

TerraNova Homes & Care Limited - Brittany House Residential Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	TerraNova Homes & Care Limited
Premises audited:	Brittany House Residential Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 November 2024 End date: 26 November 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	60

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Brittany House Residential Care is certified to provide hospital services – (medical and geriatric services) and rest home levels of care for up to 62 residents. There were 60 residents on the days of audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service’s contract with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, staff, management, and a nurse practitioner.

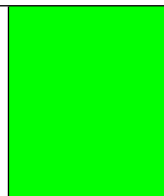
The facility manager is non-clinical (with a history as a paramedic) and experienced in aged care management. They are supported by a clinical manager and registered nurses. Residents and family/whānau interviewed were complimentary of the service and care provided.

The shortfall identified at the previous audit to the fire evacuation scheme remains.

This surveillance audit identified shortfalls related to meeting minutes, care plan interventions, neurological observations, and medication administration.

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.



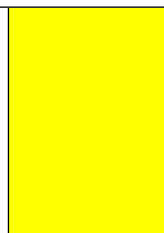
Subsections applicable to this service fully attained.

Brittany House Residential Care provides an environment that supports resident rights and culturally safe care. The service is committed to supporting the Māori health strategies documented in the Māori health plan by actively recruiting and retaining suitably qualified Māori staff. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

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.



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

The business plan is supported by quality and risk management processes that takes a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the director. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service, with evidence of regular reviews. Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff with ongoing training provided to continuously upskill staff.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The clinical manager and registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Care plans are reviewed in a timely manner.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The nurse practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes.

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

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

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

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

There is a current building warrant of fitness. There is a planned and reactive maintenance programme in place.

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 infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Surveillance data is undertaken. Infections are recorded on an incident form with data collected and analysed for trends, and the information used to identify opportunities for improvements.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is committed to providing a restraint-free service. The philosophy is supported by the director, policies and procedures, and staff training. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint but acknowledged that in some instances, this had been used as a last resort. Restraint (bed rails) were in use on the days of audit.

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	15	0	2	2	0	0
Criteria	0	45	0	2	3	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. 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 is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has a residents' who identify as Māori. Staff undertake cultural competencies and are knowledgeable in ways to support the health and wellbeing of Māori residents and their family/whānau. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. The service recognises Māori mana motuhake and this is reflected in the Māori health plan.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan and Pacific Peoples Culture and General Ethnicity Awareness policy aims to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care.</p> <p>There were no residents who identify as Pasifika; however, staff identifying as Pasifika were employed and stated that they would have input into resident cares to ensure that they reflected Pacific values and beliefs.</p> <p>Interviews with six residents (three rest home residents and three hospital level residents), five family/whānau using hospital level of care, and documentation reviewed identified that the service uses a person-centred</p>

		approach for people using the services and listens to family/whānau feedback to guide individual service delivery.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager (CM) supported by the facility manager (FM) and registered nurses (RNs) discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident committee meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights.</p> <p>The clinical manager, facility manager and staff interviewed (including one RN, four caregivers, the clinical coordinator, one kitchen manager) were able to describe care provided as per the Code.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Brittany House Residential Care prevents any form of discrimination and acknowledges impact of institutional racism on Māori wellbeing. Cultural days are completed to celebrate diversity. A policy that focuses on conduct is discussed during the new employee's induction to the service with evidence of staff signing the standards of conduct document. The staff wellness in the workplace and workplace bullying policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, health care bias and the understanding of injustices through policy, cultural training, available resources, and the standard of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on code of conduct and professional boundaries. The staff surveys for 2023 and 2024 evidenced positive feedback related to the workplace</p>

		<p>culture. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The service implements a process to manage residents' finances.</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>Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed. Written general consents were sighted for photographs, shared rooms, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by the resident and (or at times by) the activated enduring power of attorney (EPOA) for procedures such as influenza vaccines. Residents were observed to give consent during cares on the days of audit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints policy is provided to residents and family/whānau on entry to the service. Access to complaint forms is located at the entrance to the facility or on request from staff or managers. The facility manager maintains a record of all complaints, both verbal and written by using a complaint register. This register is held electronically. The policy ensures that the complaints process shall work equitably for Māori with managers recognising that face to face communication is preferable for Māori. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code is available in te reo Māori, and English.</p> <p>There have been 11 complaints lodged in 2023 and three to date for 2024. Discussions with the facility manager and a review of three complaints confirmed that complaints are managed in accordance with guidelines set</p>

