

# Te Hopai Trust Board - Te Hopai Home and Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Te Hopai Trust Board
<b>Premises audited:</b>	Te Hopai Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 13 February 2025      End date: 14 February 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	150

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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

Te Hopai Home and Hospital is owned by a Trust and provides rest home, hospital (medical and geriatric) and dementia level care for up to 151 residents. There were 150 residents on the day of the audit. Te Hopai Trust Board is an experienced aged care provider and there are procedures and responsibilities for the safe management of residents at all levels of care.

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

There have been no changes in management since the previous audit. The provider continues with refurbishments. Te Hopai Home and Hospital has a chief executive (registered nurse) who is responsible for operational management of the service. They are supported by a management team, including clinical managers, a quality manager, training facilitator, a human resource manager, an administrative team, and trustees from the Board. There are well developed systems that are structured to provide appropriate quality care for residents.

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

This certification audit identified the service meets the Standard. Continuous improvement ratings were identified for the focus on achieving equity for Pacific people, and the implementation of falls prevention strategies.

## 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.

Te Hopai Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Te Hopai Home and Hospital has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The strategic plan informs the operational objectives which are reviewed on a regular basis. Te Hopai Home and Hospital has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the governance body. Te Hopai Home and Hospital collates clinical indicator data and

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The clinical managers efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The care plans demonstrated individualised care and service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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

## **Te aro ki te tangata me te taiao 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 building holds a current warrant of fitness. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit is secure and there is safe access to the secure outdoor area.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least seven days. A staff member trained in resuscitation skills and first aid is on duty at all times.

The appropriate security measures are undertaken.

## 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.

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

Benchmarking occurs with other New Zealand and Australian facilities of similar size. Antimicrobial usage is monitored and reported on. A robust pandemic and outbreak management plan is in place. The internal audit system monitors for a safe environment. There has been one outbreak since last audit.

Laundry services are provided on site. Processes are in place for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place and implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these 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 considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There was one resident using restraint at the time of the audit. The restraint coordinator is a registered nurse. Restraint training which includes behaviours that challenge and de-escalation strategies, is completed as part of the mandatory training plan.

### 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	29	0	0	0	0	0
Criteria	2	176	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>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were residents and staff who identified as Māori. Te Hopai Home and Hospital is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have received training in cultural safety/diversity and equity. The service has an established relationship with the kaumātua of Pipitea marae for guidance and support. Under direction of the cultural safety committee, partnerships are fostered under Te Tiriti o Waitangi and enhancing Māori recruitment and retention efforts.</p> <p>Te Hopai Home and Hospital evidence commitment to a culturally diverse workforce, as evidenced in the strategic plan, Māori health plan and equitable recruitment processes. Te Hopai Home and Hospital organisational strategic plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. The service has staff</p>

		that can act as interpreters.
<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 Māori, Pacific peoples and Tāngata Whaikaha Health and Wellbeing Policy and Procedure include the Pacific Health Plan 2022-2025. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families, and provide high quality healthcare. Te Hopai Home and Hospital engage with Pacific communities, supported by a Pacific staff member (dementia unit care manager who is undertaking Pacific leadership training) who contributed to the development of a Pacific health plan. There are number of residents and staff who identified as Pasifika. Pacific Peoples' Health policy and procedure objective states Te Hopai Home and Hospital's commitment to supporting Pacific residents and their families/whānau.</p> <p>Te Hopai Home and Hospital has links with local organisations through their own Pacific cultural advisor to ensure connectivity within the region and to improve outcomes of Pacific people through authentic connections. A continuous improvement rating is awarded for actively integrating cultural values and practices into Te Hopai Home and Hospital care model, to ensure meaningful support for Pacific residents, family/whānau, and staff.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager supported by the care manager discusses 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 regular resident and family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Nationwide Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p>

		<p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Interviews with twenty-one staff (ten caregivers, six registered nurses (RN), two diversional therapists, one laundry person, one cleaner and one maintenance person), and eight managers (chief executive [CE], three clinical managers, a quality manager (registered nurse), a human resources manager, training facilitator, a registered nurse who is the team leader/weekend supervisor) described ways they uphold the residents' rights in relation to their roles.</p> <p>Advocacy services are linked to the complaints process. Fourteen residents (five hospital, nine rest home) and nine family/whānau (three hospital, two rest home and four dementia) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Te Hopai Home and Hospital annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity and respect. The staff work alongside all residents to ensure their level of interdependence is maximised.</p> <p>The annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated</p>

		<p>they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged, as evidenced in the goals of the care plans, and interviews. Residents' files and care plans identified resident's preferred names.</p> <p>Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. There is a pastoral team that visits weekly. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency. The diversional therapists confirmed that for Māori residents, the service actively supports Māori by identifying needs and aspirations through a cultural assessment process.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Te Hopai Home and Hospital policies document guidelines that aim to prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The staff recruitment, orientation and education/training policy guides on how to address the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics,</p>

