

Home of St Barnabas Trust - Home of St Barnabas

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Home of St Barnabas Trust
Premises audited:	Home of St Barnabas
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 June 2024 End date: 7 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:	39

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

Home of St Barnabas Trust is a charitable trust and is governed by a Board of Trustees providing governance and direction. The home provides rest home level care for up to 41 residents. At the time of the audit there were 39 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contracts with Health New Zealand Te Whatu Ora – Southern. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with management, family/whānau, staff and the general practitioner.

Three experienced care managers oversee the day-to-day operations of the facility. They are supported by experienced caregivers and long serving general manager and house manager.

Quality systems and processes are being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An orientation and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit has identified one shortfall around menu reviews.

The service has been awarded a continuous improvement rating related to activities.

Ō tātou motika | Our rights

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

Subsections applicable to this service are fully attained.

Home of St Barnabas Trust provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan in place. The service works to provide high-quality and effective services and care for residents. 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 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 are fully attained.

The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. There is a business plan in place that includes a mission statement, structure, purpose, values, scope and annual goals and objectives. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety

programme is being implemented. The house manager is the designated health and safety officer. Hazards are identified with appropriate interventions implemented. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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The Home of St Barnabas Trust has an admission package available prior to or at the time of entering the service. The sample of care plans reviewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme meets the individual needs, preferences, and abilities of the residents. The activity coordinator provides and implements a wide variety of activities which includes cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed and reviewed by a dietitian. Individual and special dietary needs are accommodated. Residents and family/whānau interviewed responded favourably to the food that is provided. A current food control plan is in place.

Transfer between services for residents is coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

The building has a current warrant of fitness. The building and equipment comply with legislation. There is a preventative maintenance schedule in place. There are sufficient bathroom facilities to meet the needs of residents. Internal and external areas are safe and easily accessible for residents using mobility aids. Housekeeping staff maintain a clean, tidy environment, and implement effective laundry processes. Residents and family/whānau interviewed report the facility is maintained at a comfortable temperature. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. Appropriate training, information, and equipment for responding to emergencies are provided. Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty with a current first aid/CPR certificate.

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 are fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention and control programme is implemented and meets the needs of the service and provides information and resources to inform the service providers. The infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control and prevention practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the facility. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been two Covid-19 outbreaks since the last audit.

Documented processes are in place for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these 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 are fully attained.
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The restraint coordinator is one of the senior care managers. No restraints are used and maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	26	0	1	0	0	0
Criteria	1	166	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori Health Plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and references the United Declaration on the Rights of Indigenous Peoples. The service currently has residents who identify as Māori.</p> <p>Staff cultural training begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to the importance of Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>Key relationships with Māori are in place through Arai Te Uru Whare Haura (health consultant), Te Hau Ora Whānau Services (kaumatua social group contact) and Te Kaika (long term community based social services). At the time of the audit there were Māori staff members. The service supports increasing Māori capacity by employing more Māori staff members.</p> <p>Five residents and seven family/whānau reported they are involved in providing input into the resident's care planning, activities and their dietary needs. One general manager, one house manager, one food services manager and three care managers/registered nurses (RNs),</p>

		and nine staff members (one quality coordinator/RN, five caregivers, one activities coordinator, one housekeeper and one cleaner) interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines. Care plans included the physical, spiritual, family/whānau and psychological health of the residents.
<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>Home of St Barnabas Trust recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. The Pacific health plan references the United Declaration on the Rights of Indigenous Peoples. At the time of the audit there were Pacific residents living at Home of St Barnabas.</p> <p>There is a process to gather ethnicity information and Pacific people's cultural beliefs and practices during the admission process, which would then be entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from residents and family/whānau when documenting the initial care plan. The service currently has staff who identify as Pasifika descent. The service has links with Pacific Trust Otago and through a Pacific staff member, who provides guidance and support for Pacific peoples when required.</p> <p>When the service is actively recruiting new staff, the general manager confirmed that the service would encourage and support any applicants that identify as Pasifika, during the interview process. Interviews with management, staff members, residents, and family/whānau identified that the service puts people using the services, whānau, and the Home of St Barnabas Trust community at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in

