# Marne Street Hospital Limited - Marne Street Hospital

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Marne Street Hospital Limited

**Premises audited:** Marne Street Hospital

**Services audited:** Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical

**Dates of audit:** Start date: 10 October 2024 End date: 11 October 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 48

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Marne Street Hospital Limited operates Marne Street Hospital. The facility has a three-member Board and is managed by a facility manager, with a managing director providing oversight and support. The service provides hospital level care for up to 55 residents, with 48 residents on the days of the audit.

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

The facility manager who is a registered nurse, is supported by a clinical manager. Residents and family/whānau spoke positively about the service provided. There is an established quality and risk programme which is implemented.

This certification audit identified improvements which need to be made, including complaints management; adverse events; essential notification; education for staff; human resource practises; care planning timeframes; interventions and monitoring; and medication management.

## 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. |  | Some subsections applicable to this service partially attained and of low risk. |

Marne Street Hospital 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. This service supports culturally safe care delivery to Pacific people.

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 to and respect the opinions of the residents, and effectively communicates 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 are actively managed.

## 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. |  | Some subsections applicable to this service partially attained and of low risk. |

Marne Street Hospital has a facility manager and is governed by a three-member Board. Services are planned, coordinated, and are appropriate to the needs of the residents. The 2023-2024 business plan informs the site-specific operational objectives which are reviewed on a regular basis. Marne Street Hospital has a documented quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Marne Street Hospital collates clinical indicator data and benchmarking occurs.

Human resources policies include recruitment, selection, orientation, staff training and development. The orientation programme provides new staff with relevant information for safe work practice. There is an in-service education/training programme 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 family/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

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| --- | --- | --- |
| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |

The clinical manager and registered nurses efficiently manage the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service. Medication policies are available and accessible.

Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The service has a current food control plan.

Residents are reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms have individual ensuites. There are communal toilets situated close to lounge areas with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents.

Security checks are performed by staff. Security lights are installed externally throughout the facility, and doors and gates are automatically locked at night.

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

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

Infection prevention management systems are in place to minimise the risk of infection to residents, staff, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform staff and managers. Standardised definitions are used for the identification and classification of infection events.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported on. The service has screening activities in place for residents, visitors, and staff. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been three outbreaks reported in 2024.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Chemicals are stored securely and safely. Cleaning and laundry processes are monitored for effectiveness.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| 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. |

There is governance commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint elimination strategies are overseen by the restraint coordinator, who is a registered nurse. The facility has no residents using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around restraint minimisation and de-escalation of behaviour.

