 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 control audits were completed; however where required, corrective actions were documented but there was no evidence of follow-up and sign off (link 2.2.4).  Caregivers, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are some of the culturally safe infection control practices observed, and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff are practicing in a culturally safe manner. The service has educational resources in te reo Māori. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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. | FA | The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the owner/director. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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. | PA Low | The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.  Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.  Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.  Surveillance of healthcare-associated infections does not include ethnicity data. There were infection outbreaks of norovirus in July 2023, Covid-19 in July 2023, and scabies in March 2024 since the previous audit. These were well managed with appropriate notifications completed. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Caregivers ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.  There are dedicated housekeepers who are responsible for cleaning. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The housekeepers have attended training appropriate to their roles. The FM/CM has oversight of the facility testing and monitoring programme for the built environment.  All resident clothing is laundered on site by caregivers. All linen is laundered by an external provider and delivered three times a week (Monday, Wednesday, and Friday) back to the facility. The on-site domestic laundry area has defined dirty and clean areas. Washing temperatures are monitored and maintained to meet safe hygiene requirements. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards in covered bags on trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen.  Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The infection control coordinator is involved in the implementation of the cleaning, laundry, and audits. Satisfaction surveys and interviews confirmed satisfaction with the cleaning and laundry processes. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Solemar is committed to providing services to residents without the use of restraint. At the time of the audit, there were no residents using restraint. The service has been restraint free for almost a year and is committed to remaining restraint free. The designated restraint coordinator is the FM/CM. Systems are in place to ensure restraint use (if any) will be reported and benchmarked. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021.  Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Solemar works in partnership with whānau and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the EPOA, GP, and restraint coordinator.  Restraint related training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies, is completed as part of the mandatory training plan and orientation; with training completed in the last year. Restraint audit was completed and demonstrated compliance with expected standard. |

# 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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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.1.9  Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies. | PA Low | Solemar is an owner operated facility that is certified to provide hospital, rest home and dementia level of care. The owner/director is the governing body for Orewa Beach View Retirement Home & Hospital Limited – Solemar. The director and FM/CM interviewed were able to describe the company’s quality goals. However, there is no evidence to demonstrate meaningful Māori, whānau, and Te Tiriti partner representation, to have input into organisational operational processes. | There is no documented evidence that the governance bodies have meaningful Māori representation and that these representatives have input into organisational operational processes. | Ensure that governance bodies have meaningful Māori representation with input into organisational processes.  90 days |
| Criterion 2.2.2  Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care. | PA Low | The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings have been completed as scheduled since the last audit, demonstrating consistent evidence that data is tabled at meetings, discussed, and used for improvements to the service.  Staff, resident and family/whānau satisfaction surveys have not been completed as scheduled since the last audit in 2022; however, the service has just completed satisfaction surveys (staff, resident/family/ whānau) in April 2024, which are yet to be collated, analysed, and reported on. Family/whānau interviewed confirm they know what is happening within the facility through emails and phone calls. Regular resident and family/whānau meetings are not evidenced as occurring as planned since the last audit. | (i). There have been no resident, family /whānau and staff satisfaction surveys completed between 2022 and 2024.  (ii). Resident, family/ whānau meetings have not been held since the last audit. | (i). Ensure that satisfaction surveys are competed as scheduled.  (ii). Ensure that resident, family/ whānau meetings are held as scheduled.  90 days |
| Criterion 2.2.4  Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them. | PA Low | The service implements a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The FM/CM takes accountability to ensure that staff are aware of and adhere to the quality and risk processes. All internal audits were completed as scheduled, corrective actions documented; however, there is no evidence of their follow up and sign off when completed. | There is no evidence documented to demonstrate follow up of internal audit corrective actions and sign off when completed. | Ensure that corrective actions are followed up and signed off when completed.  90 days |
| Criterion 3.1.5  Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori. | PA Low | In cases where entry is declined, there is liaison between the FM/CM and the referral team. The prospective resident would be referred to the referrer. The FM/CM described reasons for declining entry would only occur if there were no beds available, or Solemar is unable to provide the service the prospective resident requires, after considering staffing and resident needs. | (i). The service does not keep records of how many prospective residents and family/whānau have viewed the facility, or admissions and declined referrals.  (ii). The service does not report the ethnicity data and did not routinely analyse ethnicity data related to admissions and declined referrals. | (i). & (ii). Ensure demonstration of routine analysis to show entry, decline rates, and ensure data includes specific data for entry and decline rates for Māori.  90 days |
| Criterion 3.2.1  Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this. | PA Low | The FM/CM and registered nurse are responsible for conducting all assessments and for the development of care plans. The assessments and care plans reviewed are holistic and include all residents’ needs; however, there is no documented evidence that the residents and family/whānau are included in the development of these. | There was no evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. | Ensure there is documented evidence of resident and family/whānau input to assessments and care planning processes.  60 days |
| Criterion 5.4.3  Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data. | PA Low | Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) are entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at staff meetings. The service does not currently link ethnicity data into infection surveillance and is working towards incorporating it into surveillance methods and data captured around infections. | Infection surveillance does not include ethnicity data. | Ensure infection surveillance includes ethnicity data.  90 days |

# 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.

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End of the report.