<p>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>multiple locations. Details relating to the Code are included in the information provided to new residents and their family/whānau. A care manager discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the three-monthly resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility, and in the information pack provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake; self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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>Care staff interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/ whānau members to be involved in their care. The resident, family/whānau 2023 satisfaction survey results confirmed that residents are treated with respect. This was confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their personal choices, values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Resident files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage was evident in a</p>

		range of locations. Te Tiriti o Waitangi and tikanga Māori training are provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.
<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>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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>	FA	<p>Information about the service is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to</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>		<p>notify family/whānau/next of kin of any accident/incident that occurs. All correspondence with family/ whānau is documented in the resident's file and in the progress notes. Ten accident/incident forms reviewed identified family/whānau/next of kin are kept informed and this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all residents could speak and understand English.</p> <p>Caregivers and care managers interviewed described how they would assist any resident that did not speak English, with interpreters or resources to communicate, as the need arises. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team. Health professionals involved with the residents may include specialist services. The care managers described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Policies and procedures are in place to guide staff around informed consent processes, including the advance care planning, family/whānau contact, and Enduring Power of Attorney (EPOA). The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. These are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have</p>

		<p>received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment was on file.</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>The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written on the complaints register. The complaint documentation process includes acknowledgement, investigation, follow-up letters and resolution to demonstrate that any complaints received would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There has been one complaint made in 2023 and one received in 2024 year to date. The complaints reviewed included acknowledgement, follow-up and resolution. Staff interviewed confirmed they would be informed of complaints in the three-monthly staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on the complaints process and complaints forms are available near the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held three-monthly. Residents and/or family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time. The complaints process is equitable for Māori and the management team are aware of the preference of face-to-face interactions for some Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they</p>	FA	<p>Home of St Barnabas Trust is located in Dunedin. The service provides rest home level of care for up to 41 residents. At the time of the audit there were 39 residents. One resident was under the age of 65. All</p>

<p>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>residents were under the age-related residential care (ARRC) agreement. There is one double room which is either occupied with married couples or has single occupancy. At the time of the audit, this room was occupied by one resident. All other rooms are single.</p> <p>The Home of St Barnabas Trust is a Charitable Trust incorporated under the Charitable Trusts Act 1957. The Trust is governed by a Board of Trustees (Anglican Diocese of Dunedin) that provide governance and direction. The service has a documented mission statement, structure, purpose, values, scope, business plan, and quality and risk management programme that describes annual goals and objectives. The goals and objectives are reviewed at the monthly Board of Trustees meeting. The general manager reports to the Board monthly against the quality and risk plans and on a variety of operational issues and clinical matters. There is also a regional meeting every six months for the Board of Trustees Chair and managers from other Anglican Aged Care facilities, to share insights and learnings.</p> <p>The general manager and quality coordinator (both RNs) provide clinical governance. Management and the Board of Trustees are committed to working in partnership with Māori by providing high quality cultural and strategic advice and support, as well as facilitating Māori participation in decision-making. The Board consults with the Māori branch (Te Kanga) of the Anglican church, in addition to local Māori authorities (Arai Te Uru Whare Haura, Te Hou Ora Whānau Services and Te Kaika), with the aim of implementing solutions on ways to achieve equity and improve outcomes for all residents. All Board members completed cultural training in 2024 to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The service ensures tāngata whaikaha has meaningful representation and a voice through resident meetings and annual satisfaction surveys.</p> <p>Home of St Barnabas Trust is managed by a general manager/RN who has been in the role for 26 years. The general manager is supported by a management team that includes a food services manager, house manager, quality coordinator/RN, and three care managers. The management team meet on a monthly basis to discuss (but not limited to) quality data; health and safety; infection control/pandemic</p>
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		<p>strategies; complaints received (if any); staffing; and training/education.</p> <p>The general manager has completed a minimum of eight hours of professional development annually relating to the management of an aged care service.</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>Home of St Barnabas Trust has a quality and risk management system provided by an external consultant, which is embedded into practice. The quality and risk management system includes performance monitoring through internal audits and the collection of clinical indicator data. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Clinical indicator data is collected and analysed, and results discussed in the three-monthly quality/health & safety and staff meetings. Staff meetings provide an avenue for discussions in relation to (but not limited to): health and safety; infection control; outbreak management; complaints received (if any); staffing; and education. Quality and risk performance is reported across facility meetings and to the Board. Annual quality improvement goals are described and include plans to achieve these goals.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external contractor and any new policies or changes to policy are communicated to staff. Resident and family/whānau meetings provide a forum for open discussion and sharing of survey results, staff movements and outbreak management. An annual resident and family/whānau satisfaction survey has been conducted in 2023, with 82% overall satisfaction relating to the care and services provided at Home of St Barnabas Trust. Corrective actions have been implemented around gardening, privacy, food services, and open disclosure. The service actively looks to improve health equity through critical analysis of organisational practices. This is completed through annual reviews of the quality programme. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p>

