

Blockhouse Bay Healthcare Limited - Blockhouse Bay Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Blockhouse Bay Healthcare Limited
Premises audited:	Blockhouse Bay Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 June 2024 End date: 13 June 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:	55

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Blockhouse Bay Home provides rest home and hospital level care for up to 64 residents. This service is one of two privately owned and operated by the same provider. It is managed by a facility manager who is a registered nurse. Residents and families spoke very positively about the care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, a manager, a director, and a general practitioner.

Two areas requiring improvement relate to cleaning and annual fire extinguisher checks.

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.
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Blockhouse Bay Home 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.

Young and older residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

Young and older residents and their whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Residents and whānau are informed about the complaints process at the time of admission. A complaints register is maintained and demonstrates complaints are resolved promptly and effectively.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The director and facility manager assume accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

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

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

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

Adverse events are documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Young and older residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The facility meets the needs of residents. There was a current building warrant of fitness and an approved fire evacuation plan.

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

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills.

Staff understood emergency and security arrangements. Residents reported a timely staff response to call bells.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service partially attained and of low risk.
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The facility ensures the safety of both young and older residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

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

Subsections
applicable to this
service fully attained.

The service aims a for a restraint-free environment. This is supported by the management team and policies and procedures. There were seven residents using restraint at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used.

Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	1	1	0	0
Criteria	0	175	0	1	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Blockhouse Bay Home has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. The cultural policy and guidelines provide information and guidance for all staff working within the facility to enhance their tikanga and approach to Māori residents and their whānau. It has been developed with input from cultural advisers and includes a link to the Māori Health Strategy - He Korowai Oranga.</p> <p>A Māori health care plan is developed at entry in consultation with the resident and their whānau. The facility manager (FM) has established links with a local marae and with Te Whatu Ora Te Toka Tumai Auckland's Māori Health Services, He Kamoka Waiora.</p> <p>Blockhouse Bay Home is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles. The facility manager (FM) reported that staff who identified as Māori would support residents and staff if required.</p> <p>Each resident's right to mana motuhake is respected and the facility manager (FM) gave examples. Staff reported they include tikanga in</p>

		<p>their practice and are learning te reo Māori.</p> <p>The FM reported, and documentation confirmed, staff have attended cultural safety training. Staff reported they have attended Te Tiriti o Waitangi training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Blockhouse Bay Home works to ensure Pacific peoples' worldviews, cultural and spiritual beliefs are embraced. There are long serving staff who identify as Pasifika who bring their own skills and expertise.</p> <p>Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through policies, their knowledge and in the care plan. For example, food preferences, meal planning and attending church services.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) and the activities coordinator to identify any shortfalls.</p> <p>Blockhouse Bay Home has a Pacific plan that includes policy and cultural guidelines developed with input from the wider Pasifika community. They include Pacific models of care and guide staff to deliver culturally safe services to Pasifika people. The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan is linked to the policy.</p> <p>There were residents who identified as Pasifika at the time of the audit.</p> <p>Blockhouse Bay Home identifies and works in partnership with Pacific communities and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service. The FM has established links with the Pasifika community. For example, a Pasifika community group visits to provide spiritual wellbeing.</p>
Subsection 1.3: My rights during service delivery	FA	Staff interviewed understood the requirements of the Code of

<p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Health and Disability Services Consumers' Rights (the Code) and were observed supporting young and older residents in accordance with their wishes. Māori mana motuhake is respected.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Posters and pamphlets were sighted throughout the facility in languages that reflect each resident's culture. This information is also provided at time of admission in information packs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Young and older residents and whānau, including people with disabilities, confirmed they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. Residents have private rooms, and for those who share with another person, consent (sighted) had been obtained.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through activities, day-to-day conversations and the menu. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that</p>

		<p>their property is respected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable to raise any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Young and older residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff working at the facility knew the residents well and spoke the residents' languages. Staff knew how to access interpreter services, if required. Other resources used included the use of a phone app, picture/word cards, white boards, providing television channels in different languages, the GP and whānau.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to</p>	FA	<p>Young and older residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the</p>

exercise independence, choice, and control.		<p>resident's record.</p> <p>Conversations observed at time of audit saw staff and residents discussing decisions that supported informed choice and decision-making. Written information was provided in the language of the resident.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception.</p> <p>The Code is available in te reo Māori and English.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the required timeframes.</p> <p>Complainants had been informed of findings following investigation.</p> <p>There have been no complaints received from external sources since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint. The FM is responsible for complaints management and follow-up.</p> <p>There have been no complaints received by Māori to date. The FM reported that a Māori warden would be available to support people if needed.</p> <p>Staff who identified as Māori and spoke te reo Māori would be available to support the resident and their whānau if needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	<p>Blockhouse Bay Home is governed and led by the owners, one of whom is the director, and the FM, who assume accountability for delivering a high-quality service. This occurs through supporting</p>