		<p>workplace bullying, harassment and discrimination, whistle blowing policy, and professional boundaries. A 'speak-up' programme is overseen by the Board to address concerns.</p> <p>Staff interviewed understand the concept of institutional racism and received cultural awareness training to identify and recognise bias. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre-employment process. The service implements a financial management and control policy that documents a process to manage residents' finances. 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. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Te Hopai Home and Hospital promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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>Information regarding the levels of care, and services offered is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Fifteen electronic accident/incident forms reviewed evidenced family/whānau are notified of adverse events. All correspondence with family/whānau is also documented in the progress notes and was confirmed through the interviews with family/whānau. The Resident's Rights, Advocacy, Consent and policy include contact details of interpreters. Interpreter services are used where indicated. At the time of the audit there was a number of residents who did not speak English. Caregivers explained they use family/whānau, other staff members, sign language and cue cards to communicate. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the</p>

		<p>scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the local hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical manager and care managers described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, regular newsletters, and resident and family/whānau meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access 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>There are policies around informed consent that align with the Code of Rights which are understood by staff and are implemented. General consent forms were signed appropriately, either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. The organisational Advance Care Planning and Advance Directive Policy has been implemented. There is advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated for all dementia level residents, and for others if appropriate, and all associated documentation was evident in resident files. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p>	<p>FA</p>	<p>There is a documented compliments, concerns and complaints policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The CE maintains a record of all complaints, both verbal and written, by using an electronic</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. 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>complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes, with a risk severity rating and available in the complaint register. There have been 10 complaints since the previous audit (five in 2023 and five in 2024). There are robust processes in place to ensure any complaints received include an acknowledgement, investigation, follow up and completed final resolution letters are sent to the complainant. The Health and Disability Commissioner informed the provider of a non-resident related complaint in May 2023. The complaint was closed by HDC without an investigation.</p> <p>Staff would be informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (meeting minutes sighted). There are processes in place to ensure any complainants are made aware of other avenues of support, when they are not satisfied with the outcome. Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the entrance to the facility. Family/whānau meetings are held six-monthly where concerns can be raised. There are three advocates that assist weekly the support residents. Family/whānau confirm during interview that the management are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The CE acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process for a possible restorative hui.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in</p>	<p>FA</p>	<p>Te Hopai Home and Hospital provides hospital (medical and geriatric), rest home and dementia level care for up to 150 residents across four units (including one double room suitable for a couple, which was occupied by a couple at the time of the audit). There are 134 dual purpose beds across the hospital unit, rest home unit and</p>