		<p>A health and safety programme is being implemented, with the house manager in the role of health and safety officer. Hazard identification forms and an up-to-date hazard register were sighted (last updated on 5 June 2024). In the event of a staff accident, a debrief process is documented on the incident report. Each accident/incident is documented in hard copy. Accident/incident forms reviewed indicated that the forms are completed in full and are signed off by a care manager. Accident and incident data is collated monthly and analysed. Results are discussed in the quality/health & safety committee meeting. The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. Training is supported with input from a resident who identifies as Māori.</p> <p>Discussions with the general manager and quality coordinator evidenced awareness of the requirement to notify relevant authorities in relation to essential notifications. One Section 31 report had been completed to notify HealthCERT relating to an unstageable pressure injury in January 2024. There were two Covid-19 outbreaks documented since the last audit, one in January 2024 and one in October 2023.</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> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Home of St Barnabas Trust maintains stable staffing and the general manager described staff turnover as low. There are staffing policies documented that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager, house manager and food services manager work full time from Monday to Friday. There is one care manager working full time. The two other care managers work part time across five days per week. All three care managers share the on-call roster duties. A quality coordinator who is a RN is rostered one day a week.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. There is a minimum of one first aid trained staff member on duty 24/7. All staff receive training in cardiopulmonary resuscitation (CPR). Interviews with the caregivers confirmed that overall staffing is adequate to meet the needs of the residents. There is the flexibility on the roster to</p>

		<p>increase hours to meet residents' needs. Residents and family/whānau interviewed confirmed there are sufficient staff on duty at all times.</p> <p>The two-yearly education programme covers contractual requirements. Training is delivered in a number of ways, these include the Altura online staff training programme, face to face on-site training, and toolbox talks on relevant topics. The online training is available over the 12-month period and staff have set timeframes to complete specific topics, as well as topics which may interest them. The training included the provision of safe cultural care, and Te Tiriti o Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training days provided by Health New Zealand - Southern and hospice.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty caregivers are employed; seven caregivers have achieved level four, three have achieved level three, and six have achieved level two NZQA qualification. A competent care provision policy is in place. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) training and competencies completed include (but are not limited to) medication; fire safety; first aid; mental health/challenging behaviours; hoist training; infection prevention and control; continence management; and pressure injury prevention. Cultural competencies have been completed by the majority of staff. The three care managers and quality coordinator/RN are all interRAI trained. Care staff are encouraged to complete additional training opportunities where available. Staff wellness is encouraged through participation in health and wellbeing activities, to balance work with life.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Nine staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions</p>

<p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection prevention and control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy in place. All staff who had been employed for over 12 months have an annual appraisal on file. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff accident/incident, evidence of debriefing and follow-up action taken are documented.</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>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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>Admission policy and procedures are in place to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The care managers screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The Home of St Barnabas has an information pack available for residents and family/whānau at entry, with specific information regarding admission. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their family/whānau. Resident agreements contain all details required under the ARRC agreement. The seven admission agreements reviewed meet the requirements of the ARRC agreement and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The care managers are available to answer questions about the admission process. The care managers communicate with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service collects ethnicity information at the time of enquiry and on admission to identify entry and decline rates for Māori. The care managers reported they have made links and continue to strengthen partnerships with local Māori groups.</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>Seven resident files were reviewed. The care managers are responsible for conducting all assessments and for the development of care plans. There is documented evidence of resident, and family/whānau participation in care planning.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to falls; pressure injury; behaviour; continence; nutrition; skin; and pain. For the resident files reviewed, the outcomes of the assessments formulate the</p>

