

Tui Lifecare Limited - Tui

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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity: Tui Lifecare Limited

Premises audited: Tui

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 4 February 2025 End date: 5 February 2025

Proposed changes to current services (if any): In addition to this full certification audit the service provider has been audited for providing residentially disability services, this is to include intellectual, physical and sensory service types.

Total beds occupied across all premises included in the audit on the first day of the audit: 64



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

New Zealand Aged Care Service Limited (Tui House) provides rest home and hospital level care for up to 72 residents. The care facility is managed by a care home manager and is supported by the clinical nurse lead.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 8134:2021 and the service's contract with Health New Zealand – Te Whatu Ora Counties Manukau (Te Whatu Ora Counties Manukau). The audit process included a pre-audit review of policies and procedures, observations, and interviews with residents, their families/whānau, management, staff and the contracted nurse practitioner. Resident and staff records were reviewed.

Residents, their families/whānau, staff and allied health professionals interviewed spoke positively about the care and services provided.

The audit has resulted in no identified areas of improvement.

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.

Tui House works collaboratively to support and encourage a Māori world view of health in service delivery. The wider organisation has developed relationships, resources and practices to provide an equitable and effective service based on Te Tiriti o Waitangi and the principles of mana motuhake. Māori residents confirmed they were being provided with culturally appropriate services. There was a Pacific plan and the processes in place were providing culturally safe services to Pasifika residents.

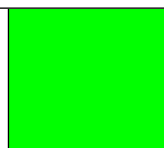
Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were being upheld. Personal identity, independence, privacy and dignity were respected and supported. Processes were in place to protect residents from abuse.

Residents and whānau receive information in an easy-to-understand format that enables them to feel listened to and make decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were being followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering high-quality services. This includes supporting meaningful inclusion of Māori on the board, honouring Te Tiriti and reducing any barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are visible. Performance was being monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families were providing regular feedback and staff are involved in quality activities. There was an integrated approach that included collection and analysis of quality improvement data. This identified if there were any trends to be improved on. Actual and potential risks were identified and mitigated.

Adverse events were documented and reported, and where necessary, corrective actions were being implemented. The service was complying with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff were appointed, orientated and managed using good employment practices. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents were assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs and routines. Interventions were appropriate and evaluated promptly.

Activity plans were completed in consultation with family/whānau and residents, noting their activities of interest. Residents and family/whānau interviewed expressed satisfaction with the activities programme provided.

There is a medicine management system in place. All medications were reviewed by the general practitioner every three months. Staff involved in medication administration were assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements were met.

Residents were 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.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment had been tested as required. External areas were accessible, safe and provided shade and seating. The buildings and grounds meet the needs of people with disabilities.

Staff have been trained in emergency procedures, use of emergency equipment and supplies and have attended regular fire safety training. Staff, residents and whānau understood emergency and security arrangements. Residents reported timely staff response to call bells. Security was maintained.

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 quality team authorise the infection prevention and antimicrobial stewardship programmes and receive updated reports each month. The service ensures the safety of the people supported and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical nurse lead (CNL) coordinates the programme.

A pandemic plan was in place. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the 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. Infection outbreaks of COVID-19 in November and December 2024 were managed according to Ministry of Health (MoH) guidelines.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry and cleaning 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.

The service is a restraint-free environment which is supported by the governing body and policies and procedures. Restraint use (when in use) is analysed and reported at all levels of the organisation. There were no residents using restraints at the time of the audit. There are clearly described procedures for assessment, approval, monitoring, evaluation and review should restraint occur. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	27	0	0	0	0	0
Criteria	0	172	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Tui House has an overarching Māori Health Care Plan 2024-2025 which guides on delivering care to Māori using Te Whare Tapa Whā and ensuring the residents’ mana motuhake is respected. A tikanga best practice guidelines for Māori health flipchart was accessible in the two nurse stations observed on the tour of the facility. Tikanga best practice is the foundation of the information contained within the guidelines. The flipcharts cover karakia, whānau support, whānau/family rooms, food, linen, commodes, bowls and other utensils and also cover specific needs such as taonga, valuables, pending and following death of a resident, tūpāpaku and Te Whare Tapa Whā. The details of local iwi and kaupapa Māori health service providers, templates for cultural assessments and Māori health plans were available. Clinical records reviewed contained completed Māori health care plans.</p> <p>The organisation has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. There was now ongoing investment in staff, leadership and board training and education. Staff completed Te Tiriti o Waitangi training on 20 December 2024 and competencies on Māori health also on 20 December 2024. Cultural barriers to communication training was provided on 26 May 2024, and models of care on 1 August 2024.</p>

