

# North Health Limited - Hummingbird House

## Introduction

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

The audit has been conducted by 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:** North Health Limited

**Premises audited:** Hummingbird House

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 23 September 2024    End date: 23 September 2024

**Proposed changes to current services (if any):** Albatross Lodge (eight beds) is currently closed for refurbishment/renovation. This will reopen on completion. Tui House was reconfigured, changing from a rest home service type to only providing dementia care services. Increasing the secure dementia care from 31 to 44 beds

**Total beds occupied across all premises included in the audit on the first day of the audit:** 26

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# 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

North Health Limited – Hummingbird House (Hummingbird House) provides dementia-level care for up to 44 residents. The company's director is the facility manager and has been in this role since mid-November 2023, supported by the clinical manager employed in early January 2024. Albatross Wing is currently closed for refurbishment. Tui House (previously used for rest home-level care) is now only providing dementia level of care services.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Health New Zealand – Te Whatu Ora Te Tai Tokerau. The audit process included reviewing policies and procedures, reviewing residents' and staff records, and observing and interviewing residents, whānau, staff and management. The general practitioner was not available for the interview.

Significant changes to the service and facilities since the previous audit included reconfiguring Tui House, changing from a rest home service type to only providing dementia services, and increasing the secure dementia care from 31 to 44 beds. An additional registered nurse was employed and works five days a week.

The areas requiring improvement from the previous audit related to monitoring and evaluating data – two areas concerning equity for Māori, monitoring progress against quality outcomes; risk management processes, 24-hour activity care plans, medication management and food services were reviewed and fully addressed. No new areas requiring improvement were identified from this surveillance audit.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Hummingbird House works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), which are upheld. Service providers maintain professional boundaries, and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code guide staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

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

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures that the organisation's purpose, values, direction, scope and goals are defined. Performance is monitored and reviewed at planned intervals. A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collecting and analysing quality improvement data, identifying trends and leading to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identifying and delivering ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Management ensures the facility is adequately staffed twenty-four hours a day, seven days a week.

## 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.

Subsections applicable to this service fully attained.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, 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.

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

The food service met the nutritional and cultural needs of the residents. Food was safely managed supported by an approved food control plan.

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

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

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

Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. There was a current certificate of public use and a planned and reactive maintenance programme to ensure safety. Electrical equipment and calibration requirements are up to date. All internal and external areas are accessible and safe and meet the needs of residents living with dementia.

Tui House, which was previously used for rest home-level care, was reconfigured to provide only dementia-level care services.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Hummingbird House aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit.



Staff have been trained in providing the least restrictive practice, de-escalation techniques and alternative interventions, and demonstrated effective practice.

## 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	19	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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>Hummingbird House has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local Māori organisations and a kaumatua to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of the audit, and those interviewed felt culturally safe.</p> <p>The previous area requiring improvement has been addressed. Analysis and evaluation are being implemented to determine whether Māori residents' aspirations, cultural values and beliefs are supported. The director/facility manager reported that a kaumatua is available to address individual concerns of Māori residents and their families. All resident meetings are run in the presence of a kaumatua, to ensure that those residents who identify as Māori have a fair representation and are comfortable conveying any concerns they may have.</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>	FA	<p>The service provider has a policy on Māori and Pacific peoples' health. This describes how the organisation responds to the cultural needs of residents. The document notes the Pasifika worldviews, and the need to</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>embrace their cultural and spiritual beliefs.</p> <p>Policies and procedures are available to guide staff in caring for Pacific peoples. The Pacific peoples' worldview policy underpins the provision of equitable service. Expert advice is sought from the resident or family and/or the community.</p> <p>Cultural assessments and care plans for residents of each Pacific descent are available to implement. Models of care are documented and implemented. There were no residents or staff who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>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>Residents receive services free of discrimination, coercion, harassment, exploitation, or abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' legal representatives and whānau reported that their property was respected. Residents' personal property is labelled on admission and photos of valuables taken and kept in the resident's file. The administrator keeps a comfort account, and this can be utilised for safe storage of residents' money.</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</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered</p>