<p>partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>Owen Street facility.</p> <p>At the time of the audit there were 150 residents: 100 residents at hospital level care (including one resident on Accident Compensation Corporation [ACC] funding) and 34 rest home level of care including three residents on respite care, one resident on a long-term support-chronic health care (LTS-CHC) contract, and one resident on Accident Compensation Corporation [ACC] funding. The Kowhai dementia unit has 16 beds and was full at the time of audit, with all residents on the age-related residential care (ARRC) contract.</p> <p>Te Hopai Home and Hospital is owned, operated and governed by a Charitable Trust Board with a high level of appropriate skills and expertise. An organisational chart is documented. The Board of Trustees and the Chief Executive (CE) take responsibility for the overall direction of the organisation. The Chief Executive is also responsible for the day-to-day operations of the facility. There are 11 Trust Board members; there are five subcommittees that are part of the Trust Board and include: clinical governance advisory committee, cultural safety committee, finance and audit committee, fundraising committee and property committee. Additionally, one of the Trust Board members, who is involved with the NZ Nursing Council, brings a wealth of knowledge and insights. The Chair of the Trust Board and a Trustee (general practitioner [GP]) responsible for oversight of the clinical governance advisory committee were interviewed.</p> <p>The governing body have access to cultural support through a Māori cultural advisor on the Trust Board. The CE, supported by the clinical manager and two care managers ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks, and a focus on continuous quality improvement. Trust Board members have completed cultural training on the implementation of Te Tiriti o Waitangi principles, health equity, and cultural safety. Terms of reference is documented for the activities of the clinical governance advisory committee. Orientation and training are provided to new Trust Board members. Board members receive regular updates on changes in healthcare legislation and regulations to ensure they remain informed of their obligations. There is a quality and risk management programme and</p>
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	<p>a strategic plan documented based on the service’s vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services. The Board and Chief Executive (CE) develop the strategic plan. The key business goals focus on achieving optimal outcomes for residents, ensuring regulatory compliance, and fostering a culturally supportive environment. Goals are reviewed annually.</p> <p>Te Hopai strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys, resident and family/whānau meetings and open annual general meetings (AGM). Feedback is collated, reviewed, and used by Te Hopai management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the strategic plan. The Trust’s commitment is expressed through clear planning, effective leadership, and sound quality improvement practices. The Trust Board meets monthly.</p> <p>The quality manager (registered nurse) provides a monthly report that include quality improvement activities and benchmarking data to the CE (registered nurse). The clinical governance advisory committee meets monthly and discuss clinical risk issues prior to the Trust Board meeting. Measures to improve is identified by the quality manager when collaborated with staff during the monthly quality improvement meetings; however, reviewed by the clinical governance advisory committee and adapted until a positive outcome, or the goal is achieved.</p> <p>The monthly CE report to the Trust Board provides organisational oversight and includes a range of information on summary of operational risks and gains; high level complaints; combined financial performance summary for operations; care and food services; safe staffing benchmarking for caregivers and RNs; clinical indicators; summary of external and internal audits; and summary of high-risk events.</p> <p>The CE is a registered nurse and has an extensive background in aged care management. They have been in the role for 19 years and is supported by a management team: the clinical manager and two</p>
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		<p>care managers, a quality manager (registered nurse), a human resources manager, an administrator (responsible for the roster development), training facilitator, team leader and (registered nurse and weekend supervisor). In addition, there is a contractor Nurse Practitioner (NP) and an employed physiotherapist that has significantly strengthened the clinical team.</p> <p>The management team have completed the required training hours related to the management of a care facility and include leadership training, with topics on conflict management, change management, complaints management, and code of ethics.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Te Hopai Home and Hospital is implementing the organisational quality and risk management programme. The quality manager, with support from the clinical managers, are responsible for the implementation of the quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and external audits by Moving on Audit (MOA), and the collection of clinical indicator data. Monthly quality improvement meetings and quarterly RN/clinical and staff meetings provide an avenue for discussions in relation to (but not limited 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. Quality data and trends in data are posted on a quality noticeboard in staff areas and also emailed to staff work emails to view. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes</p>

	<p>through meetings and notices. Te Hopai Home and Hospital has a comprehensive suite of policies and procedures, which are available on the intranet, which guides staff in the provision of care and services. Resident and family/whānau satisfaction surveys were completed in May and November 2024, respectively. The majority of positive comments emphasised the caregivers and nursing staff, commending their compassionate and caring nature. The results highlight two main areas that need improvements, which are meals and activities. Quality improvement projects have documented to evaluate progress on actions taken. Continuous improvement ratings have been awarded for the implementation and monitoring of projects that evidence improvement of residents' wellbeing relating to equity for Pacific people (link 1.2.2) and falls minimisation. The service has also been working alongside the nurse practitioner to reduce polypharmacy across all service levels.</p> <p>A health and safety system is in place with identified health and safety goals. The CE interviewed maintains oversight of the health and safety management on site. Hazard identification forms and an up-to-date electronic hazard and risk register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be undertaken and documented. The CE and the Board have all undertaken level two health and safety training and a Board member does a weekly 'walk round' as part of their due diligence. The internal audit schedule includes health and safety, maintenance, and environmental audits. There are quarterly health and safety meetings implemented. Staff incidents, hazards and risk information is collated at facility level and a consolidated report is provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the 15 accident/incident forms reviewed. Results are discussed in the quality improvement, staff meetings and at handover. The system escalates all alerts to the</p>
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		<p>clinical managers depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs against other New Zealand and Australian facilities of similar size. Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Cultural safety is embedded in the quality and risk management system, with collation of ethnicity data related to quality indicators to ensure a high-quality service and culturally safe service is provided for Māori. Staff completed cultural training.</p> <p>Discussions with the quality manager and clinical managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been 10 Section 31 notifications completed since the last audit in April 2023. One event has been reported to the Health Quality and Safety Commission. There has been one Covid-19 outbreak reported since the last audit; this was well documented, reported and staff were debriefed on `lessons learned`.</p> <p>The service had an unannounced Ombudsman audit on 30 July 224, with favourable results related to the dementia unit.</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 CE reported very stable staffing levels. There is a documented employment and organisation of staff policy and procedure that provides guidance in required staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a roster for each area (hospital, rest home, Kowhai [dementia unit] and Owen Street (dual purpose) to ensure the layout of the facility is taken into consideration. The rosters reviewed that all shifts are covered in case of short absences. Staff reported that their own pool of caregivers or registered nurses fill shifts when required. Agency staff are not used at Te Hopai Home and Hospital.</p> <p>There are clear guidelines for an increase in staffing, depending on resident acuity. The clinical manager and two care managers work 40 hours per week Monday to Friday. There is a team leader (40 hrs a</p>