<p>knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>meaningful representation of Māori and tāngata whaikaha, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from external Māori advisors.</p> <p>Documentation evidenced that the director and the FM have completed the health equity and Te Tiriti o Waitangi training. They both confirmed they have completed cultural safety training.</p> <p>The FM, who is part of the management team, confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency with the field through sector communication, training, Te Whatu Ora Te Toka Tumai Auckland, external consultant advisor, peers, and colleagues.</p> <p>The FM, who also acts as the clinical manager, has been in the role for three and a half years, has over 10 years aged care experience, is a registered nurse and has completed the management essential course for aged care managers. Support is provided by the senior registered nurse and the director. When the FM is absent, the senior registered nurse carries out all the required duties under delegated authority with support from the FM at another facility owned by the director.</p> <p>The 2024-2025 business plan includes the vision, mission statement, and goals. The goals include ensuring that cultural safety is maintained.</p> <p>Blockhouse Bay Home is committed to responding to tāngata whaikaha (people with disability) needs and enable their participation in te ao Māori as a right. The cultural policy includes a link to the Enabling Good Lives and the New Zealand Disability Strategy to guide staff.</p> <p>The clinical team of five registered nurses, guided by documentation, and the FM discuss clinical indicators including medication errors, complaints, compliments, audits, falls and infections. Minutes of the clinical meetings were sighted.</p> <p>The management team, consisting of the director, FM, maintenance personnel and activities coordinator, demonstrate leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting,</p>
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		<p>policy, and through feedback mechanisms, and purchasing equipment.</p> <p>The director reported that the FM is a competent manager and provides adequate information to monitor performance. A sample of monthly reports to the director showed reporting is comprehensive and in a consistent format.</p> <p>The management team is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through oversight of care planning and reviews, whānau meetings, feedback and communication with the resident and their whānau. Additionally, through staff knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The FM reported that staff identify and work to address barriers to equitable service delivery through cultural needs assessments, training, and advice from family/whānau. Staff are rostered to support residents of the same ethnicity where possible, thereby minimising language barriers and enabling improved communication with the resident and their whānau.</p> <p>Residents receiving services, and whanau, participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident and whānau meeting minutes evidenced positive feedback.</p> <p>The service holds contracts with Te Whatu Ora Te Toka Tumai Auckland to provide age-related residential care (ARRC) hospital and rest home level of care for up to 64 residents. This includes a long-term chronic health condition contract (LTCHC).</p> <p>A contract is held with Waikaha – Ministry of Disabled People for young people with a disability (YPD). Additionally, Blockhouse Bay Home holds a contract with Te Whatu Ora Te Toka Tumai Auckland for one resident funded through the neuroscience department.</p> <p>On the first day of audit, twenty-four residents were receiving rest home level care, including one resident under the YPD contract,</p>
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		<p>and one resident on respite.</p> <p>Thirty-one residents were receiving hospital level care, including one resident under the LTCHC contract, and one resident under the YPD contract.</p> <p>Four residents were in the public hospital.</p> <p>Forty beds are certified as dual-purpose beds.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, whānau and staff contribute to quality improvement through meetings and surveys. Resident meeting minutes were reviewed.</p> <p>The last resident and whānau survey were completed in October 2023, with people being very satisfied with the service delivered. Evidence was sighted of a corrective action plan being signed off. Feedback to the residents' meeting occurred on 30 November 2023. The minutes were sighted.</p> <p>The last staff survey was completed during October 2023. Staff were satisfied with domains including the facility, work environment, training, and communication.</p> <p>Evidence was sighted of a corrective action plan being signed off. Feedback to the staff meeting occurred and minutes were sighted.</p> <p>Young people with disabilities have input into quality improvements to the service through the resident survey, and monthly resident and whānau meetings.</p> <p>The FM is responsible for quality. A sample of quality and risk-related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed.</p>