<p>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>		<p>to actively participate 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. Admission agreements were available in all residents' files and were signed by residents' legal representatives.</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, leading to improvements. This meets the requirements of the Code. Residents and whānau understood their right to complain and knew how to do so. There were three (3) complaints in 2023, and 11 in 2024 (year to date). The director/facility manager reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required.</p> <p>Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and whānau confirmed they were provided information on the complaints process and remarked that any concerns or issues were promptly addressed.</p> <p>Whānau and residents making a complaint can, if they choose, involve an independent support person, such as the cultural advisor or kaumatua, in the process. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible and available in te reo Māori and English. Residents and whānau spoke with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor, if needed.</p> <p>One external anonymous complaint to Health New Zealand – Te Whatu Ora Te Tai Tokerau in March 2024 has been closed. The complaint was</p>

		<p>followed up, and corrective actions identified were signed off. An inquiry was made in June 2024 by the coroner's court for records of a deceased resident. The service has complied with all requests for further information within the required timeframes, and no issues have been identified in relation to the inquiry so far. Evidence of this was sighted.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Hummingbird House provides dementia-level care in a facility located in two separate buildings. These comprise Tui House, a smaller building with 14 bedrooms and an office space used for administration services located underneath, and the second, a larger building, houses two 'wings' – Kakapo and Albatross. At the time of this audit, the Albatross wing was closed for refurbishment.</p> <p>North Health Ltd owns Hummingbird House. The director is the facility manager, who has been in the role since November 2023. The owner/director assumes accountability for delivering a high-quality service to service users and their whānau. The leadership team oversees compliance with legislative, contractual and regulatory requirements; external advice is sought as required. The director/facility manager is assisted by the clinical manager (CM) and a recently employed registered nurse who works five days a week.</p> <p>The purpose, values, direction, scope, and goals are defined, and performance monitoring and review occur through regular meetings at planned intervals. A focus on improving outcomes was evident in monitoring through staff meeting minutes and the internal audit programme. A commitment to the quality and risk management system was evident. The leadership team members interviewed felt well-informed about progress and risks. A review or evaluation of resident outcomes to assess equity for Māori residents is being achieved and completed. Ethnicity data is analysed monthly to identify potential inequality outcomes between Māori residents and their whānau. Initial, long-term care plans and 24-hour diversional therapy plans are developed to address all residents' needs. This addresses the previous area requiring improvement.</p> <p>The clinical governance structure is appropriate to the organisation's size and complexity. It includes reporting during staff meetings, and</p>

		<p>monitoring of resident safety and clinical indicators.</p> <p>The service has age-related residential care (ARRC) contracts with Te Whatu Ora – Health New Zealand Te Tai Tokerau for dementia-level care (44 certified beds), long-term services for chronic health conditions (LTS-CHC), and one managed respite dementia bed. On the audit day, 26 residents were receiving care, including one using the Te Whatu Ora-managed respite dementia bed and no residents under the (LTS-CHC) contract.</p> <p>Tui House (previously used for rest home-level care), was reconfigured to provide only dementia-level care services, increasing the secure dementia care beds from 31 to 44.</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 managing and monitoring of incidents and complaints, internal audit activities, a regular resident meeting, consultation with whānau, outcomes, policies and procedures, clinical incidents including infections and wounds, pressure injuries, skin tears, behaviour events, falls and other unexpected events.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Staff competencies are reassessed and confirmed for all staff, and records were sighted. Internal audits were completed according to a 2023 and 2024 schedule, with corrective actions and outcomes reported back to the staff. A resident/whānau survey in 2024 was completed. Surveys are comprehensive, and the results are collated, analysed and utilised to make service improvements when required. The feedback survey results reviewed showed positive responses to care, privacy and support.</p> <p>Monitoring of adverse event data is regularly reported and discussed at monthly staff meetings. The leadership team interviewed confirmed that discussions and trends are included in these meetings. The previous area requiring improvement relating to the evaluation of progress against quality outcomes has been addressed, including infection data. Evidence of this was sighted.</p>