		<p>basis of the long-term care plan. Documented interventions were recorded in detail to manage early warning signs and clinical risks. All interRAI assessments, re-assessments, care plan development, and evaluations have been completed within the required timeframes and were all current.</p> <p>There are residents who identify as Māori and the care managers demonstrated awareness of how the service would support Māori residents and family/whānau to identify their pae ora outcomes in their care plan. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that would prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. Care plan evaluations reviewed were detailed and demonstrated progress towards meeting the goals. Short-term care plans are utilised for acute changes in resident condition such as infections, wounds, and any changes in behaviour. These are reviewed at least weekly and are either resolved or added to the long-term care plan.</p> <p>Residents had been assessed by their own general practitioner (GP) or the house GP within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. The GP service provides an after-hours service through the week in the evenings, and weekends with the emergency department in the event of acute deterioration. Consultation notes are printed and filed in the resident file. There is good communication (sighted) between the GP and the care managers via the medication management system, email, and phone. The GP (interviewed) commented positively on the care, and communication. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health specialist, local hospice, and wound care specialist nurse is available as required through Health New Zealand-Southern. The physiotherapist is available on request. When a resident's condition alters, the care managers initiate reviews with the residents' GP. The resident records reviewed provided evidence that family/whānau have been notified of changes to health, including infections, adverse events, GP and specialist visits, medication changes, and any changes to health status. This was confirmed</p>
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		<p>through the interviews with family/whānau.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and was found to be comprehensive in nature. Caregivers complete the progress notes every shift. The care managers document in the progress notes at least weekly to complete a registered nurse review of the care provided, and also documents when there is an incident or changes in health status. There is regular documented input from the GP and allied health professionals.</p> <p>Five chronic wounds (two residents) are being managed by the service at the time of the audit. There were no residents with current pressure injuries. A wound register has been fully maintained. All five wounds had an individual comprehensive wound assessment and wound management plan. Wound dressing timeframes were adhered to. Written evaluations and photographs evidenced progression towards healing. The care managers update the resident's GP regularly of wound progression or deterioration, as evidenced in the medication management system and GP consultation notes. The wound specialist is available as required. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. (sighted) There is access to a continence specialist as required from Health New Zealand - Southern.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; and blood glucose levels. Monitoring charts had been completed as applicable and as scheduled. Where behaviour charts were completed, these described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts are routinely evaluated by the care managers. Neurological observations are routinely commenced for unwitnessed falls as part of post falls management. Incident reports reviewed evidenced timely follow up by the care managers, and any opportunities to minimise future risks were identified and implemented.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator has been in the role for ten years and has a current first aid certificate. The activity coordinator works 22 hours a week, over five days.</p> <p>The programme reflects the physical and cognitive abilities of the resident group. The weekly programme is displayed on the noticeboard and each resident receives a copy for their room. Residents participate in a range of activities that are appropriate to their cognitive and physical capabilities. These include (but are not limited to): exercises; board games; newspaper; music; baking; church services; craft; and van trips. Residents who prefer to stay in their room or who need individual attention, have one-on-one visits to have a conversation or see if there is anything they require. The facility has a van with a current warrant of fitness and registration and is available for the resident outings. Outings and drives occur at least weekly with the activities coordinator, and a van driver who has a current first aid certificate.</p> <p>Outings include visits to local scenic spots and around Dunedin. A number of residents are not local people, and they enjoy the opportunity to look around Dunedin and the countryside. The residents are invited to attend weekly men's group and ladies groups in the community. Volunteers visit the facility, providing happy hour entertainment and pet therapy. Residents' birthdays and special events such as Mother's Day, Father's Day, Matariki, and Anzac Day. The residents participate in making decorations for the upcoming celebrations. Care managers and the activities coordinator ensure staff are aware of how to support Māori residents in meeting their health needs, aspirations in the community, and would facilitate opportunities for Māori to participate in te ao Māori as required.</p> <p>As part of the care planning process, the activities coordinator meets with the resident and family/whānau to discuss their past and present interests, skills, preferences, and capabilities for their care plan, using the social, cultural, and recreational profile as soon as they are able, usually within the first week of their admission. The resident profile is completed by the resident and/or family/whānau within two weeks of admission (if the resident chooses to have this completed). The activity</p>