## 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 | 21 | 0 | 4 | 2 | 0 | 0 |
| **Criteria** | 0 | 162 | 0 | 7 | 2 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Marne Street Hospital has established connections with local iwi. The facility manager, and a registered nurse (RN) reported during interview they are able to access cultural support and guidance from these established relationships with local maraes, as well as through staff and residents who are Māori.  The recruitment policy was reviewed, and the facility manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process.  Staff have received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. Interviews with the facility manager and clinical manager and sixteen staff (four RNs, six healthcare assistants (HCAs), one activities staff, one kitchen hand, one administrator, one diversional therapist (DT), one maintenance person and one cleaning/laundry staff) confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika, by recognition that family/whānau values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, with input from Pasifika. The service currently has no residents who identify as Pasifika.  On admission all residents state their ethnicity. Marne Street Hospital has links with the Pacific providers to ensure connectivity within the region. These links included those through staff members to Pacific community groups and churches. Equitable access to education ensures Pacific staff are continuously upskilled.  Interviews with the facility manager and clinical manager and documentation reviewed identified that the service provides person-centred care. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in English and te reo Māori. Details of the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager or the facility manager discuss aspects of the Code with residents and their family/whānau on admission. Residents receive information on the Code at residents’ meetings. The service is recognising Māori mana motuhake through actively engaging residents and family/whānau in determining their own health goals. Marne Street Hospital reviewed their policies and service delivery to ensure inclusiveness to reflect residents’ voices, perceptions, understandings, and experiences. There are links to spiritual support documented in the spirituality policy.  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. 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 (but not limited to) understanding the role of advocacy services. Interviews with five hospital level care residents, including one resident who is on a younger person with disability (YPD) contract, and six family/whānau (including one YPD) and staff confirmed that staff are respectful and considerate of residents’ rights in line with the Code. The consumer auditor facilitated the interview with the YPD resident and their family/whānau. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | 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. The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff to understand the key elements of self-determination and providing equity in care services. It was observed that residents are treated with dignity and respect. The annual resident and family/whānau survey results for 2024 and interviews with residents and family/whānau confirmed that they are treated with respect. The YPD resident and their family/whānau interviewed stated staff are respectful and their choices are respected.  A sexual safety policy is in place, with training provided as part of the education schedule. Staff interviewed stated they respect each resident’s right to have space for intimate relationships when required. 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 independence is encouraged. Residents' files and care plans identified resident’s preferred names. 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. A spirituality policy is in place. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week. Cultural training that covers Te Tiriti o Waitangi and tikanga Māori to build knowledge and awareness about the importance of addressing accessibility barriers, has been completed. Understanding of these topics are checked using a written cultural competency completed during orientation and on an ongoing basis annually. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | The abuse and neglect policy is being implemented. Marne Street Hospital has policies to support staff to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct and policy pledge is discussed and signed during the new employee’s induction to the service, with evidence of staff signing the code of conduct policy. 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 and the understanding of injustices through policy and the code of conduct. The Māori Health Plan includes strategies to abolishing institutional racism.  Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.  The employment process requires police vetting to be completed; however, there was no evidence in staff files reviewed that the process is implemented (link 2.4.1). The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The staff survey evidence positive comments related to colleagues being helpful and supportive of each other, thus creating a positive workplace culture. Te Whare Tapa Whā is recognised, and the care plans identify resident focused goals and reflects a person-centred model of care. |
| Subsection 1.6: Effective communication occurs  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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | An information pack is provided to residents and family/whānau on admission. 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. Policies and procedures relating to adverse events, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any adverse events that occurs. Adverse event forms have a section to indicate that family/whānau have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes; this was confirmed through the interviews with family/whānau. An interpreter contact details are documented and available to staff. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English. The YPD resident and their family/whānau (interviewed by the consumer auditor) felt that the communication between them and the rest of the multidisciplinary team is effective, and they are included in decision making about care.  Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service communicates with other agencies that are involved with the resident, such as district nursing and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services and this is placed on the residents’ individual file. The clinical manager described the process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, newsletters, and resident and family/whānau meetings. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | Policies are in place regarding informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or enduring powers of attorney/welfare guardians. Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.  In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. 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 residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable. Where the EPOAs are activated, there is a medical letter of incapacity on file. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | PA Low | The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains complaints register containing all appropriate documentation, investigation, and resolution. However, the complaints register does not evidence a final resolution letter as expected by the service’s comprehensive complaints policy and the guidelines set by the Health and Disability Commissioner (HDC). The complaints process pamphlets are available at reception and in the admission package. Since the last audit, five complaints had been made at Marne Street Hospital. The complaints were responded to quickly and a resolution was reached. Discussions with residents and family/whānau confirmed when they make a complaint, they are provided with information on the complaints` procedure and complaints forms. Family/whānau when interviewed who had raised issues with the facility and clinical manager, were happy with the resolution that had been resolved.  