		<p>Records were maintained of all training completed and the attendees.</p> <p>Tui House management staff interviewed confirmed the organisation proactively recruits and retains a Māori workforce. Staff who identified as Māori were complimentary about the way the organisation supported them and the Māori residents in care. Māori residents interviewed stated staff were meeting their cultural needs. Staff who were fluent in te reo were available. The care home manager (CHM) interviewed during the audit demonstrated knowledge and understanding about equity versus equality, especially in relation to Māori and provision of culturally safe care for residents. At the time of the audit, there were residents who identified as Māori and staff who identified as Māori.</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>The Tui House Pacific Health Plan was reviewed and contained detailed objectives and action steps aimed at ensuring culturally inclusive service delivery for residents who identify as Pasifika. This was developed in partnership with Pacific communities and organisations. The policies and models of care (Fonofale and Te Vaka Atafaga) were used to guide staff in developing and providing safe services for residents.</p> <p>There was evidence in the resident records reviewed that Pasifika residents were well supported in ways that met their cultural needs. The Pasifika staff employed were observed to be conversing with residents in their first language and the clinical records sampled contained plans that reflected a Pacific model of care.</p> <p>The CHM and the clinical nurse lead (CNL) demonstrated knowledge and understanding about equity in relation to Pasifika residents and provision of culturally safe care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p>	FA	<p>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, and New Zealand Sign Language (NZSL). Staff training on the Code has been conducted.</p> <p>The CNL interviewed reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety policy. The assessment process includes the residents' wishes and support needs.</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. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents were supported in a way that was inclusive and respected their identity and experiences. All residents, including young people with disabilities, were able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity. Young people with disabilities (YPD) have input into their own routine where applicable, and their identity, gender and sexuality are respected. These were documented in the residents' care plans sampled. Family/whānau and residents, including people with disabilities, confirmed being consulted.</p> <p>The CNL reported that residents were supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility. There is a documented privacy policy that references current legislative requirements. All residents had an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on the doors before entering.</p> <p>All staff had completed cultural training as part of orientation and annually through the education programme, along with Te Tiriti o Waitangi, te reo Māori, and tikanga practices.</p> <p>The CNL reported that te reo Māori and tikanga Māori practices were promoted within the service through activities undertaken, such as policy reviews and translation of English words into Māori.</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>	<p>FA</p>	<p>All staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff included education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually.</p> <p>Residents reported that their property and finances were respected and that professional boundaries were maintained. The CNL reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the registered nurse (RN) and CNL who reported that all outcomes are managed and documented in consultation with residents, Enduring Power of Attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</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>	<p>FA</p>	<p>In interviews, residents and whānau reported that communication was open and effective, and they felt listened to. EPOA/whānau/family stated they were kept well informed about any changes to their relative’s health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported in residents’ records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents.</p>

