

# Tasman Rest Home and Dementia Care Limited - Tasman Rest Home & Dementia Care

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Tasman Rest Home and Dementia Care Limited		
<b>Premises audited:</b>	Tasman Rest Home & Dementia Care		
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Dementia care		
<b>Dates of audit:</b>	Start date: 28 November 2024	End date: 29 November 2024	
<b>Proposed changes to current services (if any):</b>	None		
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	51		

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# Executive summary of the audit

## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Dementia Care New Zealand Limited is the parent company of Tasman Rest Home and Dementia Care Limited. The service provides dementia, and psychogeriatric level care for up to 53 residents. At the time of the of audit there were 51 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand - Te Whatu Ora. The audit processes included observations; a review of organisational documents; staff and resident files; and interviews with family/whānau, staff and management.

The service is managed by an operations manager supported by a clinical manager, regional clinical manager and the Dementia Care NZ management team. Family/whānau reported satisfaction and positivity about the care, services, and activities provided.

This certification audit has identified areas of improvement around care plan evaluations.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Tasman Rest Home and Dementia Care provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Staff receive training on Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. A Pacific health plan is documented. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The business plan 2024-2025 includes a vision, values and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach. These systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There are human resources policies which cover recruitment, selection, orientation, staff training and development. There is a health & safety programme in place. Hazards are appropriately identified and reported. There is a staffing and rostering policy. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential. Family/whānau reported that staffing levels are adequate to meet residents' needs.

## Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Tasman Rest Home and Dementia Care has an admission package available prior to, or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. The general practitioner and nurse practitioner visit on a regular basis, and consultation notes are available in resident files. Referrals are made appropriately to allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner and nurse practitioner.

There is an interesting and varied activities programme that includes cultural celebrations which the activity coordinator and staff implement. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community. The registered nurses identify residents' food preferences and dietary requirements at admission. All food is prepared and cooked on site in the kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. There are additional snacks available 24/7. The service has a current food control plan. Transfers and discharges are coordinated between services.

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

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

Subsections applicable to this service fully attained.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. Appropriate training, information, and equipment for responding to emergencies are provided. Fire drills occur six-monthly. There is always a staff member on duty with a current first aid certificate. Appropriate security checks and measures are completed by staff. The service has a building report and declaration (B-RaD) certificate in place, which expires in November 2025. All rooms are single occupancy, spacious to provide personal cares and are personalised. Fixtures, fittings, and flooring are appropriate. Maintenance is done on an 'as required' basis with plans for preventative maintenance in place. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating and shade. The facility is secure, with a secure enclosed outdoor area.

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

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

Subsections applicable to this service fully attained.

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme, that is appropriate to the size and complexity of the service. The infection control coordinator (registered nurse) coordinates the programme. A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There has been one outbreak since the previous audit, which has been managed well in accordance with current guidelines and the pandemic plan. The environment supports the prevention and transmission of infections. The environment and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. There are safe and effective laundry services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint policy is in place and is supported by a national Restraint Approval Group. The restraint coordinator is a registered nurse. At the time of the audit, the service was restraint free. Restraint minimisation education is conducted twice annually. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	166	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan and policy are documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. At the time of the audit, there were residents who identified as Māori. Residents who identify as Māori are supported to maintain their links in the community, as confirmed in interview with the family/whānau and review of care plans. The service has engaged with a cultural advisor who has links through Health New Zealand Te Whatu Ora – National Public Health Service (Te Waipounamu) to provide guidance and support for Māori.</p> <p>The Māori health plan states the organisation actively increase Māori workforce through targeted recruitment, and Māori staff are provided with equal opportunities to develop their knowledge and skills and retain their expertise. There were no staff who identified as Māori at the facility. The service has connections with the local Ngati Koata Trust and Whakatū marae who provide guidance and support for Māori peoples.</p> <p>Interviews with fourteen staff (three registered nurses (RN), five caregivers, one home assistant, four activities coordinators and one</p>

		<p>duty cook) described examples of providing culturally safe services in relation to their role. Family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them. This includes their individual values and beliefs, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (including one managing director, one regional clinical manager and one operations manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service provided training on cultural safety in 2024. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing, Māori operating principles and values, assessment tools, and meeting resident's needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan in place. The service maintains a link with a local Pacific Island community group through Pacific staff members, in order to provide cultural support for Pacific peoples. The organisation has engaged with a Pacific advisor who provides guidance and support Pacific people. The Pacific advisor is a member of the Health Quality &amp; Safety Commission (kōtuinga kiritaki). At the time of the audit, there were residents who identified as Pasifika. During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs, including cultural beliefs. On enquiry and admission, all family/whānau (EPOA) of their family member provide ethnicity and cultural beliefs information.</p> <p>Individual cultural beliefs are documented for all residents in their care plan and activities plan. Pacific employees are able to attain their training goals, and all staff are able to provide a culturally safe service. Pacific staff confirmed they are welcomed and supported by management to attain qualifications.</p> <p>Information on cultural safety of Pacific peoples is provided in the</p>