		<p>In addition to the three-monthly management meetings, there have been monthly RN meetings, staff meetings, monthly restraint meetings and resident and whānau meetings. The director has an office at the service and reported being in contact daily with the other members of the management team.</p> <p>Monthly staff meetings cover complaints and compliments, incident reports such as falls, skin tears, infections, pressure injuries, maintenance, training, health and skin tears, falls, restraint, safety, fire evacuation, civil emergency preparedness. A sample of meeting minutes evidenced comprehensive reporting.</p> <p>The FM reports monthly to the director. Reports include information on occupancy, referrals, restraint elimination, infection prevention, maintenance, complaints, and purchases.</p> <p>Quality improvement initiatives included purchasing new lounge chairs and updating forms to meet the Ngā Paerewa Health and Disability Standard. The FM was very proud that Blockhouse Bay Home had retained sufficient RNs through the national RN shortages by providing support above and beyond the general expectation.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2023 internal audit schedule was sighted. Completed audits included laundry, food, safety, infection prevention, and restraint use. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>The FM described the 2024-2025 risk management plan, and the processes for the identification, documentation, monitoring, review and reporting of risks, and the development of mitigation strategies. The register is updated three-monthly at service review meetings. Documented risks include fire, loss of contracts, health and safety, serious infection outbreak, theft, loss of computer files, maintenance risks, insufficient clients, loss of manager and RN, natural disaster, and low staffing levels. A plan to reduce potential inequities was</p>
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		<p>sighted.</p> <p>Staff documented adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. Whilst Blockhouse Bay Home is following the principles of the National Adverse Events Reporting Policy, it is not yet required to report externally in relation to this. The FM was aware of the imminent changes.</p> <p>The FM understood and has complied with essential notification reporting requirements. Examples were discussed. The shortage of RN notifications for the weeks beginning 8 January 2024 and 3 June 2024 were sighted. Three section 31 notifications relating to pressure injuries were sighted.</p> <p>There have not been any police investigations, coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high-quality health care to residents who identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident and family/whānau. Staff reported they are learning te reo Māori and gave examples of tikanga.</p> <p>The provider benchmarks internally against relevant health performance indicators, such as infections, skin care, staff injuries, medication errors and falls. The FM reported, and documentation evidenced, that benchmarking data in all areas compares positively against all benchmarks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. (24/7). A safe rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of two weekly rosters confirmed adequate staff cover had been provided, with staff replaced in any</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>unplanned absence. The physical environment is considered as the facility has two levels.</p> <p>Staff interviewed confirmed there were sufficient staff. There are staff who have worked in this facility for between two and fifteen years.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital.</p> <p>An after-hours on-call system is in place, with the FM taking clinical calls and the director taking business calls. Staff reported that good access to advice is available when needed.</p> <p>The FM described the recruitment process, which includes referee checks, interviews, police vetting, and validation of qualifications and practicing certificates (APCs) where required. The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, in relation to interRAI, first aid, medication, and syringe drive competencies, confirmed the training.</p> <p>Continuing education is planned annually, including mandatory training requirements. The FM reported, and documentation confirmed, that staff hold Level two, Level three and Level four New Zealand Qualification Authority (NZQA) education qualifications. Staff are encouraged to undertake the NZQA qualifications as needed.</p> <p>Six of the six registered nurses are interRAI trained.</p> <p>Training is provided either face-to-face or online and included food safety, discrimination, racism, death, dying and spirituality, elder abuse and neglect, fire evacuation, manual handling, asthma management, infection control and AMS, diabetes, falls prevention, chemical safety, cultural safety, Māori and Pacific values, The Code of Health and Disability Services Consumers' Rights (the Code), wound management, workplace bullying, RN accountability, and hoist and manual handling.</p> <p>Meetings are held with the resident and their whānau to discuss and sign care plans. Residents' meetings are held monthly and are an</p>
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		<p>opportunity for people to discuss and express opinions on aspects of the service. Minutes included reminding the residents of the forthcoming interdenominational church services being held in the facility. Positive comments regarding the meals were noted in the minutes.</p> <p>The FM reported that Blockhouse Bay Home is building on its own staff knowledge through cultural training, communication with the resident and whānau, and learning te reo Māori and signage. Staff reported learning and using te reo Māori. The activities coordinator is completing te reo Māori training. The audit opened and closed with a karakia.</p> <p>The FM described, and observation confirmed, the collection and sharing of high-quality Māori health information.</p> <p>Where health equity expertise is not available, the FM reported that external agencies are contacted. For example, Age Concern, Dementia Auckland, Stroke Foundation, Asthma Foundation, Te Whatu Ora Te Toka Tumai Auckland, palliative care and gerontology staff.</p> <p>Staff reported feeling well supported and safe in the workplace through, for example, the FM being available and supportive, cultural events, staff dinners, celebrations, and feeling as though they are one big family.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of eight staff records reviewed confirmed the organisation's policies are being consistently implemented.</p> <p>Position descriptions are documented and were sighted in the files reviewed.</p> <p>The FM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practicing certificates were sighted for two of two registered nurses in the file review, four pharmacists, dietitian, general practitioner, two physiotherapists, diversional therapist, and the podiatrist. All</p>