The complaints are investigated with verbal feedback provided to the complainant by the facility manager. Through the complaints process, the complainants were made aware of other avenues for complaints resolution. There was one complaint made to Health New Zealand in June 2023. The funder requested feedback related to the management of wounds and related documentation. There were identified issues related to the management of wounds and associated documentation (link 2.2.4, link 2.2.6 and link 3.2.4).  Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held and are another avenue to provide residents with the opportunity to voice their concerns. The facility manager and clinical manager have an open-door policy and encourage residents and family/whānau to discuss any concerns. This was observed during the audit. The complaints process is linked to the quality and risk management system. Staff meeting minutes cover discussions relating to any complaints lodged. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | Marne Street Hospital is privately owned, with three Board members providing governance. Marne Street Hospital is certified to provide care for up to 55 residents at rest home, hospital (geriatric and medical) and residential disability (physical and intellectual) levels of care. Ten rooms are certified for dual-purpose, with the remaining 45 rooms hospital only. On the day of the audit, there were 48 hospital-level residents and no rest home level residents, including one on ACC funding, two residents on a long-term support- chronic health care (LTS-CHC) contract, one resident on a younger person with a disability (YPD) contract, and one resident on respite care. All residents had age-related residential care (ARRC) contract.  The facility manager has aged care and mental health experience, and provides oversight of the service; they have been in the role since April 2023. The clinical manager has been in their role for twelve years. They are supported by RNs, experienced HCAs, and an administrator.  Policies have been developed by an external provider, with input from Māori representation. Collaboration with staff and family/whānau who identify as Māori reflect their input for the provision of equitable delivery of care. The facility manager reports monthly to the Board on a variety of management and operational issues, including quarterly key performance indicators (KPI). The facility manager is able to contact Board members, as necessary. All high-risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved. The facility manager actively engages with residents and staff, as evidenced through observations and interviews.  A Board member was interviewed. The current business plan 2023-2024 identifies annual goals and measures. The organisation structure, purpose, vision, values, mission statement, performance and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. The goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising and promotion; and clinical quality goals related to wound management and pressure injury prevention; decrease of medication errors; and compliance of clinical documentation. The business plan includes service development that support outcomes to achieve equity for all and addresses barriers for Māori, as documented in the business plan. The facility manager and one of the Board members have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.  Working practices are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for family/whānau are provided through general feedback, surveys, meetings, and the complaints process to participate in the planning and implementation of service delivery.  Clinical governance is overseen by the facility manager and clinical manager. There is a two-monthly staff meeting where quality data is presented to staff.  The facility manager and clinical manager have completed other professional development activities in excess of eight hours annually, related to managing an aged care facility. |
| Subsection 2.2: Quality and risk  The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-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. | PA Low | Marne Street Hospital has a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints).  A range of two-monthly meetings, staff, quality improvement (which includes health and safety and restraint) and monthly RN meetings provide avenues for discussions in relation to (but not limited to): quality data; health and safety; infection prevention and control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented (when required) to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are available in meeting minutes which are available in the staff room and nurses’ office. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis, including benchmarking, feedback through residents’ meetings, and complaints management provides an avenue for critical analysis of work practices to ensure health equity. The facility manager and clinical manager review quality data to measure clinical effectiveness.  Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. Tāngata whaikaha have meaningful representation through the resident and family/whānau meetings and six-monthly case conferences.  An annual resident and family/whānau survey is conducted. The results of the 2024 survey evidence a decrease in participation/engagement and the survey results have been compared with previous surveys. The facility manager confirmed there would be a focus to increase participation in the next survey. Feedback from the surveys was evident in residents’ and staff meeting minutes (sighted).  There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external consultant. New policies or changes to policy are communicated and discussed with staff.  A health and safety system is in place. The health and safety meeting is held two-monthly as part of the quality improvement meetings. A health and safety representative was interviewed and confirmed they have received training relevant to their role. Identifications of any hazards and risks are documented, and an up-to-date hazard and risk register was reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff meeting. Staff incidents, hazards and risk information is collated at facility level, reported by the facility manger to the Board.  A sample of adverse events and progress notes were reviewed and evidence appropriate and timely follow up, investigations and communication to family/whānau. Electronic reports related to adverse events were collated monthly and analysed; however, there were five pressure injuries that were not documented on adverse event forms. A summary is provided against each clinical indicator. Benchmarking occurs. Ethnicity data is linked to benchmarking data. The electronic resident management system escalates alerts, depending on the risk level. Any residents with acute and complex needs are discussed in meetings and at handover. Opportunities to minimise future risks are identified by the clinical manager, in consultation with RNs and HCAs.  Discussions with the facility manager and clinical manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There had been no Section 31 notifications since the last audit and one notification made to the Health Safety and Quality Commission in October 2024. However, there were a number of wounds, some of which should have been notified as Section 31s or to the Health Safety and Quality Commission.  In 2024, there have been two Covid-19 outbreaks and a norovirus outbreak (June 2024). All outbreaks were appropriately reported, managed, and staff were debriefed. There were five hospital level residents in isolation with Covid-19 on the days of the audit. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | PA Low | The staffing policy guides clinical staffing to provide safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The roster reviewed provides sufficient and appropriate cover for the effective delivery of care. There is 24/7 RN cover; with at least two RNs on morning and afternoon shift (Monday to Sunday) and at least one first aid trained staff member on duty 24/7. The facility manager, and the clinical manager work full time (Monday to Friday). In the absence of the facility manager, the clinical manager would oversee the service. The facility manager and clinical manager provide on-call support to the RN team.  The three weeks of roster reviewed evidenced full coverage and backfilling when staff were absent on short notice. Separate staff were allocated to the kitchen, laundry, recreation, cleaning, and maintenance activities. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. Meeting minutes evidence staff and residents are informed when staffing levels change.  A two-yearly training plan is in place which supports staff to provide high-quality safe services. The training sessions provided include a mix of online and face to face sessions. Attendance registers are kept for training and record the numbers who attended; attendance numbers have been low. Marne Street Hospital has a contract to provide service for younger people with disabilities; however, there was no evidence provided that training occurs in topics related to the principles of enabling good lives for younger residents with disabilities. Skin management and pressure injury prevention training only occurred for new staff.  All HCAs are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene, and correct use of personal protective equipment (PPE). A selection of HCAs complete annual medication administration competencies, wound competencies, and competencies to complete neurological observations. A record of completion is maintained on an electronic system. All competencies have been completed as scheduled. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. There are nine RNs (including the clinical manager), five are interRAI trained. Registered nurses are supported to attend external learning opportunities. Two RNs have completed external training in relation to wound management, including the management of pressure injuries.  Marne Street Hospital has 42 HCAs and supports and encourages staff to obtain a New Zealand Qualification Authority (NZQA) qualification. There are a number of long serving and experienced staff, with a further ten having achieved level 4 New Zealand Certificate in Health & Wellbeing or equivalent (internationally qualified nurses).  There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunities to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Interviews with staff confirmed that they feel supported by their managers.  Staff training records showed that they completed training related to Māori health outcomes and disparities, and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing, with staff having access to online modules. Staff have completed a cultural competency. |
| Subsection 2.4: Health care and support workers  The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | PA Low | A new suite of human resources policies has been implemented to guide recruitment, selection, orientation, and staff training and development. Nine staff files reviewed across all departments evidenced implementation of the recruitment process, employment contracts, and completed orientation. Marne Street Hospital human resource policies require police vetting; however, there was no evidence that the process is implemented. 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 maintained for all health professionals.  The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Marne Street Hospital demonstrated that the orientation programme supports RNs, HCAs, cleaning, and laundry staff to provide a culturally safe environment to Māori. Staff performance appraisals were completed annually.  All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. The results of annual staff satisfaction survey and staff interviews indicate that staff feel supported in their roles. Communication and teamwork were rated positively, and staff feel comfortable discussing any issues with the RNs, clinical manager, and facility manager. The facility manager stated that staff are debriefed following incidents. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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. | FA | A policy is in place to guide archiving and storage. Resident files and the information associated with residents and staff are retained and secure. Electronic information is regularly backed-up and password protected. There is a documented emergency management and civil defence plan that include a 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. Resident’s past paper-based documents are securely stored, archived, and/or uploaded to the electronic 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. |
| Subsection 3.1: Entry and declining entry  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. 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. | FA | Information about the services, accommodation options and costs are outlined in an information pack and on the website. Prior to entry, prospective residents and their family/whānau are invited to meet staff and view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome.  Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) prior to entry. Residents and family/whānau confirmed staff are respectful and communicate well with them.  Entry would only be declined if a prospective resident does not meet the entry criteria. In this case, they are informed and referred to the NASC. Data is collated on the numbers of declined entries and this data includes ethnicity.  The organisation has links with local iwi and staff are trained in cultural safety, tikanga and consulting family/whānau in any decision making. Strategies to reduce barriers for Māori entering the service include promotion of the use of te reo Māori in activities and in signage throughout the facility. |
| Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | PA Moderate | Registered nurses are responsible for all residents’ assessments, care planning and evaluation of care. Seven hospital level resident files reviewed, including one on an ACC contract, one respite resident, one on a YPD contract, and one on a LTS-CHC contract. An initial assessment is undertaken by a RN on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. InterRAI assessments are completed for all long-term residents. The triggers, scores and outcomes of the identified risks are used to develop the long-term care plan. Long-term care plans are developed with input from residents, family/whānau, HCAs, RNs, and activities staff; however, not all files reviewed evidenced that this occurred within the required timeframes. The long-term care plans are developed by RNs and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and aspirations and interventions to address medical conditions; however, not all were documented in sufficient detail to guide staff.  The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The RNs interviewed were able to describe removing barriers so all residents have access to information and services required to promote independence. Further to this, the RNs described working alongside residents and family/whānau when developing care plans so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural preferences. Staff have access to Māori and Pasifika advisors if cultural support is needed. The YPD resident has a social/activities plan in place, including one-on-one activities, nail pampering, time on their tablet, podcasts, and visits from volunteers.  Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapists, RN, HCAs, GP, podiatrist, and activities staff. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff.  