		orientation programme for all new employees. Expectations regarding cultural practice is documented in employees job descriptions. Data collected for Pacific peoples informs targeted health interventions needed. Staff training ensure a culturally safe service. Interviews with the management team, staff, family/whānau and documentation reviewed identified all staff acknowledge and adhere to residents' cultural requirements.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan, interviews with staff, education and training records reviewed, and resident care plans reviewed. The organisations policies and procedures align with the requirements of the Code. The clinical manager or operations manager discuss aspects of the Code with family/whānau and information about the Nationwide Health and Disability Advocacy is made available to them. Other formats are available, such as information in te reo Māori and Pacific languages. Six-monthly meetings provide a forum for family/whānau to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. 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. Advocacy services are linked to the complaints process. Eight family/whānau (four dementia and four psychogeriatric (PG) level of care) interviewed stated they felt residents rights were upheld and they were treated with dignity, respect and kindness. The results from the 2024 family/whānau satisfaction survey reflected a 93.3% in agreement with the statement "Services are provided in a manner that respects the dignity, privacy".</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Family/whānau interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. 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. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names. Te reo Māori is celebrated during Māori language week and Matariki are celebrated. The service has signage in te reo Māori displayed in various locations throughout the facility. The staff noticeboards contain information on Māori tikanga practice. Interviews with management and staff confirmed their understanding of tikanga best practice. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	FA	<p>There is a documented abuse and neglect policy. This policy describes how staff ensure the service is free from any form of discrimination, coercion, harassment, or any other exploitation. The</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>organisation is inclusive of ethnicities, and cultural days celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. The code of conduct (titled 'House Rules') states discrimination, harassment, and bullying will not be tolerated. All staff are held responsible for creating a positive, inclusive and a safe working environment. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries.</p> <p>Professional boundaries are also covered as part of orientation. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. During the interview with caregivers, they were all able to describe examples of what neglect and abuse may look like. All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. This was also supported by the 2024 family/whānau satisfaction survey. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes would be prioritised for Māori residents. On interview, care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Tasman Rest Home and Dementia Care has policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. The service utilises electronic accident/incident forms which has a section to indicate if family/whānau/welfare guardians have been informed (or not). Twelve incident reports reviewed evidenced family/whānau were notified on all occasions. An interpreter policy and contact details of interpreters is available. Support strategies and interpretation services are documented to assist with communication needs when required. Family/whānau are informed prior to entry of the scope of</p>

		<p>services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand. There is a dietitian contracted to support nutritional consultation. The delivery of care includes a multidisciplinary team. The activated enduring power of attorney (EPOA) provides consent and are involved in all decision-making in partnership with the services involved. The regional clinical manager described the process around providing family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion if required. Family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through emails, regular newsletters, and meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with family/whānau on admission. Eight resident files reviewed had written general consents signed by the enduring power of attorneys or welfare guardians. Consent for release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consents had been signed by activated enduring power of attorneys (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with caregivers confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and undertaking personal cares. All the files reviewed had either EPOA or current welfare guardian documentation on file.</p> <p>The EPOA documentation is filed and activated, with certificate for incapacity sighted in files reviewed. Advance directives for health care including shared goals of care and resuscitation status were in place in resident files. Where a medically initiated resuscitation decision had been documented, there was documented evidence of discussion with the enduring power of attorney. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making. Discussions with family/whānau confirmed that they are involved in the decision-</p>

		making process, and in the planning of resident's care.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The organisational complaints policy is being implemented. The complaints policy includes use of te reo Māori and references support for Māori residents to ensure the process works equitably for Māori residents. The operations manager has responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. The operations manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>There have been five complaints received since the last audit in June 2023. One complaint was made in 2023 and four have been received in 2024 year to date. The complaints reviewed have been acknowledged and investigated in accordance with guidelines set by the Health and Disability Commissioner (HDC). All of the complaints made have been closed off. Letters of investigation and outcomes offer advocacy. There have been no external complaints received since the previous audit.</p> <p>Discussions with family/whānau confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are in a visible location at the entrance to the unit. Those making a complaint can involve an independent support person/advocate in the process if they choose to do so. The operations manager is aware of the preference for face-to-face communication with people who identify as Māori. Family/whānau confirmed that management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in</p>	FA	<p>Dementia Care NZ Limited (DCNZ) is the parent company under which Tasman Rest Home and Dementia Care operates. The service provides dementia and PG level of care for up to 53 residents. There are four resident 'homes' (wings) within Tasman Rest Home and Dementia Care; Ora home is a 15 bed and Aio home is a 12 bed PG</p>



