

# Tasman Care Limited - Tasman Care Home

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## 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:

<b>Legal entity:</b>	Tasman Care Limited
<b>Premises audited:</b>	Tasman Care Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 1 October 2024 End date: 2 October 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	69

# Executive summary of the audit

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## 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
Yellow	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
Red	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

Tasman Care Home is located in West Auckland and is privately owned by two directors (including one identified as a director operations) since December 2023. The service provides hospital (geriatric and medical) and rest home level of care for up to 72 residents. There were 69 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand- Te Whatu Ora. The audit process included the review of; policies and procedures, residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a general practitioner.

The general manager (registered nurse) along with the clinical manager have both been in their roles for three months. Both have extensive experience in aged care nursing and in management roles in other facilities. The residents and family/whānau interviewed spoke positively about the care and support provided.

There are quality systems and processes in place. An orientation and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver clinical and culturally safe care.

This certification audit identified a shortfall related to the laundry service.

## 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.

Tasman Care Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

A Pacific health plan is documented for the service and the service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicate with them about their choices and preferences. 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 documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

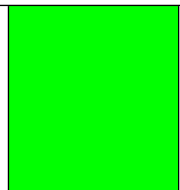
Tasman Care Home has a well-documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan for 2024 is developed by the director operations and director with input from both the general manager and clinical manager. This informs the site-specific operational objectives which are reviewed on a regular basis.

There is an established quality and risk management system. Quality and risk performance is reported across various meetings and to the directors.

There are human resource policies including recruitment, selection, orientation, and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The general manager and clinical manager efficiently manage entry processes. The registered nurses, the general practitioner and the physiotherapist assess each resident on admission. The service works in partnership with the residents, their family/whānau and enduring power of attorneys to assess, plan and evaluate care. Care interventions were individualised and appropriate for all residents. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers and discharges are managed in a safe manner.

The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and family/whānau. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medication management system in place. Medicine is safely stored and administered by staff with current medication administration competency. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. The service has an approved food control plan and a current menu in use. Residents verified satisfaction with meals.

## **Te aro ki te tangata me te taiao haumaruru | 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.
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Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating and meet the needs of people with disabilities. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Systems and supplies are in place for essential, emergency and security services.

Testing, tagging, and calibration of equipment is completed as required. There is a current compliance schedule statement. Fire and emergency procedures are documented. Trial fire evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system.

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

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

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented. Infection control education is provided to all staff and documentation evidenced this was part of staff orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Antimicrobial usage is monitored and reported on. An outbreak management plan is in place and was operationalised on the days of audit to manage an outbreak of Covid-19. The internal audit system monitors for a safe environment. Documented processes are in place for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims to maintain a restraint free environment. This is supported by the management team and policies and procedures. There was no restraint in use at the time of audit. Maintaining a restraint-free environment is included as part of mandatory education and training plan. Staff demonstrated a sound knowledge and understanding that only approved restraint will be used as a last resort. The service considers the least restrictive practice, de-escalation techniques and alternative interventions when required.

## 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	0	1	0	0
Criteria	0	167	0	0	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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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>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were residents and staff who identified as Māori. Tasman Care Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and this is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have received training in cultural safety/diversity and equity. The service has an established relationship with a representative from Te Whānau O Waipareira Trust for guidance, support for tikanga and activities, and training. The general manager states the representative visits the service three monthly and are also able to talk with Māori residents if required.</p> <p>Tasman Care Home shows commitment to a culturally diverse workforce as evidenced in the business plan and Māori health plan and there are equitable recruitment processes. The organisational plan includes partnering with Māori to align their work for the benefit of Māori. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide</p>

