Bizcomm New Zealand Limited - Manor Park Private Hospital

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Bizcomm New Zealand Limited
Premises audited:	Manor Park Private Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
Dates of audit:	Start date: 23 May 2024 End date: 24 May 2024

Proposed changes to current services (if any): The service does not have residents requiring the following levels of care: Dementia care; Hospital services - Geriatric (excl. psychogeriatric); Hospital services – Medical. Can these be removed from the certificate please.

Total beds occupied across all premises included in the audit on the first day of the audit: 50

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Manor Park Private Hospital provides hospital-mental health services and hospital-psychogeriatric and hospital-medical level of care for up to 54 residents. On the days of the audit, there were 50 residents in total. The service is currently not providing the following certified levels as per their certificate (dementia care; hospital services - medical; and hospital services - geriatric services (excl. psychogeriatric). Therefore these service types were not assessed as part of this audit).

The organisation is managed by a facility manager who is supported by the operations manager, a quality improvement coordinator, and a clinical coordinator. Residents and family/whānau expressed satisfaction with the care provided. There have been no significant changes to the management since the previous audit.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand- Te Whatu Ora- Capital Coast and Hutt Valley. 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 staff, management, and the general practitioner.

The service has addressed the previous certification shortfalls relating to documenting the effectiveness of pro re nata (PRN) medications and staffing. The facility manager reported that the service did not proceed with the initial plan of providing dementia, hospital and geriatric level of care and therefore a transition plan was not required.

This audit identified the service meets the required subset of the Ngā Paerewa Standard.

Ō tātou motika | Our rights

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

The service provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan and residents and staff state that culturally appropriate care is provided. The service works 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.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

Manor Park's quality and risk management systems is focused on quality service provision and care. The strategic plan (2023-2024) includes a mission statement and outlines current objectives. There is a quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the funder.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions and receive education. All employed and contracted health professionals maintain a current practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The registered nurses assess, plan, review, and evaluate residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Assessments, risks, and care plans are completed and evaluated by the registered nurses. Where required, a risk management plan is developed and monitored. Stressors, early warning signs and relapse prevention strategies are identified. Resident files are paper-based and included medical notes by the general practitioner and allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses are responsible for the administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking are prepared and cooked on-site. Residents' food preferences, dietary and cultural requirements are identified and catered for.

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

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 fully attained.

The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe and meet the needs of residents living in this care home.

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

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

The service ensures the safety of the residents and of staff through a planned infection prevention programme that is appropriate to the size and complexity of the service. The quality improvement coordinator oversees the programme. Orientation and ongoing education of staff are maintained.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of Covid-19 were managed according to Ministry of Health guidelines.

Here taratahi | Restraint and seclusion

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

The service is a restraint-free environment, and this is supported by the management, policies, and procedures. There were no residents using restraint at the time of the audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
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 and Cultural and Spiritual policy is documented for the service. This policy acknowledges the Te Tiriti o Waitangi as a founding document for New Zealand. Te Whare Tapa Wha health model is incorporated into all cares for both Māori and other residents alike. The service currently has residents and staff who identify as Māori. The facility manager (FM), quality improvement coordinator (QIC), clinical coordinator (CC), four registered nurses (RNs), five caregivers (CGs), and two cooks interviewed demonstrated awareness of cultural safety and were able to describe ways they apply the principles of Te Tiriti into practice in relation to their role. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within the service. The principles of these actions are also applied to people with disabilities. The management is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation and this is identified in policy and procedure. The management team and staff have completed training on Te Tiriti o Waitangi and health equity.