		<p>coordinator also has access to relevant information from current and previous interRAI assessments regarding activities and interests. An individualised plan is then developed by the activities coordinator to reflect the resident's interests and wellbeing.</p> <p>The activities coordinator maintains an attendance record, and this is reviewed at the end of each month, with an overall review at six months. This information is shared with the care managers as part of their review of the care plan. Residents are encouraged and supported to maintain links with existing community contacts. Resident meetings are held quarterly and provide a general forum to provide feedback. Residents interviewed reported they discuss activities they would like to do with the activities coordinator, who (where able) accommodates their requests. When interviewed, residents confirmed they are happy with the current activity programme which allows for spontaneity. Regular newsletters keep residents and family/whānau up to date with what happens at the Home of St Barnabas. Family/whānau interviewed reported residents are as busy as they choose to be, and there are plenty activities on offer. Residents and family/whānau confirmed their appreciation of the improvements done to the gardens and outside areas for residents to enjoy.</p> <p>A continuous improvement rating has been awarded for the improved access and enjoyment of the garden.</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>Policies and procedures are in place for safe medicine management. Medications are stored safely and securely. Staff responsible for medication administration have completed annual medication competencies and education around medications has been provided. Regular medications and pro re nata (PRN) medications are delivered in blister packs. Medications are delivered and checked in by the care managers, who check the packs against the electronic medication chart. A record of medication reconciliation is maintained electronically. Discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner. There was one resident self-administering an inhaler on the day of audit. There were appropriately signed consent and approval forms by the resident and the GP. There are policies documented around self-</p>

		<p>administration of medications.</p> <p>Medication fridge and room air temperatures are checked weekly, recorded, and were within the acceptable temperature range. Observation of the medication trolley confirmed that creams and eyedrops in use were dated on opening and within expiry date. Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All medications are charted either regular doses or PRN. All PRN medications had documented indications for use. The effectiveness of PRN medication was documented in the electronic medication system.</p> <p>Standing orders are not in use. Over the counter medications and supplements are prescribed on the electronic medication system by the GP.</p> <p>The care managers and GP provide appropriate support, advice, and treatment for all residents and are available to discuss treatment options, to ensure timely access to medications. The resident files included documented evidence that residents, and family/whānau are updated about medication changes, including reasons for changing medications and possible side effects. One of the care managers identifies as Māori and all described their understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration</p>	PA Low	<p>Nutritional assessments are undertaken by the care managers for each resident on admission, to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed, as described by the kitchen services manager who was aware of the dietary needs, likes, dislikes and cultural needs of residents. The kitchen services manager could easily</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>access the nutritional profiles and the likes/ dislikes information; this information was available for all staff. All preferences are accommodated in daily meal planning. Residents who identify as Māori, the care managers and the kitchen services manager reported that information is gathered regarding nutritional needs and preferences during the initial assessment, and during the development of their individual Māori care plan. There are Māori and Pasifika options available on the menu where requested. The kitchen services manager, caregivers and management were all aware of, and adhere to the principles of tapu and noa.</p> <p>All meals and baking are prepared on site. Food temperatures are recorded, and food is served directly to the residents in the dining room adjacent to the kitchen. The menu has not been reviewed by a dietitian since 2018. Resident likes and dislikes are accommodated, with alternatives provided.</p> <p>A current food control plan is in place. The kitchen manager and kitchen staff have completed food safety training. Food temperatures are recorded in a paper-based system. Decanted food (cereal) is dated on opening, displays the expiry date, and is stored in sealed plastic containers and stock rotation is evident. The kitchen was observed to be clean, and the cleaning schedules were sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal were sighted at the time of the audit and comply with current legislation and guidelines. Temperatures of fridges and the freezer are monitored and recorded daily and were within safe limits.</p> <p>Residents and family/whānau are able to provide feedback around food services at resident meetings and through satisfaction surveys. The kitchen services manager and management report the residents provide feedback on the day if they are not happy with the meal provided.</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>FA</p>	<p>The planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>transfer documents include (but are not limited to) transfer form; copies of medical history; admission form with family/whānau contact details; resuscitation form; medication charts; and last GP consultation records. The service uses the Health New Zealand – Southern yellow transfer envelope. The residents and family/whānau were involved for all transfers and discharges to and from the service. Discharge notes are saved in the resident's file and discharge instructions are incorporated into the care plan. Residents and family/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Home of St Barnabas Trust has a current building warrant of fitness, expiry date 3 May 2025. Suitable systems are in place to ensure that the physical environment and facilities, both internal and external, are appropriate for the use of residents requiring rest home level care. There are preventative and reactive maintenance schedules in place. Maintenance is overseen by the house manager. External contractors are available 24/7. The facility is split level with ramp to the lower levels and lift access (last checked on 1 February 2024). All electrical equipment has been tagged and tested and medical equipment has been calibrated annually (last checked on 4 June 2024). Hot water checks are completed monthly and are all within expected ranges.</p> <p>Corridors are wide and provide adequate space for residents to freely move around the facility using mobility aids. All internal and external areas are easily accessible for residents. External areas are well maintained. The external garden areas are easily accessible and provide seating and shade. There is a mixture of resident rooms with single ensuites, shared ensuites and no ensuite facilities. There are communal bathrooms and toilet facilities located close to the resident rooms, where there is no ensuite facilities. Toilets and showers are of an appropriate design, with adequate space for mobility aids. All rooms have hand basins. All bedrooms and communal areas have ample natural light and ventilation. There are wall heaters in all areas, including resident rooms. Residents interviewed stated that the environment was warm and comfortable. There is one double room which is either occupied with married couples or has single occupancy. At the time of the audit, this room was occupied by one resident. All</p>