		<p>were current.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff described their orientation and are buddied with an experienced staff member for up to a week or longer if needed. Orientation includes medication, cultural safety, fire evacuation, first aid, health and safety, policies and procedures, knowing the residents, meals, the environment, infection control, hoist, and safe restraint. Evidence of completed orientation was sighted in the files reviewed.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation. The FM meets with the employee after three months to complete the first appraisal, and annually thereafter. A sample of completed reviews was sighted.</p> <p>Paper-based staff files were kept locked and confidential. Ethnicity data was recorded and used in line with health information standards.</p> <p>Staff reported incident reports are discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Policies and procedures guide staff in the management of information.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who need it.</p> <p>Registered nurses are provided with a unique password to access the electronic data management system. Backup database systems are held in the cloud.</p> <p>Files are held securely for the required period before being destroyed. Archived files were sighted. A cataloguing system is</p>

		<p>used to retrieve files if needed. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) number. All residents have a National Health Index (NHI) number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Assessment confirming the appropriate level of care and Needs Assessment and Service Coordination (NASC) agency authorisation is held on file. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required, and includes wellbeing, community participation, meeting physical needs and health needs of the young and older resident. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, GP admission and three-monthly reviews,</p>

		<p>initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, from interviews of clinical staff, people receiving services, and whānau.</p> <p>The service is supported by a hospice clinical nurse specialist who visits monthly and/or sooner if required. The CNS works closely with the Palliative Outcome Initiative (POI) link appointed nurse within the facility, who together support residents and their whānau with developing advanced care planning and/or who are end-of-life.</p> <p>A physiotherapist visits weekly and will review and develop plans with residents to reduce and minimise the risk of injury when mobilising.</p> <p>All but four residents had an interRAI assessment. These included three residents on either the young person's and/or long-term chronic contract. The fourth resident was admitted under a separate individual contract (please refer to 2.1).</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through day-to-day discussions. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau can independently access information.</p> <p>Residents, whānau, GP and external clinical nurse specialist interviewed had no concerns and stated that the staff know the residents well and are happy with the care that is provided.</p>
Subsection 3.3: Individualised activities	FA	<p>The activities programme is supported by a diversional therapist and activities assistant. Young and older residents are supported</p>

<p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>and encouraged to maintain and develop their interests, which were suitable for their age and stage of life. Residents are encouraged to maintain community and cultural connections, and this is supported by either individuals or groups coming to the facility and/or vice versa.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity and cultural needs. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives met the needs of Māori.</p> <p>Feedback on the programme is provided through residents' meetings and day-to-day conversations. Those interviewed confirmed they found the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are used, were current, and complied with the guidelines.</p> <p>Self-administration of medication is facilitated and managed safely</p>

		and supports young people with disabilities wishing to self-medicate. Residents, including Māori residents and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration which expires on 11 May 2025.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food and cultural preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. The menu is also provided in the different languages of the residents that reside at the facility.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. This information was sighted in residents' documentation. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p>

experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>A current building warrant of fitness is publicly displayed. It expires on 24 June 2024.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The maintenance personnel described the maintenance schedule, which was sighted. Staff confirmed they know the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned.</p> <p>Equipment tagging and testing was current as confirmed in records, interviews with the FM and observation. Calibrations of biomedical records were sighted.</p> <p>The facility has a lift to the first floor which is large enough to take a bed if required. Evidence of maintenance on 14 March 2024 was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids, and wheelchairs.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. Communal areas are available for residents to engage in activities.</p> <p>Two dining areas and the lounge areas on each floor are spacious and enable easy access for residents and staff. Residents can access areas such as the whānau room for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Thirty-six rooms have an ensuite. The number of toilet and shared accessible bathroom facilities for residents, visitors and staff are adequate. Appropriately secured and approved handrails are</p>