<p>partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>level of care; Ata Hapara home is a 13 bed and Rangi home is a 13 bed dementia level of care.</p> <p>On the day of audit there were 51 residents in total; 27 PG level of care residents, including one resident on a long-term support - chronic health condition (LTS-CHC) contract. All other residents at PG level were under the aged related hospital specialist services (ARHSS) agreement. There were 24 residents at dementia level of care, including one resident on a LTS-CHC contract; all remaining residents were on the aged related residential care (ARRC) agreement.</p> <p>Dementia Care New Zealand has a corporate structure that includes two directors/owners and a governance team of managers which includes: an operations management leader; quality systems manager; public relations and marketing manager; clinical advisor; two regional clinical managers (North and South Island); and a national training coordinator. The role of Strategic Communication, Engagement and Governance Advisor is in place and guides the governance of the organisation. There are terms of reference for responsibilities at the general meeting and for the clinical governance group that reports to the general meeting. A group of advisors provide guidance to the directors this includes business advisors, the clinical governance group and customer focus groups. The guidance from this group assists with the direction of the strategic and business plan. Dementia Care New Zealand has engaged a Māori cultural advisor to advise the Board and work in partnership with Māori to ensure updating of policy and procedure within the organisation. This will enhance Te Tiriti partnership, reduce inequity, and improve equality.</p> <p>Policies reviewed demonstrate commitment to the HDSS:2021. Barriers to providing culturally appropriate services are identified and mitigated. A Māori health plan and Pacific health plan are in place, and a review of the intentions of Te Tiriti o Waitangi and the implications of this for the organisation is planned. There is increasing value placed on Māori tikanga and the use of te reo Māori within the organisation. The governance body monitors key metrics on equity including the number of staff and residents identifying as Māori. The directors work to ensure that Māori plans and policies are</p>
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		<p>led by Māori, and that Māori residents, family/whānau and staff members are supported. Dementia Care New Zealand has engaged with a cultural advisor to ensure these needs are met. Dementia Care New Zealand has an overarching strategic plan and a related business plan 2024-2025 that is developed in consultation with managers and reviewed annually. The organisation's vision and values include acceptance of all people with kindness, love, provision of peace and comfort.</p> <p>The management team are striving to achieve this vision with openness, honesty, integrity, and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside Pacific community inclusion. The strategic plan includes principles associated with rangatiratanga and human rights; Manaakitanga wellbeing; whanaungatanga social organisation of whānau, hapu, and iwi; wairuatanga spiritual comprehensive and integrated services; kaitiakitanga guidance; consistent evidence-based services; and kotahitanga unity of purpose. Dementia Care New Zealand surveys families after six weeks of care, conducts annual surveys and resident surveys to understand the needs of the different users of the services. Annual surveys include a request for ideas for the business plan. Focus groups of residents or their EPOA at each local facility are facilitated by the Strategic Communication, Engagement and Governance Advisor. The objective of these groups is to obtain consumer representative feedback and ideas.</p> <p>Quality improvements are identified at the individual homes and/or organisationally where needed. The feedback from these sources and quality improvements generated are reported through DCNZ general meeting, and steps to address issues raised are identified. Dementia Care New Zealand works closely with Health New Zealand services across New Zealand to ensure service provision meets the needs of the local community. Both directors and all of Dementia Care NZ's management have completed Ngā Paerewa Te Tiriti eLearning modules. The directors and management team also take opportunities for further learning through external advisors and external training. A regional clinical manager supports the clinical manager of each service. Where clinical issues arise, they are considered at the clinical governance meeting which the regional clinical managers attend. Issues and outcomes from the Clinical</p>
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		<p>Governance Meeting are discussed with the directors and reported through the general meeting.</p> <p>The day-to-day clinical operations is overseen by the clinical manager (was absent at the time of the audit) who is supported by an operations manager, who oversees the non-clinical part of the operations. The clinical manager has been in the role since October 2021 and has worked at DCNZ for four and a half years. The operations manager has been in the role for four years and at Tasman Rest Home and Dementia Care since 2017. The management team are supported by an experience team of RNs and caregivers. They are also supported by a regional clinical manager (present during the audit), quality systems manager, national educator and an operations management leader. The managing director visits the site on a regular basis to support the management team and was present at the time of the audit.</p> <p>The clinical manager and operations manager have maintained the required eight hours of professional development activities related to managing an aged care facility, this includes attending a two-day professional development day for DCNZ clinical managers and operations managers.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Dementia Care New Zealand is implementing a quality management framework using a risk-based approach to improve service delivery and care. The organisation has a focus on improving health equity through critical analysis of organisational practices, including the review of policies and processes to ensure all care staff deliver high quality health care for Māori. The cultural advisor ensures that organisational practices from the governance level down to individual facility operations, improve health equity for Māori. Goals are established and progress reported at all levels of the organisation. The clinical manager and regional clinical manager log and monitor all quality data and report any corrective actions required to achieve compliance where relevant. Quality data reported includes falls; behaviour incidents; bruises; pressure injuries; skin tears; infections; medication errors; and restraint use. Data is collated for benchmarking and results reported back to the facility for quality</p>