	<p>week, registered nurse) in a supervisory role and act the weekend supervisor. In addition, there are at least a further six RNs on morning shift seven days a week and another two RNs (2 FTE's) in the morning that are allocated to complete clinical documentation and interRAI, four RNs in the afternoons and three at night 24/7. There are medication competent caregivers rostered in all areas to support the RNs with medication administration. There are at least four people with first aid certificates rostered to cover all areas of the facility and on each roster 24/7. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents. Meeting minutes reviewed evidence discussions around staffing levels.</p> <p>In addition to the caregiver roles, there are three `watch` shifts roles (the staff are not allocated a workload) on the afternoons who provide supervision in different lounges and communal areas to support the residents' wellbeing seven days a week. There are separate staff dedicated to recreation, cleaning, and laundry for seven days a week. There is a physiotherapist employed for four days a week. Maintenance staff are rostered over seven days. A team of six administration staff are rostered to cover administration and reception duties over seven days. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule being implemented. A training facilitator and team leader are responsible for the implementation of the training programme for caregivers and RNs. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at orientation and annually. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training and through the Te Hopai SharePoint library. External training opportunities for care staff includes training through Health New Zealand.</p> <p>The service supports and encourages employees to transition</p>
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		<p>through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 90 caregivers employed in total. Fifty-five caregivers have achieved level 4, and twenty-nine have completed level 3 NZQA qualification.</p> <p>Fourteen of eighteen caregivers are permanently rostered in the secure memory care (dementia unit) and have achieved the required dementia related unit standards. All other caregivers are enrolled to complete the relevant unit standards. A record of completion is maintained on their individual files.</p> <p>All staff are required to complete competency assessments as part of their orientation and then annually, including (but not limited to) restraint, moving and handling, and hand hygiene. Registered nurses' complete specific competencies and include subcutaneous fluids and syringe driver competency. Six of twenty-four RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, identifying and assessing the unwell resident. Registered nurses are supported to complete a professional development and recognition programme (PDRP) through Health New Zealand.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The service is supported by an external provider to manage staff injuries and require a minimum of five wellbeing sessions over the lifetime of a work injury claim.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Te Hopai Home and Hospital is supported by a people and culture team for recruitment processes. Thirteen staff files reviewed (six RNs including two clinical managers, five caregivers, one diversional therapist, and one cleaner) evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation. There are job descriptions in place for all</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>All performance appraisals were being completed as per the appraisal schedule. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Thirteen admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement.</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager and care managers are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has established links with a kaumātua and the local marae. Additionally, staff have connections with other maraes in the Wellington region. There is information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes (including kaitiakitanga - the guardianship/protection project) and employment opportunities.</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>Thirteen resident records were reviewed: four rest home, (including one resident on respite, one resident on a LTS-CHC contract), five hospital, (including one resident on an ACC contract), and four residents from the secure dementia unit. The registered nurses are responsible for all resident's assessments, care planning and evaluation of care. Apart from the respite resident, initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed, with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility.</p>

	<p>Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every three months and again at six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. The service supports Māori and whanau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whanau from independently accessing information are identified and strategies to manage these documented.</p> <p>The RNs reported that all referrals for residents who need behavioural support are sought from other agencies, such as the community mental health team. Residents in the dementia unit had twenty-four-hour activities and care plans in place. Behaviour management plans identifying triggers and interventions were implemented as required. New behaviours are documented on a behaviour monitoring chart.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within</p>
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	<p>required timeframes and when their health status changes. Three general practitioners who works in two different medical centre and one is freelancing visit weekly and as required. There is a contract nurse practitioner to assist with medication reviews. The nurse practitioner confirmed staff are knowledgeable around de-escalation strategies to manage challenging behaviour that resulted in minimal antipsychotic medications. Medical documentation and records reviewed were current. When interviewed the general practitioner was very complementary regarding the standard of clinical leadership and care delivered. After hours care is provided by the contracted general practitioners on rotating roster and the local public hospital when needed. A physiotherapist supported by physiotherapy assistants provide assessments, exercise programmes and completes manual handling training for staff. A dietitian, speech language therapist, and medical specialists are available as required through Health New Zealand. A local hospice provides specialist palliative support.</p> <p>The service has an agreement with Health New Zealand that sees all wounds/pressure injuries managed by the wound care nurse for the first month or until required. As the wound/pressure injury improves, the care and responsibility for ongoing follow up is passed on to the provider. This is commenced once education has been delivered to the staff and the required products have been purchased. An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. At the time of audit there were no pressure injuries.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records, blood glucose, behaviour monitoring where required and repositioning charts.</p> <p>Staff interviews confirmed they are familiar with the needs of</p>
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		<p>residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift. This was observed and found to be comprehensive in nature.</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>The service employs a team of six staff for activities; four are trained diversional therapists (DT) and two activity assistants are registered in the training programme. The service also has 51 volunteers who assist with activities.</p> <p>The activity team lead and facilitate the activity programme for the rest home, hospital, and secure dementia unit seven days a week.</p> <p>The monthly activities calendar reflects activities for a culturally diverse group of residents and includes celebratory themes and events and included Māori language week and Matariki. The activities calendar is posted on noticeboards throughout the facility. Daily activities are displayed on a whiteboard and residents are also advised verbally of the activities available that day. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained. The service facilitates opportunities to participate in te ao Māori through the use of Māori language signage, culturally focussed music, and there are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs).</p> <p>Activities in the secure dementia unit reflect the resident's needs. The DT explained that activities are adjusted according to the residents each day. Van outings and sightseeing, as well as walking groups, are particularly enjoyed according to the DT. The three resident files reviewed for residents in the secure dementia unit all included a 24-activity plan. On the days of audit, residents were observed to be enjoying a range of activities.</p> <p>The service engages and maintain links with the local community and include volunteers, entertainers, and visitors. Various church services are held through the month. Residents can give feedback on the</p>