		<p>The policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The director/facility manager described the processes for identifying, documenting, monitoring, reviewing and reporting risks, including health and safety risks, and developing mitigation strategies. A risk management plan is continuously updated to reflect the risk to the integrity of clinical and operational documentation. This addressed the previous area requiring improvement.</p> <p>Staff document adverse and near-miss events in accordance with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions followed up in a timely manner.</p> <p>The director/facility manager understood and complied with essential notification reporting requirements. Essential notifications, as required under Section 31 of the Health and Disability Services (Safety) Act 2001, have been completed regarding three residents who absconded and were brought back by the police, and other notifications are completed as required.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The organisation adjusts staffing levels to meet the changing needs of residents. Staff reported that there were adequate staff to complete the work allocated to them, and residents and whānau confirmed this in interviews.</p> <p>The previous corrective action relating to staffing has been addressed. Hours were increased and more staff employed. A full-time activity coordinator role was created and filled; the activity coordinator is experienced in working with dementia-level care residents. The diversional therapist from a sister facility oversees the whole programme. A part-time housekeeper was employed, a registered nurse who works 37.5 hours a week was recruited, and cook hours increased.</p> <p>Cultural advice is sought in a timely manner through local Māori</p>

		<p>organisations and a kaumatua who visits the service. At least one staff member on duty in each wing has a current first aid certificate and medication competency.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme, to meet the provider's funding and service agreement requirements. Staff reported that they had completed the required dementia units. The director/facility manager reported that 14 staff members have completed the dementia training, three are in training, and others have been at the facility for less than a year and were due to be enrolled.</p> <p>Staff records were reviewed to confirm completion of the required training and competency assessments. Each staff member interviewed reported feeling well-supported and safe in the workplace. The employment process, which includes a job description defining each role's skills, qualifications and attributes, ensures that services are delivered to meet residents' needs.</p> <p>Continuing education, including mandatory training requirements, is planned annually. Related competencies are assessed to support equitable service delivery. The records reviewed (six) demonstrated that the staff completed the required training and competency assessments, including cultural, first aid, hand hygiene, and medication competencies. An annual training programme covers mandatory and elective topics and meets the obligations of the service contract. Online learning opportunities are also available for staff to complete independently. Staff felt well supported with development opportunities.</p> <p>Clinical advice is always available when required, ensuring a secure care provision. An out-of-hours on-call policy explains how and when to contact the out-of-hours nurse practitioners and the management team.</p> <p>The director/facility manager and clinical manager know and understand the requirements for dementia staffing-based needs. Copies of four-week paid rosters were sighted, and adequate staff coverage was achieved. Hours were increased, and more staff were employed. A full-time activity coordinator role was created and filled, a part-time housekeeper was employed, a registered nurse who works 37.5 hours a week was recruited, and cook hours increased.</p>
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<p><b>Subsection 2.4: Health care and support workers</b></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 resource management policies and processes are based on good employment practices and relevant legislation. The annual practising certificates of all health professionals are reviewed annually, and a record is maintained. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, police vetting, orientation and performance appraisals. A total of six staff files were reviewed.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role; evidence of this was seen in the reviewed files. As confirmed in the records reviewed, opportunities to discuss and review performance occur three months following the appointment and yearly thereafter.</p> <p>The director/facility manager is aware of the contractual staffing requirements. The management and staff confirmed the staffing numbers are adequate and will be adjusted according to numbers and acuity. Staff currently employed in Tui House will continue to work in the same wing, and any new staff employed will complete an orientation specific to the unit, including a fire evacuation.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></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 teamwork in partnership with the residents and whānau to support wellbeing. A care plan 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. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial nursing assessment, interRAI assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. The previous shortfall related to meeting the required timeframes for completing initial interRAI assessments and development of long-term care plans has</p>