		<p>provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>All bedrooms provided single occupancy, except for two designated shared rooms for couples. Adequate personal space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. Staff reported that they respect the residents' spiritual and cultural requirements. Residents and whānau reported the adequacy of bedrooms. This was confirmed by the staff.</p> <p>Residents, whānau and staff were happy with the environment, including heating and ventilation, privacy, and maintenance. There is underfloor heating on the ground floor which is centrally adjusted. The second level is heated with heat pumps in each room which assist with cooling in summer. The temperature of each of the rooms can be individually adjusted. Each area was warm and well-ventilated throughout the audit.</p> <p>The FM confirmed that residents, whānau and a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>The current fire evacuation plan was approved by the Fire and Emergency New Zealand (FENZ) on 31 July 2019 was sighted. A trial evacuation takes place six-monthly with a copy sent to FENZ. The last evacuation occurred on 12 February 2024. This included a training session for the residents. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Emergency evacuation plans are displayed and known to staff. Evacuation plans were sighted in the rooms visited. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire training. Fire policies and procedures guide staff. Staff files evidenced staff are trained in</p>

		<p>emergency procedures. Staff confirmed their awareness of the emergency procedures and equipment. Staff reported attending fire safety training in February and records confirmed this.</p> <p>Fire extinguishers, call boxes, fire doors, floor plans, hose reels, a fire blanket, sprinklers, alarms, exit signs, and fire action notices were sighted. A corrective action has been raised as the 11 fire extinguishers, two hose reels and the fire blanket did not have a current service date.</p> <p>The FM reported that all RNs have a current first aid certificate. Current first aid certificates were sighted in nine staff files, six RN files including the FM, the administrator's file and the DT's file.</p> <p>Call bells alert staff to residents requiring assistance. Resident meeting minutes evidenced a timely response to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry and frozen food, medical supplies, PPE, and gas cooking were sighted. Supplies were last checked on 10 April 2024. Six hundred and eighty litres of water were sighted onsite that evidenced sufficient supplies for use in emergency.</p> <p>This meets the National Emergency Management Agency recommendations for the region. The FM reported that emergency lighting is available in the corridors, and that torches were in the civil defence kit.</p> <p>Appropriate security arrangements are in place. Staff reported that doors are secured at dusk and curtains are drawn. A security code is required to access the building at the main door. An intercom at the main door alerts staff to visitors before granting access. Residents and whānau are informed of the emergency and security arrangements at entry.</p> <p>Signage informs people that closed-circuit cameras have been installed throughout the communal internal areas. Residents and whānau are fully informed and their use do not compromise personal privacy.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>The programme is guided by a comprehensive and current infection control manual.</p> <p>The current business plan includes a goal to reduce infections, to continue to be Covid-19 free and to manage any Covid-19 outbreak as soon as possible. The FM is the infection control coordinator (ICC). Their position description was sighted and included reporting to the director.</p> <p>Expertise and advice are sought following a defined process. The ICC reported that specialist support is accessed through Te Whatu Ora Te Toka Tumai Auckland, the medical laboratory, external consultants, and the attending GPs.</p> <p>An infection control component is included in monthly staff meetings. Evidence of reporting rates of infection were included in the meeting minutes and the FM's monthly report to the director. The annual infection control review dated 19 January 2024 evidenced an overall decline in the rates of infection for 2023 compared to 2022.</p> <p>The Pandemic Plan has been tested through the outbreak of Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to the infection control committee and the director/owner of the facility. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the infection control committee has been sought when making decisions around procurement relevant to care delivery,</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly and were familiar with anti-microbial stewardship. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. At time of audit the facility had a Covid-19 outbreak. Staff interviewed stated they were happy with the support provided.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Interviews with the registered nurses, infection control coordinator and GP confirmed that the organisation was focused on promoting the AMS programme.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme and supported by the infection control coordinator. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme and ethnicity data are shared with staff and the governance body in a timely manner.</p> <p>A summary report for an infection outbreak in October 2023 was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between service providers and residents experiencing a health care-associated infection (HAI) is culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	PA Low	<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Infection rates are low. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. A clean and hygienic environment supports both prevention of infection and mitigation of transmission of antimicrobial-resistant organisms in the hospital. However, observation throughout the rest home side of the facility showed a lack of cleaning. The staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	FA	<p>The governing body is committed to ensuring the service maintains a restraint-free environment. This is documented in the 2024-2025 business plan. The FM, director and restraint coordinator confirmed</p>