		<p>Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. Residents including YPD reported that they are provided with access to use the facility's phone to communicate with their whānau and a Wi-Fi access for their electronic gadgets.</p> <p>The nursing team, care and activities staff reported that verbal and non-verbal communication cards and regular use of hearing aids by residents, when required, are encouraged.</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>	<p>FA</p>	<p>The staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans and advance directives were signed by residents who were competent and able to consent, and a medical decision was made by the geriatrician, and nurse practitioners (NPs) for residents who were unable to provide consent. The CNL reported that the NPs discuss the resuscitation treatment plan with the resident, where applicable, or with the resident's family/whānau. This was verified in interviews with residents, their whānau, and the NPs. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they were provided with information and were involved in making decisions about their care. Where required, a nominated support person is involved with the resident's consent. Information about the nominated resident's representative of choice, next of kin, or EPOA is provided on admission. Communication records verified the inclusion of residents where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements in service delivery. The current process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There were six complaints/concerns received since the previous audit. The documentation sighted showed that the complaints had been acknowledged, complainants had been informed of findings following investigation if needed, and early resolution had been sought. One complaint received on 10 December 2024 remains open. Compliments provided are reported back to staff at the staff meetings held regularly.</p> <p>There have been three complaints from external sources. A complaint received from the Health and Disability Commissioner's Office (HDC) in 2022 remains ongoing at the time of this audit. Correspondence was reviewed. No further requests for information have been requested for some time. One complaint was received from Te Whatu Ora Counties Manukau in 2023 and was closed out, as no follow-up was needed. A further complaint was received from the Auckland Coroner's office on 18 March 2024. Information requested was forwarded in a timely manner. No further correspondence has been requested and/or received in respect of the coroner's case.</p> <p>The Code of Rights was displayed throughout the facilities, and complaint information was available at reception in both Tui House and Cecilia House. Information is available in te reo Māori. Advocacy services were available, along with contact details as needed. Interpreter services are available through Te Whatu Ora Counties Manukau.</p> <p>Residents and whānau interviewed were satisfied with the responsiveness of the complaints process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori in</p>

<p>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>governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori and people with disabilities. Tui House has implemented systems and processes to monitor health improvements for Māori and tāngata whaikaha in their care, ensuring their services are equitable and identifying any perceived barriers. Advice is available when informing policies and procedures around equitable services, and care directed to Māori residents. Cultural diversity was acknowledged throughout this audit with both residents and staff employed.</p> <p>There is a Māori health plan in place that is reviewed annually, and changes are made to the plan as needed. Māori health care plans and copies of the New Zealand Health Strategy documents reviewed are used to guide service providers and to inform culturally safe practice. The services provided at Tui House are complex and a significant number of residents required high level care to meet their individual needs.</p> <p>Tui House has an individual business plan developed and implemented for 2024-2025. The company New Zealand Aged Care Service Limited has recently renewed the organisation’s values, and a new logo has been implemented. The values have been framed and displayed around the two buildings. Additionally, staff have had education on this to ensure they understand the new values and direction of the board. The business continuity plan has been developed and implemented January 2025 to 2026 and has been signed off by the managing director. An overview of the goals set for the coming year was documented clearly with the initiatives, actions and the person responsible for meeting the goals. Once achieved, the goals are signed and dated by the newly appointed general manager – quality and compliance. (GMQ&C) who is a registered nurse. The quality and quality and risk management plans were reviewed. A sample of reports to the senior management team were reviewed and showed adequate information is being provided through to the executive board. Key performance data is used to monitor organisational and site-specific performance. The GMQ&C was interviewed by telephone.</p> <p>The CHM has been focused on recruiting and retaining staff, ensuring the right people are employed across all areas of service</p>
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		<p>provision and to promote stability. The CHM is an experienced registered nurse who has been in this role for two years. The clinical nurse lead has been in the role since November 2024 and is very experienced in the aged care sector. By utilising each other's skills and experience, this ensures barriers to equitable service delivery are minimised. The clinical structure in place is now appropriate for the size and complexity of the services provided at Tui House.</p> <p>The organisation facilitates resident and whānau participation in planning, implementation, monitoring and evaluation of service delivery via regular multidisciplinary meetings, information feedback to staff, one on one discussions and annual resident satisfaction surveys. Resident meetings are held four weekly and minutes of meetings were reviewed.</p> <p>Governance and senior leadership representatives have invested in ensuring provision of access to creditable education related to Te Tiriti, health equity and cultural safety competency for all staff. The CHM and clinical nurse lead have completed relevant training and this was recorded.</p> <p>Tui House holds an age-related residential care agreement (ARRC) with Te Whatu Ora Counties Manukau for provision of rest home, hospital, respite, long-term support – chronic health conditions (LTSCHC), younger people with disabilities (YPD) and Accident Compensation Corporation (ACC) and ACC interim care. On the day of the audit, there were 64 total residents. Rest home - 15, hospital level care - 22, YPD - seven residents (five were hospital level care and two rest home level care all funded by Whaikaha-Ministry of Disabled People), LTS-CHC - six residents (four were hospital level care and two rest home level care), ACC – 13, and one ACC – interim care.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system which reflected the principles of continuous quality improvement. It comprised of reporting and management of incidents and accidents including clinical incidents, complaints and other feedback, internal auditing and monitoring of outcomes, regular resident/whānau and</p>