		<p>improvement plans if required.</p> <p>Internal audits reviewed have been completed as per the internal audit schedule. Any corrective actions identified were used to improve service delivery and were signed off when resolved and discussed at staff meetings. Quality data is collected, analysed, and discussed at staff meetings. Resident and family/whānau satisfaction survey are completed annually. The satisfaction surveys completed in 2024 reflected an overall satisfaction of the service being provided, with 100% of family/whānau stating that they would recommend the facility to others. Resident rights and cultural/spiritual needs rated 100% for family/whānau. The service was reviewing the satisfaction surveys data at the time of the audit for any potential areas for improvement. Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>Each adverse event is documented electronically. Accident/incident forms reviewed indicated that the forms are completed in full, and signed off by the clinical manager. Opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the staff meetings. There is a health and safety programme in place, including training, hazard identification, incident, and near miss reporting and investigations. Health and safety meetings are held monthly. Hazards are documented and addressed appropriately. Staff received education related to hazard management and health and safety at orientation and annually. There are monthly quality improvement, health and safety committee, infection control committee, resident event analysis management meetings, RN/clinical meetings, and six-monthly restraint review meetings. Meeting minutes and monthly bulletins are available for all staff in the staffroom. Discussions with staff confirmed their involvement in the quality programme.</p> <p>Discussions with the regional clinical manager and operations manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports since the previous audit in relation to RN shortages from July 2023 to May 2024 (there was also a notification</p>
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		completed for 2 September 2024 which affected one night shift); two stage III pressure injuries in June 2024; one coroner's inquest/resident death in December 2024; three absconding residents (two in January 2024 and one in April 2024); and two aggressive residents in April and June 2024. There has been no SAC reporting required to the Health Safety and Quality Commissioner. There has been one Covid-19 outbreak in January 2024 documented since the last audit. The outbreak was appropriately notified, managed, reported to Public Health and staff were debriefed after each event to discuss lessons learned.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The clinical manager and operations manager both work full time from Monday to Friday. The clinical manager provides 24 hours on call 24/7 for any clinical matters and the operations manager is on call 24/7 for any operations related issues. The regional clinical manager and operations manager stated that the service has had a full complement of RNs since the last RN shortage in September 2024. The clinical manager lives close to the facility so is able to attend in the case of a clinical emergency. The clinical manager is supported by a team of experienced RNs, caregivers and home assistants. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Family/whānau interviewed stated there were sufficient staff available when they visit.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The service employs 31 caregivers and supports them to obtain a New Zealand Qualification Authority (NZQA) qualification. A review of staff records showed that 28 caregivers have either achieved the required dementia and PG standards, with three in progress of completing and two that have not completed; all five are within the 18-month period for completion. The annual training programme exceeds eight</p>

		<p>hours annually. Training is conducted via zoom and led by the DCNZ national educator (who is a RN trained in mental health).</p> <p>There is an attendance register for each training session and educational topics offered, including in-services; the DCNZ Best Friends dementia training; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs have current medication competencies. There are seven RNs including the clinical manager, and six have completed interRAI training. Registered nurses have attended training, including (but not limited to) critical thinking, infection prevention and control, including Covid-19 preparedness and dementia, delirium and depression. The regional clinical manager provides oversight of the RNs through regular visits to the facility.</p> <p>There is a range of competencies specific to the employee's role. There is a schedule and register in place. Caregivers and RNs are required to complete annual competencies for cultural, restraint, and moving and handling. A record of completion is maintained on an electronic human resources system. Staff are trained and understand the practice of tikanga Māori. Staff also complete cultural safety training and are provided with opportunities to learn about Māori health outcomes, disparities, and health equity trends. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. Staff interviewed report a positive supportive work environment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held securely. Seven staff files (one clinical manager, one RN, one operations manager, three caregivers and one diversional therapist) were selected for review, which evidence recruitment processes are being implemented and includes reference checking, qualifications, and annual practising certificates. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more</p>

workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		<p>experienced staff member when first employed. Competencies are completed at orientation and then reviewed annually at appraisal. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori.</p> <p>The service collects ethnicity data for employees and maintains an employee ethnicity database. 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 current practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacist, physiotherapist, podiatrist, and dietitian). Of the files reviewed, all staff who had been employed for over one year have an annual appraisal completed. Staff with less than one year of service receive an appraisal following completion of their orientation and at six months of service. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents archived files are securely stored off-site and/or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a document shredder for immediate document destruction. Information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
Subsection 3.1: Entry and declining entry	FA	Residents who are admitted to Tasman Rest Home and Dementia Care are assessed by the needs assessment service coordination

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>(NASC) service to determine the required level of care. The operations manager and clinical manager screen prospective residents prior to admission. In cases where entry is declined, there is liaison between the operations manager and the referral team. The prospective resident would be referred back to the referrer. The operations manager described reasons for declining entry would only occur if there were no beds available, or Tasman Rest Home and Dementia Care is unable to provide the service the prospective resident requires, after considering staffing and resident needs. There have been no residents declined entry to Tasman Rest Home and Dementia Care.</p> <p>The operations manager keeps records of how many family/whānau have viewed the facility for the prospective resident, admissions and declined referrals. The service collects ethnicity information at the time of inquiry and admission from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. Review of the current residents admitted to Tasman Rest Home and Dementia Care evidence diverse ethnicity including those who identify as Māori. The service has established links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p> <p>There is an information pack relating to the services provided at Tasman Rest Home and Dementia Care, which is available for family/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Health New Zealand service agreements. Services that are not provided by Tasman Rest Home and Dementia Care are included in the admission agreement. Tasman Rest Home and Dementia Care identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	<p>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files were reviewed: four in psychogeriatric level of care including one on long-</p>



<p>what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>term support chronic health contract (LTS-CHC) and four in dementia level of care. Initial care plans reviewed are developed with the residents' Enduring Power of Attorney (EPOA) or welfare guardian consent within 24 hours of admission. Care plans are based on data collected during the initial nursing assessments, risk assessments and information from pre-entry assessments.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment and are completed within three weeks of the residents' admission to the facility. LTS-CHC residents have an interRAI assessment completed and reviewed at least six-monthly. Care plan interventions and early warning signs meet the residents' associated risks, are holistic, resident centred and provided guidance to staff around all medical and non- medical requirements. All the residents in both the dementia and psychogeriatric units have a behaviour assessment and behaviour care plan completed on admission, with associated risks and supports needed well documented, and includes strategies for managing/diversion of behaviours.</p> <p>The residents who identify as Māori have a Māori health care plan in place which describes the support required to meet their needs and is based on the Te Whare Tapa Whā model of care. The registered nurses interviewed describe removing barriers, so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans to meet residents' own pae ora outcomes.</p> <p>The care plans include a 24-hour reflection of close to normal routine for the resident with interventions to assist caregivers in management of the resident behaviours. Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. These have been signed off when resolved or moved to the long-term care plan.</p> <p>The initial medical assessment is undertaken by the general practitioner and nurse practitioner within the required timeframe following admission. Residents have reviews by the general practitioner and nurse practitioner within required timeframes and</p>
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		<p>when their health status changes. There is documented evidence of the exemption from monthly general practitioner and nurse practitioner visits when the resident's condition is considered stable. The general practitioner and nurse practitioner from the local contracted medical practice visits the facility four hours a week (Tuesdays and Thursdays). The service undertakes a monthly multidisciplinary meeting (MDT) which includes the inhouse general practitioner, clinical manager, Older Person's Mental Health team of psychogeriatrician, psychiatrist (as indicated) and nurses. Family/whānau are invited to attend the MDT meetings six-monthly. Documentation and records reviewed were current.</p> <p>The nurse practitioner interviewed stated that there was good communication with the service, they were informed of concerns in a timely manner, there was good follow-up of medical management plans, and that they were confident in the abilities of the nursing team. The medical practice provides on-call service during working hours; thereafter the medical injury centre provides on call up to 10pm and staff can refer to the local hospital emergency department for overnight on-call support. A physiotherapist visits the facility for three hours per fortnight and reviews residents referred by the clinical manager or registered nurses. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, and continence specialist nurse available as required through Health New Zealand.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds are assessed in a timely manner and reviewed at appropriate intervals. Photos were consistently taken at dressing changes. At the time of the audit, there were 20 wounds from 12 residents being actively managed, which included (but not limited to) skin tears, surgical wounds, abrasions, lacerations, and six pressure injuries (four occurring on one foot of a psychogeriatric resident and two grade II pressure injuries from two other residents). Review of documentation related to the wounds confirmed that these were well managed and dressed according to management plans. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was</p>
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		<p>consulted.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the registered nurses document at least daily and as necessary in the resident records.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; blood glucose levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts have been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p> <p>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. The family/whānau interviewed reported that the residents' needs and expectations are being met. When a resident's condition changes, the staff alert the registered nurse, who then assesses the resident and initiates a review with the general practitioner or nurse practitioner. Contact details for family/whānau are recorded on the electronic system. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner and nurse practitioner visits, and medication changes. This was consistently documented in the resident records.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and</p>
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		<p>when there is a change in the resident's condition. However, the evaluations did not reflect the degree of achievement towards meeting the desired goals and outcomes. The registered nurse documents evaluations.</p> <p>Family/whānau interviewed confirmed assessments are completed according to resident's needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator works full time and has been in the role for two years. They are currently in their final stages of the diversional therapist apprenticeship programme to attain their diversional therapy qualification. They are supported by a team of four other activities coordinators, with a dual role with caregiving. The service ensures provision of an activities programme Monday to Sunday, with van outings arranged fortnightly (alternating psychogeriatric and dementia residents). The activities coordinators and staff who accompany residents on van outings have current first aid certificates and van driving competencies. The activities coordinator develops and coordinates with staff on the delivery of the activity programme. There are resources available for caregivers to use after hours and when the activities coordinator is off. A monthly and daily activities calendar is posted on the noticeboards, and copies are available for residents and family/whānau.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. These include (but not limited to), cooking; exercises; floor games; entertainment; art; local news; music; craft; van trips; sensory activities; and walking groups to the reserve adjacent to the facility. Residents who do not participate regularly in group activities are visited one-on-one. The interactions observed on the days of the audit showed engagement between residents, the activity coordinator, and staff. Some residents were observed participating in exercise, floor games and walks in the secure gardens.</p> <p>Residents' participation and attendance in activities are recorded in the resident records. Residents have an individualised activities assessment and care plan which is integrated in the long-term care</p>