		<p>other rooms are single.</p> <p>The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families/whānau are encouraged to personalise their rooms, as viewed on the day of audit. The main dining room is on the main floor and provides a homely spacious environment for residents to enjoy meals. There is a small lounge/ dining area on the lower floor, where small group activities take place. There is a large 'main' lounge also on the lower floor that is spacious and provides space for large group activities and entertainment. There are small cosy areas for residents and relatives to enjoy. All areas are easily accessible to residents via the ramp or the lift between floors. Residents were moving around the facility freely during the audit.</p> <p>The general manager reported that if there is a planned development for the building, there will be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</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>	FA	<p>Emergency management policies include a pandemic plan. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service (9 August 1996). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness; with the last fire drill having been completed on 15 May 2024. There are emergency management plans to ensure health, civil defence and other emergencies are included. In the event of a power outage, there are gas hobs available in the kitchen should gas cooking be needed. There are sufficient supplies of food stored in the kitchen. Emergency lighting is available to give staff time to organise emergency procedures. There are adequate supplies in the event of a civil defence emergency, sufficient water supply, including five x 900 litre ceiling header tanks and 30 litres of bottled water, to provide 3 litres of water per person, for 7 days. There is no generator on site; however, the service has access</p>

		<p>to a generator from a local contractor when required.</p> <p>Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. There is always a staff member on duty with a current first aid/CPR certificate. There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There is a display monitor centrally located in the hallway by the lounge that alerts staff to where the call bell is coming from. During the audit, residents were observed to have their call bells in proximity to their current position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secured after hours. Staff complete regular security checks at night. A contracted security company also complete three monitored security checks throughout the night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</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>Infection prevention and control and antimicrobial stewardship (AMS) are integral parts of the Home of St Barnabas Trust business and quality plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and AMS can be accessed through Public Health and Health New Zealand - Southern. Infection prevention and control and AMS resources are accessible.</p> <p>Infection prevention and control is part of the monthly staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Significant events are managed using a collaborative approach, involving the support from Health New Zealand - Southern infection prevention and control specialists, the GP, and the Public Health team. Infection control and AMS issues are communicated by the care managers to the general manager.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A comprehensive range of policies, standards and guidelines, which includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff is included in the infection prevention and control manual. Policies and procedures are reviewed by an external expert and the care managers. Policies are available to staff. The outbreak response plan is clearly documented to reflect the current expected guidance from Health New Zealand - Southern. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and risk associated with Home of St Barnabas Trust. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually by the care managers, who is the infection prevention and control coordinator. The annual review was completed and documented in September 2023.</p> <p>The infection control coordinator job description outlines the responsibility of the role relating to infection prevention and control matters and antimicrobial stewardship (AMS). The infection prevention and control coordinator attended the regional infection prevention and control day in May 2023. The care manager has access to a network of professional aged care peer support within the Southern area when required.</p> <p>During interview, the infection prevention and control coordinator described the pandemic plan and confirmed their experience in implementation of the plan in their previous roles. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection prevention control audit monitors the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Caregivers interviewed demonstrated knowledge on the</p>
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		<p>requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention and control information and hand hygiene posters in te reo Māori. The infection prevention and control coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and control, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Meeting minutes (sighted) evidenced a clear process of involvement from the infection prevention and control coordinator during new equipment purchases and maintenance of the building. There are no major refurbishments planned.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails and phone calls.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers, plastic aprons and gloves are strategically placed around the facility near point of care and caregivers were seen using these on the days of the audit. Handbasins all have flowing soap.</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>	FA	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>cohort. Infection rates are monitored monthly and reported to the staff and quality meetings. The care manager/infection prevention and control coordinator provides a monthly summary of infections to the general manager. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and care managers provide oversight on antimicrobial use within the facility.</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. 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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the Home of St Barnabas Trust infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are recorded as incidents and entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection prevention and control surveillance is discussed at staff and quality meetings. The care managers have incorporated ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans, where required for any infection rates of concern, are documented, and completed. Internal infection prevention and control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a HAI. The care managers discuss infections and events of concern with the quality manager and general manager. Benchmarking occurs as the care managers compare the data from month to month and quarterly. The years infection data and the infection control and prevention plan is completed annually (September 2023).</p> <p>The service receives information from Health New Zealand - Southern for any community concerns. There have been two Covid-19 outbreaks since the previous audit; both of these had appropriate notifications made and post outbreak meetings were held with staff to review the effectiveness of the outbreak management.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>Home of St Barnabas Trust has policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolley is kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is completed on site. The housekeeper and caregivers undertake laundry duties. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on a dedicated trolley. There is adequate space for linen storage. The linen cupboards were well stocked, and the linen sighted appeared in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. There were no residents using commodes.</p> <p>The infection prevention and control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection prevention and control practices for the facility. There are no plans for any future construction or renovations. In the event of any plans for this, input from the infection prevention and control coordinator would be sought.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to</p>	FA	<p>A restraint policy confirms that restraint consideration and any application of it must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At any time when restraint is considered, the care managers work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility continues to be restraint free with no</p>