<p>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>staff satisfaction surveys, interRAI, restraint management and infection prevention and control.</p> <p>Terms of reference and meeting minutes reviewed confirmed that adequate reporting systems and discussion occur on quality matters. Regular analysis of quality indicators occurs monthly and related information is reported and discussed at the various on-site meetings. Quality monitoring outcomes from health and safety, infection prevention and restraint were reported by the clinical nurse lead monthly directly to the corporate office quality team. Minutes of meetings sighted included discussion on pressure injuries, wounds, falls, complaints, incidents/events, infections, audit results and activities provided.</p> <p>The corrective action plans were reviewed and contained clear descriptions of any issues, action steps, the overall goal and timeframes for implementation. This demonstrated that a continuous process of quality improvement was occurring. Service gaps identified through the internal auditing programme were communicated to staff, corrective actions were documented on the audit tool and were flagged for re-auditing to evaluate the effectiveness of actions taken to improve the gaps.</p> <p>Residents, whānau and staff contribute to quality improvement by providing feedback in a variety of ways. The surveys completed, one for residents in February 2024 and one for staff in May 2024, both met expectations, as reported by the CHM. A further staff satisfaction survey was requested including management staff and the result outcome was the changing of some of the leadership team roles. The CHM has worked effectively on re-establishing the quality and risk system to work effectively for this site. The hazard register and the hazardous substance registers were both reviewed at the commencement of the year.</p> <p>Policies and procedures are currently being reviewed which cover all necessary aspects of the service. When reviewed, the quality and compliance staff ensure the obligations of the agreements with Te Whatu Ora are also covered in the review. Referencing of relevant sources, approval, distribution and removal of any obsolete documents occurs.</p>
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		<p>The CHM interviewed described the processes for identification, monitoring and reporting of risks and development of any mitigation strategies. The risks documented in the site-specific continuous improvement plan and the risk and hazards showed consistent review and updating of risks does occur. The manager is fully informed about the National Adverse Events Reporting Policy for internal and external reporting where required, to reduce preventable harm by supporting system learnings. This was also discussed with the GM Q&C interviewed. There have been no events reported to the Health Quality Commission since the previous audit. There have been two Section 31 notifications in the last year, one on 11 June 2024 – a police case, and one on 13 July – also a police case, both involving ACC clients.</p> <p>The organisation has developed and is implementing processes for gathering and measuring health equity. Internal audit processes and the satisfaction surveys contribute toward achieving this. Ethnicity data collection is managed effectively by the facility administrator.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). All staff worked in ways that were culturally safe and attended training on how to deliver health care that is responsive to the needs of Māori. There were a significant number of staff including Māori and Pasifika staff employed who were fluent in different languages.</p> <p>The service has been challenged by staff shortages in recent years but has now achieved a full complement of seven registered nurses and a clinical nurse lead. The clinical nurse lead has been in this role since November 2024 and is experienced in the aged care sector. Residents, family/whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time.</p> <p>The care facilities are divided into two separate buildings, Tui House (two levels) and Cecilia House (one level) which are located next door to each other. There are 12 units for the ACC residents, and</p>