		<p>high-quality and effective services for residents.</p> <p>Interpreters for Māori can be accessed if required. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Cultural needs and interventions are included in the long-term care plan. Staff and managers interviewed described how they would support Māori residents as described in their care plans. There is a tikanga Māori flip chart to support staff and others in the foyer to the facility.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Pacific Health Plan is documented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau and providing high quality healthcare. On admission all residents state their ethnicity. There were staff and residents that identified as Pasifika at the time of the audit. The Pacific health plan confirms Tasman Care Home commitment to supporting Pacific residents and their family/whānau.</p> <p>Tasman Care Home has links with Pacific staff to ensure connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people. They also link with Ei Moana Support Group who have visited the service to provide a two-hour training session for staff. The general manager (GM) stated that the external service can provide advice and support as well as input at an organisational level if required.</p> <p>Documentation reviewed identified that the service provides person centred care.</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</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager (CM) supported by the general manager (GM) and registered nurses (RN) discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo</p>

<p>way that upholds their rights and complies with legal requirements.</p>		<p>Māori. Discussions relating to the Code are held during the two monthly resident and family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Nationwide Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process as sighted in written communication to any complainants.</p> <p>Eleven residents including six requiring hospital level of care and five requiring rest home level of care; and six family/whānau with family requiring hospital level of care were interviewed. All (apart from one family/member and one resident newly admitted) confirmed that resident rights were upheld as per policy.</p> <p>Interviews with 19 staff included five healthcare assistants [HCAs], four registered nurses (RN), one activities coordinator, two HCA/laundry, two HCA/cleaners, one cleaner, one kitchen assistant, one chef, one physiotherapy assistant, one maintenance person. Two managers (the clinical manager and general manager) along with one director were interviewed. Staff and management interviewed confirmed that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</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>	<p>FA</p>	<p>Healthcare assistants interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Tasman Care Home's annual training plan demonstrates training that is</p>

		<p>responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services or care. It was observed that residents are treated with dignity and respect.</p> <p>Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and this was confirmed by residents interviewed. Independence is encouraged as evidenced in the goals of the care plans. Residents' files and care plans identified resident's preferred names.</p> <p>Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available regularly throughout the month. A spirituality and counselling policy is in place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency. The activities coordinator confirmed that when Māori residents are admitted, the service actively support Māori by identifying needs and aspirations through a cultural assessment process.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Tasman Care Home's policies provide guidelines on preventing any form of discrimination and acknowledge the impact of institutional</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy, and professional boundaries. All staff have completed training around abuse and neglect in 2024.</p> <p>Staff interviewed understand the concept of institutional racism and receive cultural awareness training to identify and recognise bias. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre- employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. All have signed a House Rules document and a confidentiality agreement.</p> <p>Meeting minutes evidence a supportive working environment that promotes teamwork. Tasman Care Home promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission about the services provided. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not)</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>of an accident/incident; communication is also documented in the progress notes. Twelve adverse event forms documented confirmed that family/whānau are informed in a timely manner. Resident files reviewed identified family/whānau are kept informed of any changes, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were some residents who did not speak English. Family/whānau are able to support the resident to communicate with staff and there are language cards to help staff if required. There are also staff who can speak different languages and act as interpreters.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as Hospice and Health New Zealand- Te Whatu Ora specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to receive services when referred. The GM and CM have an implemented process around providing residents and family/whānau with time for discussion. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails and resident and family/whānau meetings.</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</p>	<p>FA</p>	<p>There are organisational policies around informed consent that align with the Code. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents interviewed could describe what informed consent was and their</p>

<p>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>rights around choice. The organisational advance directive policy has been implemented.</p> <p>In the files reviewed, there were signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated, and all associated documentation was evident in resident files when required. The service follows relevant best practice tikanga guidelines, welcoming the involvement of 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.</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>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been seven complaints logged in the register since December 2023 when the new owners took possession of the service. All complaints reviewed included acknowledgement, investigation, follow up and final resolution letters to the complainant. There had been no complaints received from external agencies. Complainants are informed of their right to advocacy services.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the entrance to the facility. Resident and family/whānau meetings are held two monthly where concerns can be raised. Residents and family/whānau confirmed during interview that the management are available to listen to concerns and act promptly</p>