		<p>by the Health and Disability Commissioner (HDC) as per policy. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process. They also stated that they do not need to formally complain as any concerns or issues they raise are taken seriously and addressed promptly.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Brittany House Residential Care is located in Hawkes Bay. The care centre has 62 beds on the ground and upstairs level of the building. There are 57 dual purpose rooms, and five rooms dedicated for rest home use only. There are eight double rooms with some shared at the time of the audit.</p> <p>At the time of the audit there were 60 beds occupied in the care centre. There were 24 residents at rest home level of care (including two on respite care, one on Accident Compensation Corporation [ACC] funding, and one person on a younger person with a disability [YPD] contract. There were 36 residents at hospital level of care (including one ACC, two YPD, one resident on a long-term support- chronic health care (LTS-CHC) contract). All other residents were under the age-related residential care contract (ARRC).</p> <p>The service is owned by two directors (family owned). One of the directors maintain daily/weekly contract with the facility manger (FM). There is a Brittany House Residential Care business plan 2024 that includes specific quality goals and objectives. Specific goals relate to clinical excellence, risk management and financial compliance. The goals are regularly reviewed and reported on. The values, purpose and scope of the service is documented and displayed. The business plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies. Business planning and service development support outcomes to reduce barriers to services and achieve equity for Māori.</p> <p>The FM (non-clinical) oversees the day-to-day operations, and the clinical manager (CM), clinical coordinator (CC), and consultant clinical governance advisor (CGA) oversee the clinical governance. The FM works with the owner to ensure the necessary resources, systems and processes are in place that support effective governance. The quality programme includes monthly reports documented by the FM with clinical input from the</p>

		<p>CM and sent to the director. Both the FM and director talk during the month with the FM escalating any issues or feedback at the time to the director.</p> <p>The FM has been in the role for four years, has a background in business management with a post graduate diploma in business and experience as a paramedic. The FM is supported by a CM who has been in the role for three years (with six years' experience in total in aged care). Residents and family/whānau spoke positively about the support/direction and management provided by the management team.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Brittany House Residential Care is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, RN and staff meetings provide an avenue for discussions in relation to quality goals (key priorities), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Other meetings are also held e.g. two monthly meetings with kitchen staff and infection prevention and control meetings encourage discussion around quality data and service improvement. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed.</p> <p>A health and safety system is in place. There is a health, safety, and wellness committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. Organisational risks are documented on a register with strategies to minimise or manage risk documented. The hazard and risk register is reviewed at regular intervals throughout the year.</p> <p>Electronic reports are completed for each incident/accident. The Severity</p>

		<p>Assessment Code (SAC) rating and triage tool for adverse event reporting is used to identify risk, and immediate action is documented with any follow-up action(s) required. A review of ten accident/incident forms confirmed that all were reviewed by the CM with improvements made to practice if applicable. Results are discussed in the quality, staff, and RN meetings and at handover as observed during the audit. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data.</p> <p>Discussions with the FM and CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications completed to notify HealthCERT since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The roster provides appropriate coverage for the effective delivery of care and support. There is 24/7 RN cover. The service has a full complement of RNs. Interviews with staff confirmed that the workload is manageable.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff meeting minutes. The FM and CM are available Monday to Friday. In the absence of the facility manager, the clinical manager is responsible for the running of the facility with support from the director.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. The 2024 training plan has been well implemented with good attendance from staff.</p> <p>Registered nurses' complete medication competency, restraint competency, syringe driver competency and personal protective equipment competency. Seven of eight RNs along with the CM and CC are interRAI trained. All RNs complete training topics through an online training platform that includes critical thinking, infection prevention and control, identifying, and assessing the unwell resident, dementia, delirium, and depression.</p> <p>Staff are required to complete competencies during orientation and annually as part of the education plan including (but not limited to)</p>

		<p>restraint, moving and handling, and hand hygiene. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained.</p> <p>The service supports staff through New Zealand Qualification Authority (NZQA). There were 10 care staff with level 4 certificate, seven with level 3 qualifications and 14 with level two on the day of audit.</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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files reviewed included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. Job descriptions of roles cover responsibilities. Registered nurse practising certificates are maintained in staff files. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. There is an annual performance process implemented for all staff, and this was evidenced in all staff files reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. 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>	PA Moderate	<p>Five resident files were reviewed: three hospital level residents (including one on a YPD contract) and two rest home (including one on a respite contract). The CM and RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes.</p> <p>General assessments, interRAI assessments and reassessments; long-term care plans; and evaluations were completed within expected timeframes. This included completion of the initial assessment (including</p>