	<p>these are located between the two buildings. Staffing rosters reviewed cover the staffing of these three designated areas. Agency staff have not been utilised since the previous audit. Tui House has two HCAs working upstairs and two HCAs downstairs, with one HCA working between the two floors and with one registered nurse (RN) covering. Monday to Friday both the CNL and the CHM are on duty. Tui House staff cover the units and assist clients/residents as needed. Cecilia House has two HCAs and one floater HCA (7am to 1pm) and one RN on duty on the day shift. The afternoon shift is the same cover without the CNL and CHM. On the night duty there are two HCAs rostered on in each building. The RN covers each site. One HCA on duty is a Level 4 medication-competent HCA.</p> <p>Staff are trained in first aid as designated on the rosters reviewed. RNs, the enrolled nurse, activities coordinators and Level 4 HCAs were trained and have first aid certificates. Records were maintained and certificates sighted. Allied staff, such as the activities staff and household staff, were allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. There were three cleaners employed, and one additional cleaner did the laundry on-site. Staff assist with the laundry duties as time permits. There were sufficient kitchen staff providing meal services.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Continuing education subjects, including infection prevention, emergency management, civil defence, manual handling and safe transfer, hoist management, chemical safety, falls prevention, medicine management, cultural awareness, de-escalation, challenging behaviours, Te Tiriti and Pasifika health, communication and other topics, have been addressed. The training calendar for 2025 was reviewed. Staff interviewed were pleased with the amount of training provided. Competencies were completed at commencement of employment and were ongoing annually. Records were completed by the CHM and were available on-line to view. The individual staff records reviewed confirmed the currency of first aid certificates, and other training.</p> <p>Management staff have also completed training in Te Tiriti, cultural safety and ensuring equity in service delivery. The facility is a</p>
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		<p>community with a significant Māori population. As such all staff are encouraged to endorse tikanga and support connections to iwi, hapu, and whānau and records were maintained.</p> <p>Care staff had either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with their funder. Of the 30 health care assistants employed, 23 had achieved Level four on the NZQA framework, and seven were Level 3. All were experienced and had worked at this facility for some time. There were seven registered nurses and the CNL. Four RNs were interRAI trained, one received achievement on the last day of the audit and one RN has commenced the course for 2025. The CHM supported staff in various ways to promote their wellbeing and provide positive work environments. These encompass performance recognition rewards, flexible working hours and other inducements.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management policies and procedures are based on good employment practice and relevant legislation. The recruitment and employment process includes referee checks, police vetting, proof of health status and confirmation of qualifications prior to commencement of employment.</p> <p>The staff records sampled confirmed the organisation's policies were being consistently implemented. Signed individual employment agreements and current position descriptions that described the role, authorities and responsibilities were sighted in the hard copy records reviewed. These included position descriptions for the restraint coordinator and infection prevention control coordinator. The records reviewed confirmed that all regulated staff and contracted service providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, Pharmacy Council, and physiotherapy, podiatry and dietitian regulatory bodies.</p> <p>Electronic and hard copy records were accurately stored in ways that were secure and confidential. Records contained information that met the requirements of the Health Information Standards</p>

		<p>Organisation, (HISO). Staff ethnicity data was recorded and used in accordance with HISO.</p> <p>Staff are provided with the opportunity to discuss and review their performance annually. Any concerns they have they can discuss anytime with the CHM.</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>Residents' files and the information associated with residents and staff were retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems were held by an external provider. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records were uniquely identifiable, legible and timely, including staff signatures, designation and dates. These comply with relevant legislation, health information standards and professional guidelines, including in terms of privacy.</p> <p>Resident and staff files were held securely for the required period before being destroyed. Paper-based files were archived onsite. No personal or private resident information was on public display during the audit.</p> <p>Tui Lifecare is not responsible for registering residents' National Health Index (NHI) numbers. All residents have a NHI number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>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.</p>	FA	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring hospital, rest home, young people with disabilities (YPD), Long-Term Support – Chronic Health Conditions (LTS-CHC), Accident Compensation Corporation (ACC),</p>