		<p>on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The GM and CM acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</p>
<p><b>Subsection 2.1: Governance</b></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>	<p>FA</p>	<p>Tasman Care Home is certified to provide rest home and hospital (medical and geriatric) levels of care in their care facility for up to 72 residents. On the day of the audit there were 69 residents including 26 at rest home level; and 43 at hospital level (including two on an interim care contract and one under a Primary Options for Acute Care (POAC) respite contract). All other residents are funded through the Age-Related Care Contract. All residents' rooms are single occupancy and certified as dual-purpose.</p> <p>Tasman Care Home has a documented organisational structure. There are two directors with one referred to as the director and one as the director operations. The director was interviewed and confirmed that there are five aged care facilities owned by the company with two (including Tasman Care Home) in Auckland and three in Wellington. The director operations is the main conduit between the GM and CM with zoom calls at regular intervals (at least weekly) and face to face meetings quarterly. The GM keeps the director operations up to date with any changes or issues as these arise. The director confirmed that they had been informed of the Covid-19 outbreak that was occurring during the audit. The GM reports directly to the director operations.</p> <p>The director has owned aged care facilities for six years and has a background in property acquisition. The director operations has a law degree (overseas) and has previous experience in management of an overseas hotel prior to the aged care facilities currently owned. The director, director operations and the GM are working together to ensure the necessary resources, systems and</p>

	<p>processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement.</p> <p>The director stated that both have completed training provided in Tasman Care Homes in Wellington around Te Tiriti o Waitangi, health equity, and cultural safety and they were able to describe learnings. The director also stated that they would access external services (Te Whānau O Waipareira Trust) if there were specific issues related to Auckland services; however, they stated that there were links with Island Bay cultural services, Wellington already in place for cultural support. The director and the business plan reflect a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the Tasman Care Home management team to identify barriers to care to improve outcomes for all residents.</p> <p>There is a business plan for 2024 for Tasman Care Home that has been developed by the directors with input from the GM. The plan is to be reviewed annually. The service's vision and mission are documented and reflect a resident and family/whānau centred approach to all services. The GM described how the business plan was being reviewed through meetings, also between the GM and the director operations as part of their regular meetings.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision and is provided by the GM and CM. The GM is a RN with over 13 years' experience in aged care including clinical manager and facility manager roles prior to coming to Tasman Care Home. The GM is supported by the CM who has previous experience for over nine years as a RN and CM in another large aged care facility. Both have been in their roles for three months and have worked as a team to address gaps identified when they took over the roles. Both have completed the required training hours related to the management of a care facility and clinical topics. Both the GM and CM had a short orientation when they took on the roles; however, their experience prior to</p>
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		<p>coming to the service has allowed them to put changes in place. The HCAs interviewed stated the changes made have made positive differences to their work. The team approach was noted by staff who described a smooth transition to the roles.</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>	<p>FA</p>	<p>Tasman Care Home is implementing the organisational quality and risk management programme. The quality and risk management system uses a risk-based approach and includes performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff meetings and two monthly RN, quality, and health and safety meetings provide an avenue for discussions in relation to quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. There are also weekly RN review meetings to ensure that there is a clinical focus on current needs of residents. There was evidence of progress and sign off when corrective actions were addressed. Corrective actions are discussed at all meetings to ensure any outstanding matters are addressed with sign-off when completed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</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. Policies have been developed by an external provider. The new suite of policies has been introduced since the purchase of the facility. All staff are presented with a policy two weekly and are required to read and sign to state that they understand the policy or have asked the GM or CM for help if required. A document control system is in place. The Tasman Care Home policies are accessible to staff.</p> <p>A resident satisfaction survey was completed in September 2024 with a high level of satisfaction noted. The service is currently receiving returns for the family/whānau survey that has been sent out in October 2024. The 14 survey responses already sent back to</p>