		<p>been addressed. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau. Long-term care plans and short-term care plans included adequate and appropriate information to address residents' identified needs to guide care. Twenty-four-hour behaviour management plans were completed for all residents. The previous shortfall in relation to insufficient details in care plans and lack of 24-hour behaviour management plans has been addressed.</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's legal representative and/or whānau. Residents and whānau confirmed active involvement in the process.</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. 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 managed. Current medication administration competencies were available in staff records reviewed. All administered medicine was signed for. There were no residents using paper-based medication charts. All residents were entered into the electronic medication management system on admission to services. The previous shortfall related to signing of administered medication has been addressed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicine is stored safely, including controlled drugs. The required stock checks had been completed. Medicine room temperatures and medicine fridge temperatures were within the recommended range.</p> <p>Prescribing practices met requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were</p>

		<p>recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>There were no residents who were self-administering medicine due to residents' impaired cognition, as reported by the clinical manager.</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 needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Residents' food preferences, intolerances, dislikes, allergies and special dietary needs are assessed on admission for all residents. Evidence of resident satisfaction with meals was verified from residents and whānau interviews and satisfaction surveys. A food substitution log is maintained and monitored by the facility manager. The facility manager and the cook stated that whenever a substitution is required, this is discussed with the facility manager to ensure an appropriate alternative is provided, and they confirmed that these instances are rare, as verified by records reviewed. The menu was reviewed by a registered dietitian on 16 April 2024. On the day of the audit, the food served to residents aligned with the menu. The previous shortfall in relation to substitution of food options on the menu and implementation of a monitoring system has been addressed.</p> <p>The service operates with an approved food safety plan and registration. The current food control plan will expire on 9 August 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our</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. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>

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>Appropriate systems are in place to ensure residents' physical environment and facilities (internal and external) are fit for purpose. The certificate of public use in place has been extended for another six months. There is a preventative and reactive maintenance programme, and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements were met. Electrical checks were completed, and an inventory was maintained. The contracted medical company checked the annual calibration of medical resources and equipment. Calibration included the scales (floor and chair scales). Manual handling and hoist management training was provided to all staff per the training programme.</p> <p>Reconfiguration of rest-home level care to dementia-level care was completed. The only refurbishment after the last audit was around the security settings, thus having digital card-operated locks on all rooms, digital locks on main doors with an automatic release in an emergency, and bracelets for residents who need them. All residents had free access to their rooms on their own or in the company of staff. The environment is comfortable and accessible, with space to promote independence and safe mobility.</p> <p>Whānau and residents interviewed were pleased with the environment's suitability for their whānau members' needs. Appropriate signage and cultural information were on the notice boards for staff and residents to view. There were well-maintained garden areas.</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</p>	FA	<p>Since the previous audit, the primary building of Hummingbird House has undergone further changes. This building houses the Kakapo and Albatross wings. The Albatross wing was segregated and closed on the audit day, and refurbishment work was still ongoing. The reconfiguration of Tui House from a rest home level of care to a dementia level of care was completed.</p>

and safe way, including during an emergency or unexpected event.		A new, approved Fire and Emergency New Zealand (FENZ) evacuation plan was in place. Training in using fire equipment required under health and safety is ongoing. Fire drills are completed every six months, as per the training calendar. Fire exits remain unchanged. The staff orientation programme includes fire and security training. Civil defence emergency supplies were adequate. A staff member on duty in each wing has a current first aid certificate.
<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>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governing body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation. The IP programme was last reviewed on 5 September 2024.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and reported to the governing body at monthly meetings. There was a COVID-19 outbreak reported in July 2024 that was managed in an appropriate manner.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The clinical manager interviewed advised that restraint is eliminated whenever possible. The clinical manager confirmed that this is documented in policy (sighted) and communicated to staff during orientation and as part of the ongoing education programme. The clinical manager is the restraint coordinator who provides monthly reporting, and restraint is discussed at the staff meetings.</p> <p>De-escalation training includes a competency questionnaire, which all staff complete at orientation and annually. The clinical manager is responsible for maintaining the restraint register. At the time of the audit, there were no residents using a restraint.</p>
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# Specific results for criterion where corrective actions are required

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

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

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

No data to display
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.