		activities at the resident's meetings.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. Te Hopai uses blister packs for regular use and 'as required' medications and short course are provided in bottles. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in all dedicated medication rooms. Medication trolleys were locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart.</p> <p>Twenty-six electronic medication charts were reviewed. The medication charts confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were residents self-medicating inhalers on the days of audit. The medication was securely locked away and all required policy and process had been followed. Staff confirmed awareness of the policy and process to follow when a resident wishes to self-administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent registered nurses sign when the medication has been administered. Residents and family/whānau are updated</p>

		<p>around medication changes, including the reason for changing medications and side effects. Standing orders are in use and all have been reviewed, signed by the prescriber, and updated in a timely manner. Standing orders meet the Standing Order guidelines of Health New Zealand. The service is able to store and administer vaccines. The vaccine fridge is monitored remotely, and there are staff who have completed vaccinator training. At the time of audit there were no vaccines stored at the service.</p> <p>Since December 2024, the use of regular antipsychotic medication has reduced from thirteen in December, to ten during February 2025 in the dementia unit. There have been no 'as needed' antipsychotic medications administered at all. This is also linked to the overall reduction in behaviours that challenge. The GP/NP and staff are continuing this proactive approach to medication management and this discussion forms part of medication reviews and overall medication reviews with the GP/NP. This project was overseen at the governance level, with the Clinical Advisory Committee providing valuable input and oversight throughout its development. The initiative was also well received by the GPs, who appreciated the independent review of their prescribing practices.</p> <p>The team leader described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are all prepared and cooked on site by an external catering company. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in January 2026. Dry ingredients were decanted into containers for ease of access. All dry goods evidenced a decanting and/or expiry date. The six-weekly seasonal menu has been reviewed by a dietitian. The cook is supported by a part-time cook, kitchen hands and catering assistants. All kitchen staff have completed safe food handling, safe knife handling, chemical safety,</p>

	<p>and cross contamination prevention training.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Dietary profiles were noted to be current, with regular reviews where there are changes or not to ensure currency. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Copies of the menu in large print are placed on noticeboards throughout the facility. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Culturally appropriate meals are provided incorporating traditional foods where possible. Kitchen staff are trained in preparing culturally significant foods and engage with residents and family/whānau to ensure they understand and honour specific preferences. Tikanga guidelines are available, with staff interviewed confirming awareness of these and could describe how these are put into practice. Nutritional snacks are available 24/7.</p> <p>The kitchen team follow the electronic schedule that ensures all daily fridge and freezer temperatures recordings are completed. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence and dignity with eating as required.</p> <p>The residents and family/whānau interviewed gave mixed reviews regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. The cook meets with residents on a regular basis during mealtimes to assess/address satisfaction or complaints. The CE confirmed there is an emergency meal plan procedure that comes into operation in the event of a civil defence emergency. Food</p>
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		supplies sighted confirmed there is sufficient food available for each resident for minimum of three days. Kitchen equipment is linked to the on-site generator and staff confirmed that full kitchen operation will be maintained if essential supplies are interrupted.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents, and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility participates in the Health New Zealand “yellow envelope” transfer documentation system to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents, their family/whānau, the enduring power of attorney and the general practitioner were involved for all transfers and discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The team leader explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. This includes sending a copy of the hospital transfer form, which includes the resident’s advanced directive, risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure the safety of the residents were completed.</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</p>	FA	<p>There is a current building warrant of fitness that expires July 2025. The lead maintenance person works full time (Monday to Friday), and a second maintenance person works over the weekend. The lead role oversees maintenance of the site, and contractor management. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>Maintenance requests are logged and followed up in a timely</p>