	<p>the service were reviewed and confirmed a high level of satisfaction with the service. Corrective actions have been put in place in response to resident feedback to food services with residents interviewed stating that, on the whole, food services were very good and had improved in the past few weeks.</p> <p>A health and safety system is in place. Health and safety is managed by the GM and CM with a health and safety committee which reports to other committees and to the directors of the company who receive the minutes of meetings. Two health and safety representatives were interviewed (one HCA and a maintenance person) and both were able to describe their role as per the policy and job description. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed. Health and safety policies are implemented and reported hazards are monitored by the health and safety committee. In the event of a staff accident or incident, a debrief process is implemented with documentation of the outcomes.</p> <p>Electronic reports are completed for each incident/accident with a severity risk rating given. Next of kin were notified in a timely manner, following incidents. Actions are documented with any follow-up action(s) required as evidenced in the 12 accident/incident forms reviewed. Results are discussed in the quality, RN, and staff meetings and at handover as observed during the audit. Incident and accident data is collated monthly and analysed. Ethnicity data is collected, compared and discussed in relation to adverse events to improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded and achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been eight Section 31 notifications completed since the change of</p>
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		<p>ownership. These related to five section 31s related to two residents who had wandered from the facility and three section 31s for pressure injuries. A HealthCERT notification was completed for a change in the general manager and clinical manager. There was one Covid-19 outbreak on the days of the audit.</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>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. There are clear guidelines for an increase in staffing, depending on resident acuity. The GM and CM both work 40 hours per week Monday to Friday and share on-call responsibilities (both are RNs). A review of rosters for three weeks confirmed that there was sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>The rosters reviewed evidenced RN cover 24/7. This includes three RNs in the morning, two in the afternoon and one over-night. The number of HCAs on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. This includes one HCA on level one where there are a large number of residents requiring rest home level of care and three on mornings and afternoons in both level two and three. There is one HCA on duty on each level overnight with the RN based on level two, able to support any HCA who requires additional hands. There are separate staff dedicated to recreation, cleaning, and laundry for seven days a week. There is a maintenance person rostered over five days. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training. Staff complete cultural awareness training at orientation and annually. External training opportunities for care staff include training through Health New Zealand -Te Whatu Ora. Learning content provides staff with up-to-date information on Māori health</p>

		<p>outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training.</p> <p>The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 37 HCAs employed in total. Twenty four have completed either a level three or four NZQA qualification. Two HCAs are furthering their qualifications and six are currently training to complete their nursing qualifications (overseas nurses). All HCAs are required to complete annual competencies including (but not limited to) restraint, moving and handling, hand hygiene, and correct use of PPE (personal protective equipment). A selection of HCAs completed medication administration competencies and second checker competencies. A record of completion is maintained in staff files with attendance records kept.</p> <p>Registered nurses' complete specific competencies including syringe driver and interRAI assessment competency. Eight RNs are interRAI trained including the CM and GM. All RNs are encouraged to attend in-service training and complete additional training, including infection prevention and control and management of frail elderly.</p> <p>Staff wellness is encouraged through the participation in health and wellbeing activities. Healthcare assistants interviewed stated that the new managers have a focus on life/work balance and this is being promoted through improving work practices.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Eight staff files reviewed (including one clinical manager, two RNs, three HCAs, activities coordinator and cleaner/laundry assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>maintained for all health professionals.</p> <p>The appraisal policy is implemented. All performance appraisals are completed as per the appraisal schedule, noting that the GM has had to complete these over the past three months to get them up to date. 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 and annually. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Staff interviewed reported their wellbeing is supported through debrief discussions following any incidents.</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>	<p>FA</p>	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Tasman Care Home 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.</p> <p>Resident's past paper-based documents are securely stored and uploaded to the system. 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>FA</p>	<p>Accurate information about the services provided is included in the admission pack, and this is explained and discussed with the enquirer as required. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). Signed</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>admission agreements and consent forms were available in the records reviewed. Residents, family/whānau and enduring power of attorney (EPOAs) interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>Entry to service enquiries is managed by the GM and the CM. Residents' information is kept confidential. The CM stated that any delay to entry to service will be discussed with the resident or family/whānau as required. The CM stated that entry to service can be declined if the prospective resident does not meet the entry criteria or there is no vacancy. Processes are in place for communicating the reason for decline to entry and other options or alternative services information is provided. This was evident in the records seen.</p> <p>The service maintains a record of the enquiries and of those that were declined entry. The admission information includes ethnicity data. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori is completed regularly. The service has established relationships with Māori cultural organisations and communities, and cultural support can be accessed for Māori residents and family/whānau when required.</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>	<p>FA</p>	<p>Nine residents' files were reviewed including three rest home residents and six hospital level residents (including one on POAC and one on an interim care contract). The registered nurses (RNs), supported by the clinical manager are responsible for completing the admission assessments, care planning and care plan evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission in consultation with the residents, enduring power of attorneys (EPOAs) and whānau where appropriate, with resident's consent. The assessment tools used include consideration of residents' lived experiences, cultural needs, values, and beliefs. Initial interRAI assessments and long-term care plans were completed within three weeks of an admission for all long-term residents. Residents on the interim care contract and POAC, who do not require an initial</p>