<p>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>and respite level of care were sighted.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required time frames and signed on entry. Family/whānau were updated where there was a delay in entry to service. This was observed on the days of the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CNL reported that all potential residents who were declined entry were recorded. When an entry was declined, relatives were informed of the reason for this and made aware of other options or alternative services available. The consumer/whānau were referred to a referral agency to ensure the person would be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service was collecting and analysing entry and decline rates, including specific data for entry and decline rates for Māori. The service had existing engagements with local Māori communities, health practitioners, traditional Māori healers and organisations to support Māori individuals and family/whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>All files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff; interRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, EPOA, and/or family/whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and NPs involvement was encouraged in the plan of care. The NP interviewed spoke positively about the care provided to the residents and communication with the</p>

		<p>CNL was working effectively. Instructions provided for residents' care and wellbeing were able to be validated.</p> <p>The NPs completed the residents' medical admission within the required time frames and conducted medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The care planning process ensured that young people with disabilities had a plan in place that addressed their special needs, with the primary goal of increasing access, participation and integration into the community. Strategies to support, maintain, and strengthen relationships with family/whānau and advocates were documented, including development and learning support to encourage residents' interests.</p> <p>The CNL reported that sufficient and appropriate information was shared between the staff at each handover, and this was witnessed during the audit. The staff interviewed stated they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve within three weeks. Any change in condition was reported to the nursing team and this was evidenced in the records sampled.</p> <p>Interviews verified residents and EPOA/whānau were included and informed of all changes. Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</p> <p>There are clear guidelines for reporting of pressure injuries and</p>
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		<p>interviews with registered nurses indicated their awareness of Section 31 requirements about pressure injuries. A wound care policy reviewed was updated and comprehensive. The CNL reported that wound management specialist advice was sought as required from Health New Zealand – Te Whatu Ora. Training on wound management has been provided. Neurological observations were completed as per policy requirements and evidence of this was sighted in resident files reviewed.</p> <p>The Māori health care plan in place reflected the partnership and support of residents, whānau and the extended whānau, as applicable, to support wellbeing. Tikanga principles were included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these are documented. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities were appropriate to the residents' needs and abilities. Activities were facilitated by an experienced activities coordinator. The programme ran from Monday to Friday with Saturdays and Sundays reserved for church services, movies, EPOA/whānau/family visits, and other activities were facilitated by the care staff. The activities were based on assessments and reflected the residents' social, cultural, spiritual, physical and cognitive needs/abilities, past hobbies, interests and enjoyments. Residents' birthdays were celebrated, and resident meetings were undertaken monthly. An activity profile detailing residents' life history was completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme was formulated by the activities coordinator in consultation with the registered nurses, management, EPOAs, residents, and care staff. The activities were varied and appropriate for people assessed as requiring hospital, rest home, YPD, ACC, and respite care. Residents assessed as requiring YPD care were involved in activities of their choice and reported they have access to the Wi-Fi, which enables them to use their electronic gadgets, and</p>

		<p>participate in a range of education, recreation, leisure, cultural, and community events consistent with their interests and preferences.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Outings were provided as required. Residents were observed walking outside the facility accompanied by staff and family members.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori were facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals, Waitangi and Māori Language Week.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, reconciliation, and reporting errors. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The NPs complete three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photographs uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of pro re nata (PRN) medications was documented.</p> <p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and</p>