<p>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>residents using restraints. The quality manager (restraint coordinator) confirmed that Home of St Barnabas Trust is committed to providing services to residents without use of restraint and maintaining a restraint-free environment.</p> <p>The care managers demonstrated a clear understanding of the restraint process, documentation, and cultural considerations to be aware of if restraint were ever to be required. The restraint approval process would include the resident, family/whānau, the care managers, and the GP. If restraint were ever considered, the care managers and quality coordinator described how they would collate and report data to staff and this would also be reported at the management meetings.</p> <p>Education is provided to staff around restraint, management of challenging behaviours and falls management. The staff interviewed described alternatives to the use of restraint included sensor mats to alert staff when residents at high risk of falls are moving around. Caregivers easily describe what a restraint is and why there are no restraints used at Home of St Barnabas Trust.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.5.4 The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.	PA Low	A weekly menu is in place; however, this has not regularly reviewed by a dietitian.	The menu has not been reviewed since 2018.	Ensure the menu review is completed as per your guidelines, two to three yearly. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.	CI	The Home of St Barnabas has a beautiful entrance way and paths that lead to well-maintained garden areas. Gardening and the enjoyment of the gardens is a feature many residents enjoy. The Home of St Barnabas Trust has supported residents who identify gardening as an interest, to do as much as they can in the garden until they are no longer able to participate. Recently money was gifted to Home of St Barnabas Trust to contribute to the further enhancement of the garden areas for the pleasure of the residents.	<p>The garden can be easily seen from the lounge areas and many resident rooms. The garden provides activity opportunities, not just in physically gardening but planning what will happen to an area. A resident who has been tending their own garden area is in the process of reviewing (with the activities coordinator) what is in the area. The resident is no longer able to weed the area but was looking forward to contributing to the plan and watching the new plan for the area happen.</p> <p>New enhancements to the area include raised vegetable and flower beds for residents to prepare, plant, tend and then pick what is in the garden. A small selection of appropriate tools are available for residents. There are signs for native trees with Māori and European names This has been included in the activities programme. A large sunshade is in place which provides extensive coverage in the garden and</p>

			<p>enables more opportunities for outside enjoyment. This shade is automatic and easily used to access shade and enjoy the new seated areas. Outdoor ornaments such as an old bike have been installed, so there is more to see and talk about when walking through the garden areas. The activities coordinator confirmed residents' enjoyment of being in the garden but also looking at it from their rooms and lounges. This has provided the activities coordinator with an increase range of activity options. The quality manager has kept and recorded residents and family/whānau comments and feedback, which include 'ability to be outside in the shade,' 'enjoy the new ornaments' and see the 'flowers and vegetables growing'. Resident's spoken with also commented on the new activities they are able to observe and enjoy due to the garden shade and the garden ornamentation, which they see when they are outside. The resident satisfaction survey evidenced an increase in satisfaction of 96% when compared to 81% in the 2023 satisfaction survey.</p>
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End of the report.