	<p>interRAI assessment had a suite of initial assessments completed to manage their medical risks and other care needs.</p> <p>The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. The RNs have completed cultural safety training. Residents confirmed that they can practice their culture as desired. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The model of care is person centred and holistic as viewed in the care plans.</p> <p>A Māori health care plan was completed for residents who identified as Māori and the identified pae ora outcomes were included. The care plans reflected partnership and support of residents, whānau, and the extended whānau as applicable. Tikanga principles were included in the Māori health care plans reviewed. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these were documented. Staff understood the process to support residents and whānau.</p> <p>A range of clinical assessments, referral information, observation and the NASC assessments served as a basis for care planning. Residents and family/whānau representatives of choice and EPOAs confirmed they were involved in the assessment and care planning processes. The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was documented with evidence of systematic monitoring to prevent further decline and regular evaluation of responses to planned care. Behaviour management plans were completed for residents where applicable. There were active wounds managed at the time of the audit including one unstageable pressure injury. A sample of the wounds reviewed evidenced consistent completion of all wound documentation.</p> <p>Service integration with other health providers including medical and allied health professionals was evident in residents' records reviewed. Changes in residents' health were escalated to the general practitioner (GP) and referral to specialist services were</p>
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	<p>completed, where required. Evidence of this was available in the residents' files sampled. Referrals sent to specialist services included referrals to the mental health services for older adults, urology, eye specialist and radiology department. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>The contracted GP visits the service fortnightly to conduct routine reviews. After hours on call service is provided as required. Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three-monthly. More frequent reviews were completed if required as determined by the resident's needs. There is a contracted podiatrist who visits the service six-weekly. The hairdresser visits the facility regularly and there is a designated salon. The physiotherapist visits the facility once a week and they are supported by a physiotherapy assistant who works fulltime.</p> <p>Residents' care is evaluated on each shift and reported in the progress notes by the HCAs. Progress notes are documented daily and reflect the care delivered. Acute changes of health were reported to the RN or clinical manager, as confirmed in the records sampled and in interviews with staff. The long-term care plans were reviewed at least six-monthly following the six-monthly interRAI reassessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed regularly as clinically indicated and signed off when the conditions resolved. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, changes to the care plan were made. Where there was a significant change in the resident's condition, a referral was made to the local NASC team for reassessment for level of care.</p> <p>Monitoring of care is evident within the care plan documentation reviewed and include completion of reposition charts, food and fluid monitoring, bowel movement charts and completion of weight and vital signs. Neurological observation is completed in the event of an unwitnessed fall or suspected head injury.</p>
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		<p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and whānau confirmed their involvement in evaluation of progress and any resulting changes. Residents and whānau stated that the care provided was satisfactory and met the needs of the residents.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Two activities coordinators oversee the implementation of the activities programme. The activities programme reflected the physical and cognitive abilities of the residents. Residents' activity needs, interests, abilities, and social requirements are assessed on admission with input from residents and whānau. These were completed within two to three weeks of admission. The activities plan was posted on notice boards. Each resident is given a copy of the activities calendar. Residents are invited to activities on the schedule daily.</p> <p>The planned activities and community connections were suitable for the residents. The activities on the programme included: walks, exercises to music, happy hour, church services, newspaper reading, floor games, table games, museum visits, outings, music, art and craft. The activities programme reviewed is meaningful and meet the residents physical and cognitive abilities. There are regular group van outings. Resident meetings provide a forum for feedback relating to activities, food, personal cares, laundry, housekeeping and new staff. Competent residents can go out of the facility independently as desired. Activity participating registers were completed daily. Residents were observed participating in a variety of activities on the audit day.</p> <p>The activities coordinator reported that opportunities for Māori and whānau to participate in te ao Māori. This is facilitated through community engagements with a local Māori community organisation that visit and participate in activities with residents, such as poi making, Māori protocols and discussions around papatūānuku (the earth mother). National cultural events are</p>