		<p>these were completed in the last 12 months for all staff administering medicines.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>Inspection of medication procedures and onsite review of the medication round indicated the service follows approved protocols in administering, storage and management of medication. Medications were stored safely and securely in the trolley, locked treatment rooms, and cupboards.</p> <p>Appropriate processes were in place to ensure residents who wish to self-administer medicine, including young people with disabilities, would be managed safely when required. There were residents who were self-administering medicine at the time of the audit, and this was facilitated and managed safely. There is a self-administration policy in place if required.</p> <p>There were no standing orders in use. The RNs administered all medications and aided any YPD residents with their medication.</p> <p>The medication policy clearly includes that residents, including Māori residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the registered nurses, CNL, family/whānau, and Māori residents.</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</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 16 October 2025. The menu was reviewed by a registered dietitian on 16 September 2024. Kitchen staff have current food handling certificates.</p> <p>Diets were modified as required and the kitchen staff confirmed</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>awareness of the dietary needs of the residents. Residents were given an option of choosing a menu they wanted. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes and dislikes. All alternatives were catered for as required. The residents' weights were monitored regularly, and supplements provided to residents with identified weight loss issues. Snacks and drinks were available for residents when required.</p> <p>Meals are served in the dining room and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion. The kitchen and pantry were observed to be clean, tidy and well-stocked. Regular cleaning was undertaken, and all services complied with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges and freezers were maintained, and these are recorded on the electronic management system. All decanted food had records of 'use-by' dates recorded on the containers and no expired items were sighted.</p> <p>Whānau/EPOA and residents interviewed indicated satisfaction with the food service.</p> <p>The cooks reported that the service prepares food that is culturally specific to different cultures.</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>	<p>FA</p>	<p>There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The CNL reported that discharges were normally into similar facilities. The CNL oversees discharges and manages the process until exit. All this is conducted in consultation with the resident, their whānau, and other external agencies. Risks were identified and managed as required.</p> <p>A discharge or transition plan was developed in conjunction with the residents and whānau (where appropriate) and documented on the residents' files. Referrals to other allied health providers were completed, with the safety of the resident identified. Residents and</p>

<p>coordinate a supported transition of care or support.</p>		<p>family/whānau were advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. Upon discharge, current and old notes were archived onsite. If a resident's information was required by a subsequent geriatrician, a written request was required for the file to be transferred.</p> <p>The files reviewed contained evidence of residents who had been referred to other specialist services, such as podiatrists, occupational therapists, gerontology nurse specialists, and physiotherapists. Residents and EPOA/whānau were involved in all exits or discharges to and from the service, and there was sufficient evidence in the residents' records to confirm this.</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 with an expiry date of 31 October 2025 was displayed at reception.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities were fit for their purpose and were well maintained. The testing and tagging of electrical equipment, safety checking of lifting equipment and calibration of biomedical equipment was current as confirmed in documentation reviewed. An interview with the maintenance personnel and observation of the environment was included in this audit process.</p> <p>Visual inspection revealed the environment was hazard-free, that residents were safe, and that their independence was being promoted. External areas were safely maintained and observed as appropriate for the resident groups and setting. Residents could easily use the elevator in Tui House or were seen being escorted by staff between the two levels. The elevator has a current certificate of service which was displayed inside the elevator. There were outside courtyards with tables and chairs near both buildings. Areas could be shared, and umbrellas were available to provide shade as needed.</p> <p>There are adequate toilets and bathrooms in both Tui House and Cecilia House for resident use. Staff/visitor facilities are also available. Bathrooms are accessible to residents' rooms. Hot water temperature monitoring occurs, and temperatures were recorded</p>

		<p>within a safe range, for example less than 45 degrees Celsius. Bedrooms are of various sizes. For hospital level residents, hoist access was satisfactory and there was sufficient space for two staff and the resident to be safely maneuvered.</p> <p>Residents and families said the facility is kept ventilated, warm in winter and cool in the summer. Heat pumps/air-conditioning units are installed in the dining and lounge areas. Each of the individual rooms has an external window available. Residents and staff confirmed they knew the processes to follow when any repairs or maintenance were required, and said they were happy with the environment. Interviews and maintenance records reviewed revealed there were appropriate and rapid responses to repairs required.</p> <p>There were no new buildings being planned but the leadership team understood the requirement to consult and ensure that new environments meet aspirations and identity of Māori.</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>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff. The disaster and civil defence plans are clearly directed to staff in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The fire evacuation scheme was approved on 6 April 2021. There have been no changes to the buildings or the units since 2021.</p> <p>Fire evacuation training was conducted six-monthly with a copy sent to Fire and Emergency New Zealand (FENZ); the most recent training occurred on 17 September 2024.</p> <p>The orientation programme included fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. All clinical staff, activities coordinators and clinical staff maintained first aid certificates two-yearly.</p> <p>Adequate supplies for the use in the event of a civil defence emergency, including food, water (bottled mineral water and drinking water and a portable tank were available), blankets, mobile phones and gas BBQs were sighted and met the Civil Defence and</p>