The general practitioner (GP) assesses residents within five days of admission. Residents are then reviewed by the GP on a three-monthly routine basis or more frequently if their condition changes. The GP interviewed stated that there is good communication with the service, they are informed of concerns in a timely manner, and that they were very confident in the abilities of the nursing team. The facility has access to afterhours support from the GP up until 10pm at night. After this time, health line or the hospital are available. A physiotherapist visits the facility for four hours, twice a week.  Contact details for family/whānau are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family are informed where there is a change in health status.  Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Progress notes are entered by HCAs on each shift; however, RN entries were not always completed daily for hospital level residents. Staff receive handover at the beginning of their shift, as observed on the day of audit.  Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. Monitoring of care is completed as required and stated in the care plans and include (but not limited to) intentional rounding, behaviour monitoring, regular repositioning, and food and fluid management.  On the day of audit there were 35 current wounds, including skin tears, abrasions, lesions, and pressure injuries. A review of a sample of wounds identified shortfalls with the wound documentation, completion of adverse event forms (link 2.2.4) and essential notification of pressure injuries where required (link 2.2.6). On interview, the clinical manager advised information on current wounds was noted on transfer documentation; however, this was unable to be verified on the days of the audit.  Multidisciplinary reviews occur six-monthly. This includes input from the RNs, HCAs, residents, family/whānau, activities staff and physiotherapist. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term acute issues are identified such as wounds or infections, a short-term care plan is developed, implemented and sign off when resolved. |
| Subsection 3.3: Individualised activities  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. | FA | There is an experienced and enthusiastic full-time diversional therapist (DT) who works Monday to Friday. The DT is assisted by an activities assistant (qualified occupational therapist) two days a week. Resources are available for HCAs to provide activities at the weekend. The DT has a current first aid certificate. The programme is planned fortnightly and includes themed cultural events, including those associated with residents and staff. The activities programme is available throughout the facility on noticeboards within the communal areas and hand delivered to specific residents’ bedrooms.  Each resident has an initial profile, and an activities assessment completed within a few days of admission. The cultural, social, spiritual, and diversional therapy section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time the long-term care plan is reviewed. Activities staff document in the progress notes weekly or more often if indicated. The resident’s social and cultural profile includes the resident’s past hobbies and present interests, likes and dislikes, career, and family/whānau connections. Staff have access to Māori and Pacific advisors if cultural support is needed. The DT has contacts at the local Marae. The activity team facilitates opportunities to participate in te reo Māori, incorporating Māori language in monthly planners, entertainment and singing, craft, participation in Māori language week, and Matariki. Kapa Haka groups provide entertainment, and the activities team have used pois and rakau sticks in conjunction with Māori music sessions. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents.  Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage, setting up technology-based systems such as audio books and youtube movies, and walking around the local inlet. The service has sensory bins which include a baking bin, men’s tools, craft bin and fidget bin, which are readily available to individual residents. Residents are encouraged to join in activities that are appropriate and meaningful. Resident attendance is documented directly into the resident’s progress notes on a daily basis. Group activities are held in the main lounge and include (but are not limited to) exercises; pet therapy; RSA visits; bowls; news and discussion sessions; baking; bingo; seated swan dancing; walking groups; reminiscing; crafts; games; quizzes; entertainers; exercise sessions including parachute activities; hand pampering; happy hour; and a section of physical games. There are regular entertainers visiting the residents once or twice a week.  There are regular volunteers who assist with one on ones, reading and individual walks. All volunteers have been inducted to the service. The younger residents are supported to engage in their preferred activities, such as movies, use of technology and supported to maintain links with their family/whānau.  There are two monthly combined family/whānau and resident meetings in each area. Family/whānau are invited to attend these. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Moderate | There are medication management policies to guide safe medication administration and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications.  Registered nurses and HCAs interviewed could describe their role regarding medication administration. Marne Street Hospital uses robotic packs for all medications and are checked against the electronic administration system by RNs and any discrepancies are fed back to the supplying pharmacy.  Medications are stored securely in the medication rooms in each area. Medication trolleys are always locked when not in use. The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer’s instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are required to be prescribed by the GP and charted on the medication chart; however, this was not consistently applied as per policy. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.  Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were four residents in the hospital self-medicating on the days of audit. All residents had medication competencies on file, which had been reviewed three-monthly. Medications for these residents were stored appropriately in locked bedside drawers. Residents were noted to be using over the counter medications which were not appropriately stored. The facility follows documented policies and procedures should a resident wish to administer their medications.  As required medications are administered as prescribed; however, effectiveness is not always documented on the electronic medication system or in the residents’ progress notes. Medication competent HCAs or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Nurse initiated medications are available when required and all RN’s have completed relevant recent training. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.  Registered nurses support the younger resident(s) to access their medication. Service providers support Māori and whānau to access medication. Residents and their family/whānau are supported to understand their medications when required. Registered nurses interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | All meals are all prepared and cooked off site by an external contractor and delivered in hot boxes once a day prior to the main meal at lunch time. A kitchen hand is rostered on duty to provide morning and afternoon tea and serve the meals. The kitchen was observed to be clean, well-organised, well equipped, with food appropriately stored. The external contractor has a current approved food control plan expiring 30 April 2025. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The four-weekly seasonal menu has been reviewed by a dietitian and includes cultural choices. All kitchen staff have completed safe food handling. There is a food services manual available in the kitchen.  The external contractor receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. A copy of resident profiles is kept in the kitchen. The director of the contracted food company and the kitchen hand were interviewed, and both confirmed an awareness of resident likes, dislikes, and special dietary needs, including cultural preferences. The contractor and kitchen hand are aware of requirements and resident profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.  The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Tapu and noa and their relevance to the kitchen services were included in kitchen staff orientation.  The service uses an electronic system to ensure monitoring of temperatures is completed. Daily records include fridge and freezer temperature recordings in kitchen and kitchenette areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits.  Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained, as evidenced on the electronic monitoring system. Meals are directly served to residents in the dining room adjacent to the kitchen and transported in a hot box to the Hill View dining room. Food is delivered to residents who have their meals in their room transported on trays. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.  Food services staff have all completed food safety and hygiene courses. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. |
| Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau.  Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family/whānau is informed. The GP makes the referral to the hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of EPOA documents.  Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to the dietitian and wound nurse specialist. Registered nurses complete a referral and email this with a photograph of the wound. The wound nurse specialist decides if they needed to consult with the resident in person or send instructions for the management of the wound, if it is considered non-complex.  Residents attending external appointments are encouraged to be accompanied by their family/whānau. Any risks are communicated to the external health provider by the RN and documented in the file. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | FA | The building holds a current warrant of fitness, which expires on the 7 October 2025. A maintenance person (interviewed) and a part-time gardener work together to maintain the building and grounds. The maintenance person addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and requests in each nurse`s station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed August 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned (last completed January 2024).  The building is a two-level purpose-built building with easy access to the spacious external courtyards and gardens. There is outdoor furniture and shade available. The upper level is designated for staff use only and includes offices, storage, and a staff room.  The facility has corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facility’s furnishings, floorings and equipment are designed to minimise harm to residents.  There are 55 hospital level care rooms separated into two wings - Parkview and Hillview. Each wing has a large open plan lounge and dining area. Parkview connects to the kitchen via a servery and meals are delivered in hotboxes to Hillview. The corridors, communal areas and resident rooms are carpeted. Bathrooms, ensuites, toilets and service area have vinyl surfaces. There are adequate storage areas for mobility equipment. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.  There is electric underfloor heating throughout the facility with individual electrical ceiling heaters in each resident room. Temperatures can be adjusted to suit individual preferences. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. Furniture is arranged to create a homely and welcoming environment.  Resident rooms include 12 rooms with shared full ensuites, 22 rooms with shared toilets and the remainder have a hand basin only with access to communal toilets and showers. There is a large shower room in the hospital unit which is suitable for a shower bed. There are communal toilets in each unit situated close to communal lounges. There are adequate numbers of toilets and showers for residents and separate facilities for staff and visitors. Privacy locks are on the communal and visitor toilets. All ensuite and communal toilets have paper towels and flowing soap available.  Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas, if they did not wish to participate in the group activities being held in the main lounge. There are additional small lounges in each wing. There is easy safe access to the outdoors, with seating and shade.  The facility manager reported that there is no planned development for the building; however, should this change, the provider would ensure current linkages in place with Māori would be consulted and a co-design approach of the environments, would occur to ensure that the aspirations and identity of Māori would be reflected. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. There is a current residents list which document assistance required in case of evacuation. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 10 February 2010). Fire evacuation drills are held six-monthly.  Civil defence supplies are stored in a central cupboard and are checked three-monthly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. The service has access to a generator through an external contractor. A gas barbeque is available for cooking. There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency. The provider has bottled water supplies (160 litres) and a 1000 litre tank available, providing sufficient water supplies to provide residents and staff with three litres per day for a minimum of seven days. Emergency management is included in staff orientation and is included in the ongoing education plan. Emergency response flip charts are readily available in each nurse’s station and in various other areas. A minimum of one person trained in first aid is always available.  There are call bells in the residents’ rooms, communal toilets, and lounge/dining room areas. Care staff carry pagers and there are enunciators in the hallways. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.  The facility is secured at night with the doors closing at predetermined times. There are closed circuit cameras in communal areas and corridors. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow should an emergency event occur. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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. | FA | The infection prevention and control programme and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, is approved by the Board and is linked to the quality programme. The Board receive information related to infection prevention and control data, including the annual review of the programme. This was confirmed in an interview with a Board member.  The clinical manager undertakes the role of infection prevention and control coordinator and oversee the infection prevention and control programme and work closely with owner/director. The job description outlines the responsibility of the role and a signed copy sighted in her file.  Infection rates are presented and discussed at quality and staff meetings. Documented evidence showed infections were reviewed with GPs.  The service has access to an infection prevention clinical nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.  Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The clinical manager is the infection prevention and control coordinator and along with the facility manager, procures all equipment and consumables. In the role of infection prevention and control coordinator, the clinical manager has completed external training and has appropriate skills, experience, knowledge, and qualifications for the role. The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. The programme has been developed by an external consultant and ensures best practice links to the quality programme and is reviewed annually. The clinical manager has input into the development of the clinical policies that may impact HAI and is responsible for the procurement of consumables and devices.  