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	There is a Pacific Health and Wellbeing Strategic Plan for the greater Wellington Region 2020-2025 that commits to providing appropriate and equitable care for residents who identify as Pasifika. The Pacific Model of Health (The Fonofale Model) guides on how Pacific people who engage with the service are supported. The service has residents and staff who identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other's culture.
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 interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. Five residents and five relatives interviewed, reported the Code of Rights was adhered to and residents were aware of their rights.
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	All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained. The FM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau and residents stated that they were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors,

		visitors, and residents.
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	The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The management team stated that additional advice can be accessed from the local advisors, or through Health New Zealand-Te Whatu Ora- Capital, Coast and Hutt Valley if required. Staff reported that they are encouraged to refer to the Māori health policy on tikanga best practice. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent, and enduring power of attorney. All residents' files reviewed contained appropriately signed consent forms.
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 complaints/compliments management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Rights which is the right to complain, to be taken seriously, respected, and to receive a timely response. The service has a complaints register in place. There were six complaints lodged in 2023, and none in 2024 year to date. The FM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation including follow-up letters and resolutions, were completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, are addressed promptly. There were several compliments received from residents and family/whānau. Families/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. In the event of a complaint from a Māori resident or whanau member, the service would seek the assistance of an interpreter or cultural advisor if needed. There have been no external complaints reported since the previous audit.
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.	FA	Manor Park Private Hospital is privately owned by one owner/director. The service provides care for up to 54 residents. There are 50 designated beds for psychogeriatric level of care residents and seven designated hospital-level mental health beds. On the day of the audit, there were 44 psychogeriatric residents, including three under 65 years old, and (two) Accident Compensation Corporation (ACC). There were six mental health residents, all under the mental health act. The service does not have residents requiring the following levels of care: dementia care; hospital services - geriatric (excl. psychogeriatric); hospital services - medical. Therefore these service types were not assessed as part of this audit. The governance body is made up of the owner/director, facility manager, operations manager, and quality improvement coordinator. The team meet monthly and report on their areas. The facility manager was able to describe the service's quality goals. The service organisation philosophy and strategic plan reflect a resident/family-centred approach to all services. There is a documented business continuity and strategic plan (2023-2024) which includes the organisational chart, philosophy, vision, purpose, objectives, and values. The document describes annual and long-term objectives and the associated operational plans. All are reviewed annually. The FM interviewed, and management meeting minutes reviewed confirmed that the facility manager's reports were comprehensive and provided in a timely manner. The owner/director meets with the FM monthly, or more frequently if required. The facility manager's reports reviewed confirmed that the owner/director is monitoring organisational performance including finances, the facility manager's report, and the approval of policies and procedures. Monitoring and reviewing performance is completed at each

		management meeting and at regular intervals. The reports reviewed cover quality, risk, and compliance with standards and legislation, as well as other operational matters. The service is managed by an experienced facility manager (registered nurse/RN) who has been in the current role for the past 10 years. The facility manager has extensive experience in the aged care sector and is on the advisory team for registered nurses, enrolled nurses, and Pasifika nurse training at a local tertiary training provider. Responsibilities and accountabilities are defined in the job description and individual employment agreement. The FM was knowledgeable about legislative and contractual requirements and has had experience in mental health services and aged care for over 10 years. Documents sighted that included Māori Health Plan 2020-2024, and Taurite Ora-Māori Health Strategy 2019-2030 incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. The FM liaises with other external organisations to assist in removing barriers for Māori, improving policy and processes to be equitable and inclusive. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori. The service also uses a Pacific Health and Wellbeing Strategic Plan to support staff to address Pasifika people's cultural requirements. Clinical governance occurs at management meetings and registered nurses' meetings with the FM. The FM is maintaining up-to-date knowledge of evidence-based practice through ongoing professional development. This was confirmed by interview and review of training records.
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-	FA	The service implements the organisation's quality and risk management programme that is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits and a process for identifying and addressing corrective actions. Manor Park has a current quality improvement action plan (2024-2025) that has documented goals around completing annual satisfaction surveys, mandatory training of staff, disaster response, improving care or experience