<p>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>manner. The maintenance team also conduct a daily walk round to check for new and emergence issues. There is an organisational annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted and added to a register. Testing and tagging of electrical equipment was up to date. Checking and calibration of medical equipment, hoists and scales occurs as part of an ongoing schedule.</p> <p>The facility has three service levels. All care beds (dementia excluded) are dual purpose across three levels. There are lifts, and stairs access between the levels. There are secure entrances and exits to the dementia unit.</p> <p>Each unit has a nurses' station with its own secure medication room. Each unit has its own kitchenette. Rooms are spacious and fixtures, fittings, and flooring are appropriate. All rooms have ensuites and there are additional communal bathrooms, staff, and visitor toilets with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet and shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment.</p> <p>The corridors in all units are suitable for safe mobility, with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. Caregivers interviewed stated they have adequate equipment and space to safely deliver care for rest home and hospital level of care residents.</p> <p>Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is underfloor heating and/or radiator heating throughout the facility and heat pumps in communal spaces.</p> <p>Secure dementia care unit:</p>
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		<p>There is a central open nurse's station with a secure medication room that looks out to both lounge/dining areas, which maximise the visibility and supervision of residents. The unit has a dining room/kitchen area and a big lounge for activities. The living spaces are homelike. There is a smaller lounge and whānau rooms available. On the day of the audit, appropriate and engaging activities were observed.</p> <p>The corridors are wide, and the residents were observed to move safely and freely. The units have doors that open out onto a secure deck/courtyard with high fence, area with seating, shade and gardens.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, and fire evacuation drills have been completed every six months. Fire warden training occurs for all senior caregivers, RNs, and night staff. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in each unit and checked at regular intervals.</p> <p>In the event of a power outage, there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores in holding tanks to provide residents and staff with at least three litres per day, for a minimum of three days. There is a generator on site. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A</p>

		<p>minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells or pendants in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed, and an external security company performs two patrols overnight.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and antimicrobial stewardship (AMS) are an integral part of the strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through support office, a microbiologist, Public Health, and Health New Zealand. Infection control and AMS resources are accessible.</p> <p>Any significant events are managed using a collaborative approach and involve the infection control coordinator, quality manager, other management team members, GP/NP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the CE to the Trust Board. The Board knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>There is a defined and documented infection prevention and control programme, and the programme was developed, approved, and implemented with input from an external contractor and the clinical governance advisory committee. Infection control is linked into the</p>

<p>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>electronic quality risk and incident reporting system. The infection prevention and control programme is reviewed annually by the quality manager, in consultation with the infection control coordinator, and proposed changes are documented as part of the new infection prevention and control programme. A registered nurse oversees and coordinates the implementation of the infection control programme. Infection control coordinator`s role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator is experienced and has completed infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a facility infection control committee that meets quarterly. Infection rates are presented and discussed at the monthly quality improvement meetings, quarterly infection control, clinical/ RNs, and staff meetings.</p> <p>Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Te Hopai Home and Hospital remains members of Bug Control and subscribe to the online service and the manual when it is released. Policies are available to staff. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education is available should there be an outbreak. Education with residents takes place on an individual basis and as a group in residents` meetings and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents. The infection control coordinator liaises with the clinical managers and quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The infection control coordinator confirmed that the infection control committee has been involved in the consultation process for the refurbishment of the</p>
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		<p>laundry.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. The infection control coordinator confirmed single-use medical devices are not reused. A decontamination and disinfection policy is in place to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as use of hand-sanitisers, good hand-hygiene technique, and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately. These were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti o Waitangi. The infection control coordinator reported that residents who identify as Māori, are consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed educational resources in te reo Māori.</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.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Te Hopai Home and Hospital has an infection control and antimicrobial stewardship programme that aligns with the strategic plan. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the CE, the clinical governance advisory committee and Trust Board. Prophylactic use of antibiotics is not considered appropriate and is discouraged. The clinical governance advisory committee, in consultation with the contracted GPs/NP, have oversight of AMS data.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Health care-associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections. Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. This data is also reported to the Trust Board.</p> <p>Records of monthly data sighted confirmed infections are compared with previous months, reason for increase or decrease, and action advised. New infections are discussed at shift handovers to ensure interventions are implemented as soon as they are able to be. Benchmarking is completed with other New Zealand and Australian facilities of similar size.</p> <p>The infection control coordinator confirmed residents are offered vaccinations and boosters where appropriate, and this was evidenced in the clinical records.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been one Covid-19 outbreak reported (June 2024) since the last audit; this was well documented, reported and staff were debriefed on `lessons learned`.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>they carried out their duties on the days of audit. There is a sluice room in each wing with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>All laundry is processed on site by a dedicated laundry person seven days per week. The newly refurbished laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task lists available for staff. The linen storage cupboards were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>Housekeeping is provided seven days a week. The cleaners' trolley was attended at all times and are locked away when not in use. All chemicals on the cleaner's trolley are labelled. There was appropriate personal protective clothing readily available. Cleaning and laundry services are monitored by the infection control RN through the internal auditing system and the chemical provider, who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The laundry assistant and housekeeper interviewed were knowledgeable around the systems and 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>The restraint free environment policy states 'Te Hopai works to maintain a restraint free environment in which people's dignity and mana are maintained. Te Hopai is committed to providing a restraint free environment and to provide staff with good guidelines to enable them to prevent the use of restraint. Staff acknowledge that restraint is a serious intervention, which requires a strong clinical rationale. Restraint must not be taken lightly and should be considered the last of any intervention to be taken to maintain the safety of a resident. Cultural and individual values and beliefs are respected in the use of restraint, both for the resident and their /whānau; involvement in the approval process is recognised as an essential component of the restraint process".</p> <p>The team leader (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint is reported in the clinical, quality meetings and in a monthly restraint summary which is shared with the board. A</p>