		<p>Emergency Management recommendations for the region and the needs of a maximum of 72 residents (64 on the day of the audit). There was access to a generator to support fridges, freezers and food supplies. Medical supplies were available. Emergency torches, emergency lighting (tested regularly) and liquid petroleum gas (LPG) cylinders were accessible for gas cooking.</p> <p>The buildings were locked in the evenings by staff. The gates are closed on the driveway before dark and exit doors and windows checked by staff. There are closed-circuit television cameras (CCTV) in operation for all external areas. Signage was available at the reception to each building. The residents residing in the individual units have a pager phone to use to contact staff. The residents in the Tui House and Cecilia House have a nurse call system in place and can summon assistance anytime. Display units are in each of the two facilities. Audits were completed as per the audit schedule and response time for staff was noted.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system and were being reviewed and reported on yearly.</p> <p>These personnel make sure that IP and AMS are being appropriately handled at facility level, and they support the care facilities as required. The infection prevention coordinator was able to access IP and AMS expertise through Te Whatu Ora Counties Manukau infection prevention team, the microbiologist at the contracted laboratory service and/or through the GP at the contracted practice.</p> <p>IP and AMS information was being discussed at clinical governance level and is presented at board meetings.</p> <p>A pandemic response plan was documented and had been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff had been trained in its use.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The CNL is the infection prevention and control coordinator (IPCC) and is responsible for overseeing and implementing the IP programme with reporting lines to senior management. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice, and/or the advice of the committee, has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural advice was accessed where appropriate. The kitchen linen was washed separately, and colour-coded towels are used for different parts of the body.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that meets their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices were not reused.</p>
<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. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials</p>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the senior management team. 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 was promoted. The NPs have</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the 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>	<p>FA</p>	<p>Surveillance of HAIs is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the IPC programme. Infection prevention audits were completed, and they included cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Monthly surveillance data was collated and analysed to identify any trends and possible causative factors, and action plans were implemented. The HAIs being monitored include for example, infections of the urinary tract, respiratory tract, skin, eye, and multi-resistant organisms. Surveillance tools were used to collect infection data, and standardised surveillance definitions were used. Results of the surveillance programme were shared with staff at staff meetings and handovers on an ad hoc basis. All infection data was reported to the governing body. Benchmarking was completed by comparing previous monthly results with those of other sister facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau.</p> <p>Since the previous audit, infection outbreaks have been reported, and these were managed according to policies, procedures, and guidelines.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste was removed as per local authority requirements. All chemicals were observed to be stored</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Sufficient amounts of PPE were available, including masks, gloves, goggles and aprons. Staff demonstrated knowledge of donning and doffing of PPE.</p> <p>There were designated cleaning staff. Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Daily and periodic cleaning schedules were maintained. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There were regular internal environmental cleanliness audits.</p> <p>Laundry staff were responsible for laundry at the service. The laundry was clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures were monitored and maintained to meet safe hygiene requirements. The laundry staff have received training, and documented guidelines are available. The effectiveness of laundry processes was monitored by the internal audit programme. The staff demonstrated awareness of the infection prevention and control protocols. Residents and family members in interviews confirmed satisfaction with the cleaning and laundry processes.</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>Tui House is committed to a restraint-free environment and there are robust strategies in place to eliminate restraint use. Checking of all residents are completed by staff regularly, to ensure resident safety. The board is committed to the responsibilities of elimination of restraint use; however, there were strategies in place should restraint be approved for a resident. Documentation confirmed that restraint was discussed at board clinical governance meetings and presented to the board. There were no restraint interventions in place on the day of the audit, and long-serving staff said there had been no restraint used for at least two years. This was reflected in the restraint register sighted. Staff at interview, and the restraint</p>

		<p>coordinator, confidently discussed the alternatives to restraint being used. Training records reviewed demonstrated that all clinical staff had attended restraint education in the past year. Given that no restraint had been used in the last two years, subsections 6.2 and 6.3 were not audited for this certification audit.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.