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.		of residents and improvement of wellbeing of staff. Internal audits, meetings (including monthly RN meetings, management meetings, monthly caregivers meetings, and monthly combined health and safety/quality meetings), and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements, with evidence of progress and sign-off when achieved. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical such as infections, bruising, pressure injuries, skin tears, urinary tract infections, mental health, challenging behaviour, and restraint etc); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes and quality data are accessible to staff. Annual resident/family satisfaction surveys completed in December 2023 reflected high levels of satisfaction in all areas, that includes, meal portions, cleaning, documentation, communication, and staff positive attitudes. The FM reported that the service has addressed areas of concern from the survey with the respective departments around cleaning carpets and purchasing more linen. Evidence of this was sighted in the meeting minutes and corrective action reports reviewed. Furthermore, the staff meeting minutes reviewed reflected ongoing monitoring of these areas. Interviews with residents and family/whānau were all positive and complimentary of all aspects of the service. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practices and adhering to relevant standards. The risk mitigation plan and policies and procedures clearly describe all potential internal, and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy. A health and safety system is in place with identified health and safety goals. Hazard identification forms held at the entrance, and an up-to-date hazard register was sighted. Health and safety policies are implemented and monitored by the health and safety officer (FM). There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety. Individual fall prevention strategies are in place for residents identified at risk of falls.

		Individual reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident-related accident/incident forms were reviewed, which evidenced that each event involving a resident reflected a clinical assessment and follow-up by a care coordinator. Discussions with the FM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have not been any Section 31 notification required to be completed since the last audit. A covid-19 infection outbreak was reported following MoH guidelines in 2023, 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 (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced registered nurses and caregivers, with support from the management team. A significant number of staff maintain current first aid certificates so there is always a first aider on site. The facility manager and care coordinators provide cover for all clinical issues. Continuing education is planned on an annual basis, including mandatory training requirements. The facility manager reported that training is completed online or face-to-face. Evidence of regular education provided to staff was sighted in attendance records. Training and competency topics included (but were not limited to) Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); the aging process, pool training; dysphagia; choking, dementia; emergency management; complaints and open disclosure management; challenging behaviour; te reo Māori; tikanga Māori; Te Tiriti o Waitangi; understanding and prevention of discrimination; mental illness and aging, safe medicine management; restraint minimisation; first aid; and fire evacuation. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Staff records reviewed

		demonstrated completion of the required training and competency assessments. The facility manager reported that the model of care ensured that all residents were treated equitably. Practical care skills are included in the orientation and training programme. Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments. The previous certification audit identified an increase in bed numbers and changes to service type. The facility manager reported that the service did not proceed with the initial plan of providing dementia, hospital and geriatric level of care and therefore the transition plan that was identified as a shortfall is no longer required. The shortfall identified around staffing has also been addressed with full staffing in place.
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 are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors (GPs, pharmacists, physiotherapist, podiatrist, and dietitian). A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of seven staff files (quality improvement coordinator, diversional therapist, care coordinator/registered nurse, cook, cleaner, and two caregivers) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.

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.	FA	Six resident files were reviewed, which included two mental health resident files for residents under the mental health act, three psychogeriatric (including one under 65 years old), and one resident under ACC - psychogeriatric. All these residents had the following assessments completed, (but not limited to): behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. All files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed within the required timeframes. Care and support are undertaken by appropriately trained and skilled staff including the registered health professionals and care staff. Cultural assessments were completed by the staff who have completed appropriate cultural training. The care plans were also developed with detailed interventions to address identified problems. Residents, family/whānau/EPOA where required, general practitioner (GP) and mental health involvement are encouraged. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Long-term care plans were also developed and reviewed six-monthly following interRAI reassessments with detailed interventions to address identified problems. These were completed within the required timeframes as per the contract. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's mental and physical status. All residents' files sampled had documented evidence that residents were seen by a psycho-geriatrician or consultant psychiatrists prior to entry confirming placement level. InterRAI assessments were completed within 21 days, and these informed the development of care plans. The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts, turn charts, neurological observations forms, nursing observations, wound assessment and monitoring forms, blood glucose, and behavioural monitoring charts. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, mental health team, GP responded by initiating changes to the care plan. All long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. The evaluations included the

		residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Relevant outcome scores are considered in the development of care plan goals and interventions. Detailed strategies to maintain and promote the residents' independent well-being were documented. The care coordinator reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's physical and mental health condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The care plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in physical and mental health status is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes. All files sampled for residents admitted under the Mental Health Act had risk management plans developed and included early warning signs and relapse prevention strategies and were reviewed three-monthly. There was evidence to confirm that all files were developed in partnership with the residents, service provider, community mental health team, family/whānau and other members of the allied health team. Residents on clozapine were monitored for clozapine levels for three to six-monthly. Evidence of this was sighted in the files sampled and medicines adjusted as required. The GP visits the service twice a week and is available on call 24/7. Mental health reviews are completed monthly by the community mental health team. Residents' medical admission and reviews were completed within the required timeframes. Completed medical and mental health records were sighted. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. The GP interviewed reported that medical and mental health input was sought within an appropriate timeframe, orders were followed, and care was person-centred. This was confirmed in the files reviewed. The service works in conjunction with other healthcare professionals such

		as the GPs, medical specialists, physiotherapists, social workers, and mental health services. Access to information, education, and programmes for residents and family/whānau are provided by the service and other organisations to reduce psychiatric disability, prevent relapse, and promote wellness, and optimal quality of life for the residents. The service ensures residents are supported, and family/whānau educated about mental health, to remove stigma and promote acceptance and inclusion. There were three active wounds (two chronic and one skin tear) at the time of the audit. Wound management plans were implemented with regular evaluation completed. Residents who were assessed YPD had their unique needs identified and managed appropriately.
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	The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The service uses an electronic management system for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP and mental health specialists complete three-monthly medication reviews. A total of 12 medication charts were reviewed and these included five mental health and seven psychogeriatric. Allergies were documented and indications for use are noted for pro re nata (PRN) medications. Eye drops were dated on opening. Medication competencies were current and completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The two registered nurses were observed administering medications safely and correctly in their respective wings. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards. There were no residents self-administering medications and there is a self-

		medication policy in place when required. There were no standing orders in use. The previous audit shortfall relating documenting PRN outcomes (effectiveness of medication) has been addressed. All medications charts reviewed evidenced that PRN outcomes were being documented and internal audits completed.
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 kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 6 January 2025. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given the option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Family/whānau and residents interviewed indicated satisfaction with the food service.
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	Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed in in collaboration with the resident and family/whānau and the accepting service provider.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that	FA	Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There

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.		was a current building warrant of fitness which expires 26 February 2025, and calibration of equipment and electrical checks were completed in October 2023 with an inventory maintained. Hot water temperatures are checked monthly and if there are any problems, there is a contracted plumber. There is also a contracted electrician if required. The residents and family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and family member's needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.
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 service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the management team and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Residents were reminded about handwashing and advised about remaining in their rooms if they are unwell supervised by care staff. This was confirmed in interviews with residents and family/whānau.
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	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed at staff, management meetings and reported

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.		back to the owner/director. Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing, 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, and these were sighted in meeting minutes. 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. Benchmarking is completed internally with results from previous months. There was a Covid-19 infection outbreak reported in 2023, since the previous audit. This was managed in accordance with the pandemic plan, with appropriate notification completed.
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	The service is committed to a restraint-free environment. There were robust strategies in place to eliminate restraint use. The restraint committee is responsible for the organisation's restraint elimination strategy and monitoring restraint in the organisation. Documentation confirmed that restraint is discussed at staff and management meetings and relevant information is presented to the owner/director. There was no restraint in use on the day of the audit. Staff and the restraint coordinator confidently discussed the alternatives to restraint use. Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is delivered to staff annually.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.