		<p>plan. These are reviewed at least six-monthly. Resident care plans evidence 24-hour activity plans, which included strategies for distraction, de-escalation, and management of challenging behaviours.</p> <p>Community visitors include entertainers. Special events like birthdays, St Patricks day, Matariki, Easter, Father's/Mother's Day, ANZAC day, Christmas, and theme days are on the programme and celebrated with appropriate resources available. The service ensures that staff support Māori residents in meeting their health needs, aspirations in the community, and facilitates opportunities for Māori to participate in te ao Māori. Family/whānau interviewed spoke positively of the activities programme, with feedback and suggestions for activities made via one on one, surveys and meetings.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Dementia Care New Zealand has organisational policies documented around safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who administer medications are assessed annually for competency. Education around safe medication administration is provided. All medication charts and signing sheets are electronic. On the days of the audit, registered nurses were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their roles regarding medication administration.</p> <p>Tasman Rest Home and Dementia Care uses robotic rolls for all regular and blister packs for as required' and short course medicines. All medications once delivered are checked by the registered nurse against the medication chart. Any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the medication trollies, which were stored in the two medication rooms (one in the psychogeriatric unit and one in the dementia unit). The medication fridges and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops and creams have been dated on</p>

		<p>opening.</p> <p>Sixteen medication charts were reviewed. There is a three-monthly general practitioner or nurse practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. Due to the nature of the service (psychogeriatric and dementia), there were no residents self-administering medications. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. There are no standing orders in use and the service does not store any vaccines on site.</p> <p>There is documented evidence in the clinical files that family/whānau are updated about changes to their family members health. The registered nurses and regional clinical manager described how they work in partnership with residents and family/whānau who identify as Māori to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The cook works full time Monday to Friday and is supported by another qualified chef who works Saturday and Sunday. The service employs kitchen assistants who also have dual roles with cleaning and other non-cooking duties. All meals are prepared and cooked on site. Meals are placed in hot boxes and delivered for service in the four dining areas. The kitchen is located in the psychogeriatric building area. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates and cutlery are available for residents to maintain independence with meals. Caregivers interviewed are knowledgeable regarding resident's food portion size and normal food and fluid intake.</p> <p>Caregivers confirmed they report any changes in eating habits to the registered nurses and record this in progress notes. The kitchen was</p>