		<p>restraint approval committee meets every six months to review a range of restraint related issues including the use of safety devices such as lap belts on wheelchairs and bedrails. Safety devices are used by residents to assist their safety and mobility. The bedrails have a release knob on the head of the bed to residents can release the rail if they choose. Two of three residents are able to utilise this function. The resident that is unable to release the bedrail has been added to the restraint register. All residents using lap belts on wheelchairs were able to release these independently.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint free environment policy outlines the process for approval of restraint that meets the requirements of the standard. The policy specifies where a resident is considered incompetent to give consent, the enduring power of attorney is required to sign their consent for the use of restraint which includes accepting the risks associated. Review of the residents file using bedrail restraint and safety devices evidence the required approval and consent processes were followed as per policy. The three residents using bedrails have chosen to have these applied for their peace of mind so they can relax and sleep knowing they are not going to fall out of bed. Care plans include the use of restraint and interventions required for monitoring and provision of care. These are reviewed three-monthly as part of the general practitioner review and six-monthly as part of the care plan review. If a resident no longer needs a restraint or safety device the care plan is reviewed at the time.</p> <p>The restraint coordinator determines the frequency and extent of monitoring which is documented in the care plan. Monitoring includes physical cares such as toileting, change of position and provision of food and fluids, and monitoring the psychological, and wairuatanga of the resident. Staff are required to document the times the bedrail is applied and released and the cares provided in the electronic system. Review of monitoring records show monitoring frequency is</p>

		<p>completed according to the care plan instructions.</p> <p>A restraint register is accurately maintained and contains detailed information to allow an auditable record. Restraint discussions are completed as part of the clinical and quality meetings. The policy specifies if emergency restraint is used there is to be a debrief for staff, family/whānau and the resident. There has been no emergency restraint used; however, this process is well documented in the policy and includes a debrief meeting. Review of resident files showed evaluations are comprehensive and meet the requirements of the standard.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>Monthly monitoring of the restraint register is completed by the restraint coordinator. Individual restraints and safety devices are reviewed at least six monthly and data is reported to the Board. Restraint Approval Group meetings are held on a six-monthly basis or as necessary with results reported to the Quality Team. An annual report is prepared for the Board annually.</p>

## Specific results for criterion where corrective actions are required

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.2</p> <p>My service provider shall focus on achieving equity and efficient provision of health and disability services for Pacific peoples.</p>	CI	<p>In 2023 after the surveillance audit, Te Hopai Home and Hospital recognised a gap in targeted support for their Pacific community beyond what is already provided. Feedback from residents, families, and staff, alongside internal reviews, highlighted the need to better address cultural needs and provide a more inclusive environment. Issues included: limited cultural representation in activities and decision-making; a lack of tailored support for Pacific residents and their extended family/whānau and missed opportunities to leverage the unique strengths of Pacific staff members in leadership. The opportunity lay in creating a comprehensive program that would foster cultural inclusivity, respect, and leadership. Strategies were developed, implemented and monitored with collaboration with staff, cultural advisors and the Trust Board.</p>	<p>The opportunity lay in creating a comprehensive program that fosters cultural inclusivity, respect, leadership commitment and efficient provision of services for Pacific Peoples. Strategies implemented included:</p> <p>(i). Priority admission for all residents including Pacific residents ensuring enquiries were given priority at all levels of care. The strategy involves a review of an admission pack tailored for Pacific people. The implementation of the Pacific People Committee’s activities fostered a sense of belonging and pride, evident from the growing participation of residents and family/whānau from all cultural backgrounds. Bringing together residents, family/whānau, and staff to engage in culturally significant activities such as music, food, and discussions, later expanded to include other cultural groups. There are Pacific sessions implemented on Mondays and Wednesdays.</p> <p>(ii). Leadership development: Supporting their Pacific care</p>