		<p>celebrated. Māori words were displayed throughout the facility.</p> <p>EPOAs, whānau and residents reported satisfaction with the level and variety of activities provided.</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>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The policies describe medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews consistently.</p> <p>A total of 18 medicine charts were reviewed. Medicines were prescribed by the GPs and specialists where applicable. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicine and supplements were documented on the medicine charts where applicable. Medicine allergies and sensitivities were documented on the resident's chart. Standing orders are not used.</p> <p>The service uses pre-packaged medication rolls. The medication and associated documentation were stored safely with restricted access. Medication reconciliation was conducted by the RNs. This was verified in medication records sampled. Medicine sampled for review were within current use by dates. Clinical pharmacist input is provided on request. Unwanted medicine was returned to the pharmacy in a timely manner. The records of temperature for the medicine fridges and the medication rooms sampled were within the recommended range. Opened eyedrops were dated.</p> <p>Two RNs were observed administering medicine safely. There was no expired medicine on the medicine trolley.</p> <p>The GP and the clinical manager stated that residents, including Māori residents and their whānau, are supported to understand their medicine when required. The GP stated that when requested</p>

		<p>by Māori, appropriate support for Māori treatment and advice will be accessed.</p> <p>There is a documented process for residents who wish to self-administer their medications. Two residents were self-administering medicine at the time of the audit. Appropriate processes were in place to ensure this was managed in a safe manner, with regular competency evaluation completed. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented as required.</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>	<p>FA</p>	<p>The food is prepared and cooked on site. There are two cooks who have completed food safety and hygiene training. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan in place will expire in October 2025. On the day of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences were available in the kitchen folder. Seasonal menu in a four-weekly cycle is utilised. The menu in use was reviewed by a registered dietitian in May 2024(sighted).</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers</p>

		<p>are maintained. All food is served to residents through the kitchen server. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The chef and kitchen assistant reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori is prepared once a week. Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion. The meal service was observed in the dining room and the environment was calm and relaxing.</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 services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, family/whānau and the GP. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes are provided to ensure continuity of care when residents are transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Residents and family/whānau were kept informed of the referral process and reason for transfer as confirmed in interviews.</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>	<p>FA</p>	<p>The environment is inclusive of peoples' cultures and supports cultural practices. The current building warrant of fitness report was issued on 16 June 2024. The maintenance person works four days per week (Monday to Thursday). There is a maintenance request book for repair and maintenance requests. This is checked daily and signed off when repairs have been completed.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and medical equipment. The scales are checked annually. Hot water temperatures were monitored monthly, and the reviewed temperature records were within the recommended ranges. Reactive maintenance is carried out by the contracted certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>The building has four levels with the care facility occupying three levels, level one to three and level four has independent apartments. The reception, main kitchen, laundry the general manager's office, communication room and the chemical storage room are on the ground floor. On each level of the care facility there are six residents' room with full ensuites and 18 rooms with shared bathrooms, a medication treatment room, a nurses' station, open plan lounge and dining room, kitchenette and three communal toilets. All residents' rooms have external windows to provide natural light and have appropriate ventilation and heating. The resident rooms are spacious to provide care and accommodate equipment. Each room allows for the safe use and manoeuvring of mobility aids. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. Healthcare assistants interviewed stated they have adequate equipment and space to safely deliver care for the care residents.</p> <p>There is a courtyard on each floor level with adequate space for seating and shade for residents. Residents were observed accessing the courtyards freely. There are two lifts to access all</p>
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		<p>floors and one of them is spacious enough to accommodate a bed or stretcher. The clinical manager's office and the storeroom are on the first floor, the whānau room on the second floor and a medical supply storeroom is on level three. There are seating alcoves throughout the facility.</p> <p>The facility is carpeted throughout, with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents can bring their own possessions into the home and are able to adorn their room as desired.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible for residents. There is a coded entry to the parking garage and at the main entrance after hours. Residents interviewed reported they were able to move around the facility easily.</p> <p>The general manager stated that relevant people will be involved when planning development of new buildings and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori. There were no planned changes to the building at the time of the audit.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service on 27 May 2015. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest fire drill was completed in June 2024. The staff orientation programme includes fire, other emergencies and security training.</p> <p>There are adequate fire exit doors, and a designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence</p>