		<p>observed to be clean, well-organised, well equipped and with a current approved food control plan, expiring 5 April 2025. The four-weekly seasonal menu has been reviewed by a dietitian (26 November 2023). A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen. The kitchen meets the needs of residents who require special diets. The cooks work closely with the registered nurses with resident's dietary profiles and any allergies. Residents who require supplements for identified weight loss or meal alternatives as assessed by the dietitian, have them supplied. Nutritional snacks are available 24/7. Kitchen staff are trained in safe food handling.</p> <p>Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Staff feedback, family/whānau surveys, and one-to-one interaction of residents with the cooks in the dining room allows the opportunity for feedback on the meals and food services. Recent survey results reflect overall satisfaction with food services. The cook and caregivers interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they provide food for the cultural themed days in line with the theme. The cook stated they accommodate any requests from residents within reason. Family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with the family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form, copies of medical history, form with family/whānau contact details, resuscitation form, medication charts, and last general practitioner and nurse practitioner review records. The family/whānau are involved for all transfers to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or Kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents'</p>

coordinate a supported transition of care or support.		records and any instructions integrated into the care plan. The regional clinical manager and the registered nurses advised that a comprehensive handover occurs between services.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Tasman Rest Home and Dementia Care and comply with legislation relevant to services being provided. There is a building report and declaration (B-RaD) certificate in place, dated 5 November 2024. The B-RaD certificate is valid for 12 months and confirms that the building remains safe for occupancy. This was required due to water pressure issues that the local council are having within the area. The environment is inclusive of peoples' cultures and supports cultural practices. Maintenance requests are logged into an electronic maintenance log and the operations manager arranges repairs with approved contractors. Essential contractors, such as plumbers and electricians, are available 24 hours a day as required. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, gutter maintenance, calibration of medical equipment, and testing of hot water temperatures that is managed by the maintenance staff. Hot water temperatures are monitored weekly and where temperatures are below 45 degrees Celsius, a corrective action plan is documented (sighted).</p> <p>Testing and tagging of electrical equipment was completed in November 2024. Checking and calibration of medical equipment, hoists and scales were completed in September and October 2024. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care. Residents were able to move freely inside and within the secure outside environments. There are ramps to the outsides and the paths are maintained.</p> <p>The four homes (Ora and Aio PG level of care, and Ata Hapara and Rangi dementia level of care) each have homely, open dining/lounge areas and allow for the use of mobility equipment. Each home has outside areas that include seating and shade around the facility.</p>



		<p>There is safe access to all communal areas and to the outside areas and gardens. The external courtyards and gardens are secure, easily accessible and have seating and shade. The external areas are well maintained and were appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the garden.</p> <p>There are adequate numbers of toilets and showers, with access to a hand basin and paper towels. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment. Communal toilets and showers are well signed and identifiable. There are also staff and visitor amenities. The corridors have sufficient room to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All residents' rooms are single occupancy and of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids and hoists if required. Residents and family/whānau are encouraged to personalise the rooms, as observed on the day of audit. There are four lounge/dining rooms within the facility, they are well proportioned and can accommodate the lounge furniture and dining tables. Activities can occur in the lounges and/or the dining area. There is adequate space to allow maximum freedom of movement while promoting safety for those that walk.</p> <p>The service has no current plans to build or extend; however, if that were to change, they would liaise with local Māori providers and the cultural advisor to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service, dated 22 October 2003. A fire evacuation drill is repeated six-monthly; the last fire drill was completed on 7 August 2024. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage, there is a BBQ and gas hobs in the kitchen, should gas cooking be needed.</p>

		<p>Emergency lighting is available to give staff time to organise emergency procedures. There are adequate supplies in the event of a civil defence emergency, including sufficient water storage (three ceiling water header tanks, holding 2,100 litres) for three litres per person, per day, for three days. Information around emergency procedures is provided for family/whānau in the admission information provided.</p> <p>There is no generator on site; however, DCNZ head office has an agreement in place for one to be organised from a local contractor when required. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. Registered nurses, caregivers and activities team members have a current first aid certificate. There is always a first aid/CPR trained staff member on duty 24/7. There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There are display monitors in strategic positions in the hallways that would indicate where the call bell is coming from and allow to respond. Family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secure. There is secure keypad for entry and exit into and out of the PG and dementia homes. The building is secured after hours. Staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control plan (IPC) and antimicrobial stewardship (AMS) policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations. The infection control coordinator is a registered nurse and on interview, reported they have full support from other members of staff and the management team regarding infection prevention matters. This includes time, resources, and training. Monthly staff, infection control and management meetings include discussions regarding any residents of concerns, including any infections. Infection prevention incidents and issues are reported to the directors monthly through a</p>