		<p>This project surpasses full attainment by actively integrating cultural values and practices into Te Hopai Home and Hospital care model, ensuring meaningful support for Pacific residents, family/whānau, and staff. While the organisation previously met expected standards, this initiative represents a proactive, tailored effort to enhance cultural inclusivity and improve outcomes for Pacific people in alignment with the Ngā Paerewa Health and Disability Services Standard. By embedding cultural safety practices into daily care and governance, Te Hopai Home and Hospital demonstrates commitment to continuous improvement, cultural leadership, and community engagement.</p>	<p>manager to complete their Postgraduate Diploma in Pacific Health, equipping them with advanced leadership skills to improve care practices at Te Hopai Home and Hospital. The care manager represents Pacific people at Dementia Wellington.</p> <p>(iii). Enhanced family involvement: Providing full access for extended whānau to participate in personal care and decision-making for Pacific residents. Family/whānau support also contributed to a successful no-pro re nata (PRN) antipsychotic approach in the dementia unit.</p> <p>(iv). Governance commitment: The governance team, through the Cultural Safety Committee, engaged directly with Māori and Pacific staff to foster understanding and inclusion.</p> <p>(v). Understanding how the care delivery can enhance care delivery outcomes for Pacific peoples. Case studies of six admitted residents (mostly to the dementia unit) documented the resident's journey within the Fonofale model of care, with assistance from the nurse practitioner, GP, physiotherapist, diversional therapist and family/whānau; experience was measured with 'cultural satisfaction survey for Pasifika residents'.</p> <p>The Board report reviewed evidence admissions related to Pacific peoples increase from 2 percent in 2023 to 8 percent in 2025, with increase of satisfaction of family/whānau. Overall resident satisfaction related to cultural safety is 100% and above the benchmark and 2023 results. The Pacific residents' care journey resulted in an average of 11% decrease in use of antipsychotic, antidepressant, anti-anxiety, and insomnia medications for Pacific residents, and are within or below the standard benchmark. However, several factors may challenge this goal, including the complexity of the residents' conditions/comorbidities and the level of care required to meet their needs. Survey comments from residents, family/whānau, and staff provided overwhelmingly positive responses about the cultural inclusivity and</p>
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			<p>impact of the program. Consumer survey results highlighted a satisfaction of 89.1% satisfaction related to responsiveness to specific cultural needs and respect and dignity at 92.2%.</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>CI</p>	<p>The achievement of the rating that service provides an environment that encourages quality initiatives is beyond the expected full attainment. The service has conducted a number of quality improvement projects related to falls prevention strategies, including analysis and reporting of findings has occurred. There is evidence of action taken based on findings that has made improvements to service provision. The projects include reviewing if the improvements have had positive impacts on resident safety or resident satisfaction.</p>	<p>A high number of unwitnessed falls with injury was raised as a key concern in 2023. A comprehensive and robust quality systems allow Te Hopai Home and Hospital to identify and address issues swiftly. The platform and reporting support both internal and external benchmarking across self-assessment tools. The facility implemented a self-assessment as part of the audit process. The self-assessments include staff participation where reflective questions are asked, where staff then consider their level of confidence in the service meeting the requirements to prevent falls effectively. The reflective questions include workforce considerations and process and policy considerations.</p> <p>The audits included an examination of the process of care that included a tracer methodology method on sample of falls reviewed. In addition to staff, residents that experienced falls and family/whānau were audited to provide a comprehensive review of satisfaction of care delivered. The audit process around the investigation of all falls included robust data collection that included type (witnessed/unwitnessed and with injury/without injury), time of the fall, day of the week, and place of the fall.</p> <p>By strengthening the existing processes and incorporating new strategies, the falls prevention measures and staff responsiveness were enhanced. Targeted interventions include the enhanced falls risk assessment, staff training, environmental modifications, technology integration, strengthening of supervision, and resident engagement. Fall rates were 106 in 2023 to 83 in 2024 (reduction of 78%). The improvement reflects a meaningful shift in practice; strategies implemented had a direct and positive</p>

			<p>effect on resident safety. A sustained decrease in falls underscores Te Hopai Home and Hospital's commitment to continuously improve and set a higher standard for falls prevention within the facility. The majority of positive comments gathered during the review of falls prevention strategies emphasised the caregivers and nursing staff are compassionate and caring nature, with high satisfaction related to staff's responsiveness to care. Consumer (resident) survey results highlighted a quality of service delivery, with satisfaction to responding to deterioration of health 99.3% and satisfaction with care delivery 96.8%.</p>
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End of the report.