	<p>the initial interRAI) and initial care plans. All long-term resident files, including those on YPD contracts, had an interRAI assessment completed within the required timeframes. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable noting that wound re-assessments (and subsequent adjustments to interventions) were not well documented. The outcomes of the risk assessments formulate the long-term care plan. Care plan interventions were documented; however, some lacked sufficient information around interventions to manage assessed need. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans are utilised for acute issues, including weight loss, wounds, skin tears, and infections. The NP reviews residents at least three-monthly.</p> <p>All residents had been assessed by the nurse practitioner (NP) within five working days of admission. The NP service visits weekly and provides out of hours cover. The NP interviewed on the days of audit stated that 'the FM, CM and RNs run a tight ship.' The NP stated that staff were knowledgeable followed up on directions given by the NP and check with the CM prior to ringing. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist as required. Specialist services, including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care specialist, and continence specialist nurse, are available as required through Health NZ or the district nursing service.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. A comprehensive handover was observed during the audit. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with the NP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, NP visit, medication changes, and any changes to health status, and this was consistently documented on the electronic resident record.</p>
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		<p>There were seven pressure injuries (one stage one, five stage two and one unstageable). There were 30 other wounds including scrapes/abrasions, skin conditions, skin lesions, skin tears and surgical wounds. All wounds reviewed had an initial wound assessments and wound management plan completed. Photographs of the wound to show the healing progress were taken; however, progress following wound dressings and changes in interventions was not always documented. An electronic wound register is maintained, and wound management plans are implemented. There is access to a wound nurse specialist. The CM and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources.</p> <p>Continence products are available, and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the RNs complete monitoring charts, including bowel chart; reposition charts; intentional rounding; vital signs; weight; food and fluid chart; blood glucose levels; and catheter output as required. Incident and accident reports reviewed evidenced timely RN follow up, and family/whānau are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical manager or facility manager, who review every adverse event before closing. Neurological observations have not been completed as per the falls management policy and neurological observation policy.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are policies documented for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Regular medications and 'as required' medications are administered from prepacked robotic packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within</p>

		<p>acceptable ranges. Expired medicines were being returned to the pharmacy promptly. All eyedrops or medications with a short shelf life have been dated on opening.</p> <p>Staff were observed to be safely administering medications apart from two residents who were given crushed medication when the prescription did not confirm that the medication was able to be crushed. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The effectiveness of 'as required' medications is recorded in the electronic medication system and in the progress notes.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the NP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There were no residents self-administering their medications. A process is documented including three-monthly competency reviews and safe storage for those who wish to self-administer their medication.</p> <p>Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>The service does not use standing orders.</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>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The kitchen manager (interviewed) ensures new residents' preferences are accommodated. Copies of individual dietary preferences were available in the kitchen folder. A food control plan is in place, and this expires 31 December 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	FA	<p>Transfer information printed from the electronic resident management system is utilised when residents are required to be transferred to the</p>

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>public hospital or another service. Residents and their families/whānau are involved in all discharges and transfers to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness displayed (expiry 1 January 2025). Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme, and buildings, plant, and equipment are maintained to an adequate standard. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Water temperatures are monitored and recorded with those sighted being within range described in policy. Residents and family/whānau interviewed were happy with all aspects of the environment. Spaces were culturally inclusive and suited the needs of the resident groups.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>The service has had a complete review of the facility completed with regard to fire and emergency safety. This was commissioned by the director and FM as the building is older and all wanted to be sure that it was fit for purpose with regard to the actual building and fire safety equipment. The report was tabled with a fire evacuation plan in place. The FM is still working with Fire and Emergency New Zealand to get an approved evacuation plan/scheme. The shortfall identified at the previous audit remains.</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>	<p>FA</p>	<p>The CM oversees and coordinates the implementation of the infection control programme. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team (CM and RNs) and training and education of staff. Policies and procedures are reviewed by the clinical governance committee in consultation with the CM. Policies are available to staff. An annual review of the programme is documented as part of the quality annual review.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19, and staff were informed of any changes through meetings and handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau have been kept informed and updated on Covid-19 policies and procedures through resident meetings, phone calls, and emails.</p> <p>The infection prevention and control (IPC) coordinator is responsible for ensuring staff receive ongoing education. The IPC coordinator (CM) has completed recent external training relevant to their role.</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in policy. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection prevention and control surveillance data is discussed at monthly RN and quality meetings, staff meetings and is included in reports to the director.</p> <p>The service incorporates ethnicity data into surveillance methods and data captured around infections and this is included in the meeting minutes.</p>