		<p>report from the clinical governance meeting to the general meeting, and urgent or significant issues are reported to the directors immediately.</p> <p>The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted. Additional support and information are accessed from the infection control team at Health New Zealand, the community laboratory, and the general practitioner and nurse practitioner as required. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. There was one Covid-19 outbreak reported since the previous audit, which was managed according to guidelines and reported to the directors immediately.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control coordinator, a registered nurse, oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection control coordinator has completed external education on infection prevention and control for clinical staff.</p> <p>The service has a clearly defined and documented infection control programme that was developed, with input from external infection control services. The infection control programme was approved by the director and is linked to the quality improvement programme. The infection control programme is reviewed annually, and it is current. The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources, including personal protective equipment (PPE), were available and sighted on the days of the audit. Infection control</p>

		<p>resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into related clinical processes that impact on health care associated infection (HAI) risk and has access to all clinical records and diagnostic results of residents.</p> <p>Staff have received education around infection control practices at orientation and through annual education sessions (last completed October 2024). Additional staff education has been provided in response to outbreak management. Education with residents and family/whānau occurs on an individual basis as applicable. This included reminders about handwashing, advice about not visiting the facility if they are unwell, and for residents to remain in room, as able, if unwell. This was confirmed in interviews with family/whānau.</p> <p>The infection control coordinator consults with management on personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The operations manager and regional clinical manager stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building, or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits are completed six-monthly, (last completed September 2024) and where required, corrective actions were implemented.</p> <p>Caregivers, home assistants and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are some of the culturally safe infection control practices observed, and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff is practicing in a culturally</p>
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		safe manner. The service has educational resources in te reo Māori.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme is reviewed annually and has been approved by the directors. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.</p> <p>The general practitioner and nurse practitioner have overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Antimicrobial stewardship data is being collected. The antimicrobial stewardship committee meets quarterly, reviews this data, and provides a summary along with any relevant issues for consideration by the directors. The infection control coordinator and regional clinical managers review organisational antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Results are reported through management reporting to the directors.</p> <p>Records of monthly data sighted identified numbers of infections, comparison with the previous month, reason for increase or</p>

		<p>decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, management, and the directors. Family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with family/whānau. There has been one Covid-19 outbreak (January 2024) reported since previous audit. The outbreak was managed appropriately, with appropriate notifications completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning/chemical room. Cleaning products were in labelled bottles. The home assistants (cleaning/laundry/bed making staff) and caregivers ensure that trolleys are safely stored when not in use. A sufficient supply of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. Home assistants and caregivers are responsible for cleaning. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The home assistants and caregivers have attended training appropriate to their roles. The operations coordinator has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>Home assistants and caregivers are responsible for laundry services, which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets by the caregivers. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All home assistants and caregivers have received training and documented guidelines are available. The effectiveness</p>

		<p>of laundry processes is monitored by the internal audit programme. The home assistant and caregivers interviewed demonstrated awareness of the infection prevention and control protocols. Satisfaction surveys and interviews confirmed satisfaction with the cleaning and laundry processes. Internal audits are completed for cleaning and laundry services, which are monitored by the infection control coordinator, and any corrective actions are identified and implemented. Results are discussed at all meetings.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>There is governance commitment to the elimination of restraints. The service's restraint policy includes the definitions of restraint, which aligns with the HDSS:2021 Standard and confirms that restraint consideration and application must be done in partnership with EPOA, and the choice of device must be the least restrictive. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The policy covers elimination of restraint, evaluation, and restraint procedures (including emergency restraint). At the time of the audit, the service was restraint free.</p> <p>The restraint coordinator is a registered nurse who is conversant with restraint policies and procedures and is part of the national Restraint Approval Group. An interview with the restraint coordinator described the organisation's commitment to restraint elimination, which is achieved using proactive de-escalation strategies. All staff receive education in restraint as part of mandatory training (last completed in April 2024). The service considers least restrictive practices, implementing de-escalation techniques, alternative interventions, and only uses an approved restraint as the last resort when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Where restraint is used, data is to be collated, analysed, and reported along with the quality data, which is reported to the directors.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint</p>

		approval process (should it be required) includes the general practitioner or nurse practitioner, restraint coordinator, clinical manager, EPOA and physiotherapist as required. Restraint programme is discussed as part of the monthly meetings at Tasman Rest Home and Dementia Care and six-monthly as part of the national restraint approval group.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review</p>	PA Low	Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident’s condition. However, the evaluations did not reflect the degree of achievement towards meeting the desired goals and outcomes. The registered nurse documents evaluations.	Six of six care plan evaluations do not reflect the degree of achievement against the residents, family/whānau agreed goals and aspiration.	<p>Ensure that care plan evaluations reflect progress towards goals.</p> <p>90 days</p>

<p>process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.