Staff are knowledgeable about policies and procedures due to training provided at orientation and at ongoing education sessions. Residents have received infection prevention and control education when their personal cares are completed.  Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers’ guidelines, and which was audited to ensure its safe working state and to monitor regular decontamination.  There is a pandemic plan. An outbreak response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly. The service provides te reo Māori information around infection prevention and control for Māori residents. The organisation’s policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control.  The facility manager and clinical manager and Board described a clear process of involvement should there be plans for development and ongoing refurbishments of the building. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services. | FA | 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. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at staff and RN meetings. Significant events are reported to the executive team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and 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. | FA | The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in the surveillance of HAI.  Infection prevention and control 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 meetings. Records of monthly data were sighted and these included numbers of infections, a comparison with the previous month occurs and any reason(s) for increases or decreases, along with any actions for improvement. Any new infections are discussed at shift handovers, management, and staff meetings, for early interventions to be implemented. Benchmarking is completed.  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 three outbreaks reported since the last audit; this was reported and well managed. Outbreak meetings occurred to discuss lessons learned.  There were four residents in the hospital in isolation on the days of the audit. Staff could describe their response and the precautions they were implementing. Staff were observed wearing appropriate personal protective equipment (PPE) and received comprehensive information during handovers. The clinical manager stated the implementation of the response plan was swift. Visitors received communication on the status of infections within the facility. There were appropriate number of hand sanitizers and masks available for visitors at the entry to the service. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers.  Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There 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. There are regular internal environmental audits with corrective action plans that had been signed off.  Cleaning tasks are completed by cleaning staff who have cleaning guidelines for daily and periodic cleaning. Cleaning equipment and supplies were stored safely in locked storerooms. The cleaners have attended training appropriate to their roles.  Personal clothing is laundered on site, and laundry of linen is outsourced. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on 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 machine and dryer are checked and serviced regularly. The infection control coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Marne Street Hospital is committed to providing service to residents without use of restraint. Policies and procedures meet the requirements of the standard. The restraint approval group is responsible for monitoring restraint use and implementation of the policy within the service. Restraint use and strategies to minimise the use of restraint is discussed in the staff meetings and reported to the Board via the facility manager. Interview with the restraint coordinator (RN) and the clinical manager confirmed that restraints are used as a last resort and the service is committed to a restraint-free environment. Interviews confirmed that the HCAs and RN had a comprehensive understanding of restraint.  Restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Marne Street Hospital will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval and review processes include input from the resident, family/whānau, GP, restraint coordinator, and clinical manager.  At the time of the audit, there were no residents using restraints. When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator has a defined role of providing support and oversight for any restraint management. There are clear lines of accountability. Restraint minimisation is included as part of the mandatory training plan and orientation programme and an annual competency has been completed by staff. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.8.3  My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers’ Rights. | PA Low | The service has a well described policy of the complaints management process and there are complaints process pamphlets available at reception and in the admission package. Since the last audit, five complaints had been made. The complaints were responded to quickly and a resolution was reached; however, the response to the complainant(s) was not closed off with a final resolution letter, as per the complaints policy guidelines. | There were no final resolution letters on file to close off the complaints. | Ensure the complaints are closed off in a manner reflective of the complaints policy and guidelines set by the HDC.  90 days |
| Criterion 2.2.4  Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them. | PA Low | Electronic reports related to adverse events were collated monthly and analysed. A sample of 11 adverse events and the wound register were reviewed. However, there were five pressure injuries that were not documented on adverse event forms. Progress notes reviewed evidence family/whānau were notified. A summary is provided against each clinical indicator. Benchmarking occurs. The facility manager and clinical manager review quality data to measure clinical effectiveness. | Five of thirteen current pressure injuries were not reported through the incident reporting system. | Ensure all adverse events are reported through the incident reporting system to effectively respond to risks.  90 days |
| Criterion 2.2.6  Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting. | PA Low | There is a policy for the management of adverse events that have been updated to include the notification requirements to reflect the change in notification pathway from 1 July 2024 to HQSC. The facility manager and clinical manager interviewed understood what events fall under essential notification. However, when the wound register was reviewed, there were 10 of 13 pressure injury wounds that were either incorrectly assessed (staged) and needed to be notified or were correctly assessed (staged) but not notified. | Ten of thirteen pressure injuries required essential notification but were not notified as required. | Ensure the essential notification procedure is followed to comply with regulatory and statutory obligations.  90 days |