		<p>emergency, including food, water, candles, torches, continent products, back up battery for lights, and a gas barbeque stand and gas cookers to meet the requirements of residents and rostered staff. The maintenance person stated that there is no generator on site, but one can be hired if required. All considerations related to interruption of water and energy have been documented in the Tasman Care Home Business Continuity plan. Emergency lighting is available and is regularly tested. All relevant staff have current first aid certificates. Staff understood the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place with security cameras installed outside. Doors are locked at predetermined times. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</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>	<p>FA</p>	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system and supported by the business plan. Included in the infection prevention and control programme is antimicrobial stewardship (AMS).</p> <p>Expertise in infection control and AMS can be accessed through the infection specialist at Health New Zealand, the GP and through Public Health. The infection prevention and control programme will be reviewed annually (noting that the service is only operating under new ownership since December 2023).</p>

		<p>There is a facility infection control committee that is part of the RN meeting that meets monthly. Infection rates are also presented and discussed at quality and staff meetings. Any significant events are managed using a collaborative approach and involve the infection control coordinator (RN), newly appointed and CM, GM, GP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through to the directors via the CM or GM.</p> <p>The director interviewed could describe their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. They stated that the director operations was the one most involved in operational issues; however, both were made aware of the Covid 19 outbreak on the day this started. The director also acknowledged that monitoring of outcomes for Māori was important, and the GM and CM confirmed that ethnicity data was collated and used to monitor equity around infection prevention and control.</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.</p> <p>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 registered nurse (IP&amp;C coordinator) oversees and coordinates the implementation of the infection control programme with the support of the CM. The IP&amp;C coordinator role, responsibilities and reporting requirements are defined in the job description which was signed by the IP&amp;C coordinator. The IP&amp;C coordinator is an experienced RN having worked in the current service (under the previous Bupa ownership) for nine years. They have completed infection prevention and control training and have access to shared clinical records and diagnostic results of residents.</p> <p>There is a defined and documented infection prevention and control programme, and the programme was developed, approved, and implemented with input from an external provider. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection control programme related to infection control activities at Tasman Care Home which are linked to the quality programme and will be reviewed end of 2024. Policies are available to staff with all staff</p>

	<p>signing to say they have read and understood the policy (2024). The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals.</p> <p>The IP&amp;C coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the outbreak particularly with reminders around donning and doffing personal protective equipment (PPE). Education with residents takes place on an individual basis and as a group in residents' meetings and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The IP&amp;C coordinator and CM liaise with the GM and directors on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The director confirmed their commitment to ensuring that there are sufficient and appropriate resources in place and stated the IP&amp;C will be consulted when significant changes are proposed to an existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. A decontamination and disinfection policy is in place to guide staff. Infection control audits were completed to monitor processes, and where required corrective actions were implemented. Staff were observed following appropriate infection control practices such as use of hand-sanitisers, good hand hygiene technique and use of disposable aprons and gloves where required. Flowing soap and sanitiser dispensers were readily available around the facility.</p> <p>The kitchen linen is washed separately in a separate washing machine. These were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti o Waitangi. The general manager reported that residents who identify as Māori are consulted on infection control requirements. In interviews, staff understood these</p>
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		requirements. The service has printed educational resources in te reo Māori e.g. around standard precautions and hand hygiene.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Tasman Care Home has an infection control and antimicrobial stewardship programme that aligns with the Tasman Care Home business plan. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the management team and directors and to the RNs at the RN meetings. Prophylactic use of antibiotics is not considered appropriate and is discouraged. The Tasman Care Home GP, GM and CM have oversight of AMS usage.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Health care-associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections. Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff, RN and quality meetings.</p> <p>Records of monthly data sighted confirmed infections are compared with previous months, reason for increase or decrease and action advised. New infections are discussed at shift handovers to ensure interventions are implemented as soon as they can be. The CM and GM is the conduit for reporting significant</p>