		<p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health NZ for any community concerns.</p> <p>There have been two Covid-19 exposure events in July and November 2024. The facility successfully followed and implemented their outbreak plan. Staff wore personal protective equipment (PPE), and residents. Family/whānau were kept informed by phone or email or any changes to visiting. Outbreak data has been documented, discussed, and reviewed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. There are currently three residents using bed rails. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator (CM) was interviewed, and they described the organisation's commitment to restraint minimisation noting that there had been extensive review and discussion with family/whānau and the NP around the resident's using restraint with this considered a last resort.</p> <p>Staff attend training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at quality, RN, and staff meetings. Any use of restraint and how it is being monitored and analysed is reported at these meetings.</p> <p>A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint.</p>

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 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	There is a quality management framework that is being used in the service. Meetings are held monthly and two monthly with data tabled and discussed. Issues are also raised and documented as being discussed; however, there was no evidence that all issues raised were resolved.	Not all issues identified in meeting minutes show evidence of resolution of issues raised.	<p>Ensure that issues raised show evidence resolution in a timely manner.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of</p>	PA Moderate	An electronic wound register is maintained, and wound management plans are implemented. There is access to a wound nurse specialist. The seven pressure injuries were non facility acquired. There was evidence in one resident file reviewed, that the CM and RN team had supported the resident with	<p>i). Success of interventions and any change in interventions for wounds was not documented.</p> <p>ii). One hospital level resident with challenging behaviour did not have</p>	<p>i). Ensure a ‘reassessment’ or any change in interventions for a wound is documented.</p> <p>ii). & iii). Ensure individualised interventions for</p>

<p>the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>healing of three of the four wounds they presented with after a stay in a public hospital. The CM described other successes with wound healing and stated that they involved the wound specialist and district nurses as much as possible. Incident reports were sighted for pressure injuries.</p> <p>All wounds reviewed had an initial wound assessments and wound management plans completed; however, progress following wound dressings and changes in interventions was not documented. Caregivers and RNs interviewed stated there are adequate supplies of dressings, wound care supplies and pressure injury prevention resources. The CM and RNs take photographs of the wounds to monitor progress and to identify any changes in interventions.</p> <p>Interventions are documented in care plans. Resident files reviewed showed evidence of documentation of interventions when the resident was a falls risk, for uses of restraint, mobility and transfer, skin care, pain. At times interventions for challenging behaviour were not well documented. Long term care plans did not show a link to wound management plans.</p> <p>.</p>	<p>strategies documented to manage behaviours.</p> <p>iii). One hospital level resident did not have detailed interventions around pressure injury management and prevention.</p>	<p>residents with challenging behaviour and pressure injuries are documented in the care plan.</p> <p>90 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p>	<p>PA</p> <p>Moderate</p>	<p>There is a policy around completion of neurological observations for residents who have had an unwitnessed fall or who</p>	<p>Five of six neurological observation charts reviewed were not</p>	<p>Ensure neurological observations are completed as per policy.</p>

<p>(a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>have hit their head. One of six incident forms for residents with an unwitnessed fall showed evidence of a full completion of neurological observations. Others did not have ‘stop neurological observations’ with rationale for stopping noted either on the form or in progress notes. A visual record of the resident to confirm they had been checked as per policy was not sighted. All other monitoring charts in use were evidenced to be maintained as per policy.</p>	<p>recorded as per policy.</p>	<p>90 days</p>
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>Staff were observed to be safely administering medications apart from two residents who were given crushed medication when the prescription did not confirm that the medication was able to be crushed. The staff member administering the medication did not check the prescription to see if the drug could be crushed and stated that the residents required medication to be crushed otherwise, they would choke.</p>	<p>The prescription of two residents did not state that medications prescribed could be crushed; however, medications were crushed during a medication round observed on the day of audit.</p>	<p>Ensure prescriptions include whether the medication can be crushed or not where required. 90 days</p>
<p>Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	<p>PA Moderate</p>	<p>The FM stated that the fire evacuation plan was approved in 1966 and was in the process of being updated; however, the service could not provide evidence of the old fire evacuation plan. The FM</p>	<p>A Fire and Emergency New Zealand- approved evacuation plan/scheme is not yet in place.</p>	<p>Ensure that a Fire and Emergency New Zealand- approved evacuation plan/scheme is in place.</p>

		<p>reported that they are in the process of updating the current fire system to meet current requirements. The plan had been updated by an external contractor; however, a Fire and Emergency New Zealand approved evacuation scheme (plan) was not able to be sighted on the day of audit. The shortfall identified at the previous audit remains.</p>		<p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.