<p>restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>commitment to this.</p> <p>At the time of audit, six residents were using bed side rails, and one resident was using a lap belt. One resident's file was audited as part of this audit. Staff and the restraint coordinator reported that a restraint would be used as a last resort when all alternatives have been explored, for example, walking frames, sensor mats, low beds.</p> <p>The senior RN is the restraint coordinator providing support and oversight for any restraint management. Their position description was sighted and includes the requirement to look for innovative ways to remain restraint-free, and additionally, to report back to management and staff through meetings. Minutes of four restraint committee meetings were sighted. The restraint audit completed in February 2024 evidenced 100% compliance.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability. All restraints have been approved.</p> <p>Meeting minutes evidenced the overall use of restraint used is reported monthly. Data is aggregated, including the type and frequency of restraint being monitored and analysed and reported to the staff and management team.</p> <p>The FM is involved in the purchase of equipment should it be needed.</p> <p>Ongoing education includes safe restraint and challenging behaviours. The restraint coordinator reported that training is provided in-house or by an external consultant. The restraint coordinator and staff confirmed they have received training.</p> <p>Policies and procedures meet the requirements of the standards.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure</p>	<p>FA</p>	<p>The restraint coordinator described the process prior to the assessment and those alternatives had been explored. A pre-assessment questionnaire for the restraint in the form of a bed side rail was completed. It included identifying the reasons, risks for and against, communicating with the resident, their whānau (who is the</p>

<p>that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>EPOA), the GP and the staff. The form considered cultural needs and was completed by the restraint coordinator and signed by the whānau/EPOA.</p> <p>The assessment was completed and sighted. It included discussion with the FM, the GP, the resident, whānau/EPOA and included all requirements of the standard. Access to advocacy is facilitated as necessary. The consent was signed by the whānau/EPOA, GP and the restraint coordinator. The resident's care plan described the restraint and the strategies in place to mitigate risk.</p> <p>Records of hourly monitoring of restraint use were documented in line with the requirement. The restraint register contained enough information to provide an auditable record.</p> <p>The evaluation was completed in a timely manner and included access to advocacy if necessary.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The last quality review of all restraints was completed on 23 January 2024. It included a review of the policy, culturally safe practices, and a holistic and cultural approach. The outcome of the review was reported to the FM. The FM reported that the number of restraints has decreased since 2020.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Moderate	The maintenance personnel reported that the facility has 11 fire extinguishers, two hose reels and a fire blanket. A sample was inspected. Four fire extinguishers and the fire blanket were last serviced in May 2023. The FM reported that all the fire equipment was tested at the same time, and all the equipment was out of date.	The 11 fire extinguishers, two hose reels and the fire blanket did not have a current service date.	<p>Provide evidence that the 11 fire extinguishers, two hose reels and the fire blanket have a current service date.</p> <p>30 days</p>
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p>	PA Low	There are policies and procedures in place to support cleaning of the facility. The newer hospital part of the facility was observed to be clean and tidy. In October 2023 one of three cleaners resigned. A new cleaner commenced their role in February 2024. All three cleaners are experienced and complete regular and relevant training, and this was evidenced in staff records and interviews.	Not all cleaning has been undertaken in the rest home.	Provide evidence that the rest home environment is clean and there are safe and effective cleaning processes in place that are been monitored.

<p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>		<p>Residents and whānau interviewed were happy with the environment. In the older part of the facility (rest home) which also houses the laundry and kitchen, cleaning has been completed and signed off being completed. However, observation of the rest home found further cleaning was required due to observations of:</p> <ul style="list-style-type: none"> - A buildup of stained dirt evident on the lino floors and skirtings in main corridors throughout the rest home and in the kitchen. - Accumulation of dirt, dust and lint behind the laundry equipment in the laundry room. - Dust on areas above head level – for example, door surrounds and picture frames. - The aged side drawers in the dining room require replacing as they are hard to keep clean. - The bathroom ceilings were mouldy. - Shower curtains required washing. 		180 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.