		<p>events to the directors. There were six residents in isolation on the days of the audit following a positive rapid antigen test (RAT) for Covid-19. Appropriate outbreak kits were observed to be on the outside of their rooms. Residents with current symptoms have a short-term care plan completed. Staff were observed to wear masks. One resident had also been hospitalised as a result of the symptoms and tested positive for Covid-19 once in hospital.</p> <p>Residents were advised of any infections identified and family/whānau where required, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been no other outbreaks reported since the new ownership of the facility. All were reported and well managed.</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>	<p>PA Moderate</p>	<p>The IP&amp;C coordinator oversees the implementation of the cleaning, laundry, and audits. The IP&amp;C coordinator also provide support to maintain a safe environment during construction, renovation and maintenance activities should this occur. Policies regarding chemical safety and hazardous waste and other waste disposal are in place. Infectious waste was managed as per policy during the audit.</p> <p>All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals and trolleys are kept in a locked cupboard when not in use. The cleaners interviewed were able to describe safe infection prevention and control processes. Residents in isolation were either visited first in the day or at the end of the cleaner’s day when all other rooms had been cleaned. The cleaners were observed to use appropriate full PPE with sound procedures around donning and doffing PPE and around removal of laundry and waste.</p> <p>Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, gowns, 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 as required. There</p>

		<p>is a sluice room in each area and a sanitiser with stainless steel bench, and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>Designated cleaners and laundry staff are rostered over seven days. They have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout with extra cleaning duties in place to minimise the spread of Covid- 19. The management team has oversight of the facility testing and monitoring programme for the built environment. All clothing and linen are laundered on site. Dirty and clean areas for laundry are not well defined and there is a potential for cross contamination of laundry.</p> <p>Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The laundry staff could both describe how to wash and separate infectious linen.</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>	<p>FA</p>	<p>The CM and GM is committed to maintain a restraint free environment. Restraint elimination is included in the organisation's business plan. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the RNs, CM and GM will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator (a registered nurse) is supported by the CM and GM to maintain a restraint free</p>

		<p>environment. At the time of the audit, the facility was restraint free and has been for many years.</p> <p>Restraint is discussed in three monthly restraint approval group review meetings. The general manager reports to the governance body in quarterly meetings. The restraint coordinator interviewed described the focus on restraint free environment.</p> <p>Restraint elimination and management of challenging behaviours are included in the mandatory training plan and orientation programme.</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)
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be</p>	<p>PA Moderate</p>	<p>There were areas designated in the basement for storage of dirty and clean laundry. There is also a room with washing machines and hand basins and a ‘clean’ room for folding washing situated on the ground floor. Dirty and clean areas for laundry are not well defined and there is a potential for cross contamination between dirty and clean laundry. On the days of the audit, it was noted that there was a large amount of dirty laundry positioned in close proximity to the clean laundry. The two laundry staff interviewed were clear around their responsibilities in maintaining a clear divide between clean and dirty laundry.</p> <p>Chemicals are securely stored and clean linen is transported in covered trolleys to the care areas.</p>	<p>(i). Dirty and clean areas in the laundry rooms were not clearly defined; and</p> <p>(ii). Dirty laundry was positioned in close proximity to clean laundry.</p>	<p>(i)- (ii). Define clean and dirty areas in the laundry rooms and monitor to ensure that clean linen is not contaminated in any way.</p> <p>60 days</p>

reflected in a written policy.				
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display
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End of the report.