| Criterion 2.3.4  Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services. | PA Low | A two-yearly training plan is in place which supports staff to provide high-quality safe services. The training sessions provided include a mix of online and face to face sessions. Attendance registers are kept for training and record the numbers who attended; attendance numbers have been low. Marne Street Hospital has a contract to provide service for younger people with disabilities; however, there was no evidence provided that training occur in topics related to the principles of enabling good lives for younger residents with disabilities. Spirituality, the principles of enabling good lives, death and dying are scheduled for November 2024.  The 2023 training numbers were documented at compulsory training sessions between 20-30 percent attendance at most sessions. The 2024 attendance at training sessions had increased to 50% for continence management, prevention of abuse and neglect, sexuality and intimacy. Other sessions such as manual handling, documentation and the ageing process had lesser number of attendees documented (40%). Other topics such as skin and pressure management for HCAs have not been completed in 2024; however, the topics are covered at orientation for new staff and there have been a number of new HCAs employed.  RNs attended appropriate training. All RNs and two senior HCAs have completed pressure injury management/skin management as part of their wound competency training. | (i). Attendance registers evidences healthcare assistants’ attendance at compulsory training sessions (when it occurs) have been insufficient.  (ii). The service is certified to provide services for young people with disabilities; however, there were no evidence that topics related to the principles of enabling good lives occurred in 2023 (note this topic is included in the training schedule for November 2024).  (iii). Skin management/pressure injury prevention training sessions have not occurred in 2024 for HCAs, other than at orientation. | (i). Ensure attendance at compulsory training sessions are encouraged.  (ii). Provide training specific to the care and support for younger people with disabilities.  (iii). Ensure skin management/pressure injury management training for HCAs.  90 days |
| Criterion 2.4.1  Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation. | PA Low | There is a new suite of human resources policies in place to guide recruitment, selection, orientation, and staff training and development. Job descriptions are in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Marne Street human resource’s policies require a police vetting procedure to be completed prior to commencement of employment; however, there was no evidence in the files reviewed that the procedure occurs as required by the policy. | There was no evidence in the eight staff files reviewed that a police vetting procedure was implemented. | Ensure the human resource’s polices regarding police vetting are followed.  90 days |
| Criterion 3.2.1  Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this. | PA Low | All assessments are completed by a RN in partnership with residents and family/whānau. An initial summary care plan is developed within 24 hours of admission to provide guidance for caregivers on care delivery for the residents. This was sighted in seven resident files. For the sample files reviewed, all residents who required an initial interRAI and repeat interRAI assessments, had this completed within required timeframes. The first long-term care plan was completed as required for three of the six residents; however, timeframes were not completed as required for the other three residents. There are policies and procedures that provide guidance on assessment and support planning timeframes and processes. Six-monthly reviews were completed as required. | Three of six resident files reviewed which required an initial long-term care plan, did not have one completed within 21 days. | Ensure that all care plans are completed in line with policy and contractual requirements.  90 days |
| Criterion 3.2.3  Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People’s care or support plan identifies wider service integration as required. | PA Low | The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly, or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress towards meeting goals; however, not all resident records reviewed provided evidence of detailed interventions to provide guidance to care staff in the delivery of care to the residents.  Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care. | (i). Two residents with insulin dependent diabetes did not have interventions documented to support blood glucose monitoring or reportable ranges.  (ii). One resident with three recent incidents involving wandering outside the building did not have interventions documented to manage this.  (iii). A resident with a history of frequent falls had insufficient interventions documented to minimise future risks. | (i) –(iii). Ensure care plans have detailed interventions documented to provide guidance to staff on the management of care.  90 days |
| Criterion 3.2.4  In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented. | PA Moderate | The service implemented the clinical, quality and resident management system in 2023. The service has comprehensive policies related to assessment, support planning and care evaluation. A range of monitoring charts are available for the care staff to utilise and were implemented. Monthly observations such as weight and blood pressure were completed and are up to date. For residents with identified high risk of pressure injuries, repositioning charts have been implemented.  The wound register was reviewed; however, did not include documentation of all current wounds, current pressure injuries were not always correctly staged, and two wounds were documented in the same documentation. The wound audits were completed in November 2023 and in June 2024 evidenced compliance. The 2024 audit noted there had been an increase in wounds (related to new admissions) and the business plan evidence clinical quality goals related to wound management and pressure injury prevention.  Two RNs including the clinical manager attended an external wound management study day, which included pressure injury management. The two RNs were to provide training to the RNs, which for all new registered nurse has been done as part of their orientation (seen in the review of files). One of the registered nurses who was becoming the wound champion was on long absence leave and not available to work with the new staff - had sustained a back injury and was not as available/working with the new staff as had been intended.  Progress notes were documented on each shift by HCAs. When a resident`s health changed, there was appropriate RN follow up in the progress notes; however, RN entries were not completed daily for all hospital level residents. | (i). Six of thirteen current pressure injuries had been incorrectly staged or classified.  (ii). Three of thirteen current pressure injuries did not have the wounds documented in the wound register.  (iii). Two separate wounds were documented on the same wound management plan.  (iv). Progress notes for seven of seven hospital level resident files reviewed did not have daily entries by a RN as per policy. | (i). Ensure pressure injuries are correctly staged or classified.  (ii). Ensure all current wounds are documented in the wound register.  (iii). Ensure all wounds are documented on individual management plans.  (iv). Ensure RNs document daily in the progress notes of hospital level care residents.  60 days |
| Criterion 3.4.1  A medication management system shall be implemented appropriate to the scope of the service. | PA Moderate | The RNs and medication competent HCAs are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including reconciliation, storage, and documentation requirements. However, not all over the counter medications in current use were prescribed by the GP, and not all were appropriately stored in resident rooms as per policy. The electronic medication system and progress notes are utilised to record the effectiveness of pro re nata (PRN) medications; however, this was not consistent for all PRN administration. Staff have received training related to medicine management and medication related audits have been completed in line with the audit schedule. | (i). Not all over the counter medications in current use were prescribed by the GP.  (ii). Over the counter medications and creams were not stored appropriately in resident rooms.  (iii). The effectiveness of PRN medications was not documented for four of the fourteen files reviewed. | (i). Ensure all over the counter medications in current use are prescribed by the GP.  (ii). Ensure all over the counter medications are appropriately stored.  (iii). Ensure the effectiveness of PRN medications is documented.  60 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.