Tranquillity Bay Care Limited - Tranquillity Bay Care

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Tranquillity Bay Care Limited
Premises audited:	Tranquillity Bay Care
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 March 2025 End date: 14 March 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 28

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

Tranquillity Bay Care provides rest home level care for up to 34 residents. There were 28 residents on the first day of the audit. The only significant change to the organisation has been the employment of a cultural advisor/consultant.

This certification audit was conducted against Ngā paerewa Health and disability services standard NZS 8134:2021. The audit included a review of policies and procedures, interviews with management, staff, residents, whānau and the general practitioner. Staff and resident records were sampled.

Four areas requiring improvement were identified. These relate to policies and procedures, temperature monitoring, menu review and ethnicity data. One area of continuous improvement has been identified.

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.

The service provides care to residents as required by the Code of Health and Disability Services Consumers' Rights (the Code). Services are delivered in a manner that considers the residents' dignity, privacy, independence and facilitates informed choice. Care plans accommodate the choices of residents with the input of whānau. There are processes to protect residents from abuse and neglect.

Management and staff are aware of their responsibilities under Te Tiriti o Waitangi and endeavours to enact the principles into everyday practice. Mana motuhake is respected and te whare tapa wha is utilised in all support planning. Pasifika policies and procedures are aligned with national strategies embracing world views, cultural and spiritual beliefs.

The complaints process aligns with consumer legislation.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The organisation is owned and governed by the director/facility manager. The facility manager understands their responsibilities regarding compliance. Strategic goals, mission, vision and values are defined and monitored. The required resources are made available to support the quality and risk management system. Organisational performance is monitored.

The organisation actively works towards reducing barriers and improving equity. Quality and outcomes data is collated and analysed. Corrective actions are implemented and monitored. Opportunities of for continuous improvements are identified and implemented. Organisational risks are monitored.

There is a sufficient number of suitably qualified staff on site at all times. Back up and on-call support is available. All staff are orientated to the essential components of service delivery and maintain the required competencies. There is an ongoing in-service education programme. Staff performance is monitored.

Records are well maintained and securely stored.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The model of care ensured wholistic resident centred provision of services was provided. Information was provided to potential residents/whānau prior to admission to inform decision making.

Resident assessments informed care plan development. Care plans were implemented with input from the resident/whānau and contributed to achieving the resident's goals. Review of the care plans occurred regularly. Interventions reflected best practice. Other health and disability services were engaged to support the resident as required. The activity programme supported residents to maintain physical, social, and mental health aspirations.

The meals were cooked on site in a kitchen with a current food control plan. Meals were varied and well presented.

Medicine management was undertaken by staff who were competent to do so. The discharge and/or transfer of residents was safely managed. The general practitioner stated the provision of care met the resident's needs

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

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

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. Bathroom facilities are well maintained and conveniently located.

Testing, tagging and calibration is completed as required. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system. Security is maintained. Hazards are identified.

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

The rest home supported the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes were appropriate for the size, complexity, and scope of the service. The clinical nurse manager was responsible

for the implementation of the programmes. The infectious diseases/pandemic plan had been tested. Staff were educated in the principles of infection control. A surveillance programme was implemented that enabled the analysis and detection of trends.

Appropriate cleaning and laundry processes are implemented and align with infection prevention policies and guidelines.

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 organisation has no history of restraint use. All staff receive training on restraint minimisation and the management of behaviours of concern.

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	23	0	3	1	0	0
Criteria	1	164	0	3	1	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	The organisation has embedded a Māori model of health into their care planning process. Care plans are based on te whare tapa wha and were developed in partnership with Māori providers. The principles of Te Tiriti o Waitangi are actively acknowledged when providing support to Māori residents. The principles were evident and confirmed in by residents and staff who identified as Māori. The rest home is increasing the use of te reo Māori in day to day practice. A cultural advisor/consultant has recently been employed. The cultural advisor is Māori and is fluent in te reo Māori. Activities for the advisor include providing cultural support to the organisation, promoting and enhancing mana motuhake and tino rangatiratanga. Contacts are being made with other Māori providers and policies and procedures and being reviewed to ensure they support equity. Discussions are in place regarding how mihi whakatau can be embedded into the entry process and the resident admission agreement now includes a te reo Māori translation of the mission, vison and values. Approximately 46% of staff are Māori, many of whom speak te reo Māori. All staff are required to complete Te Tiriti o Waitangi in-service education annually. Staff confirmed that services were

		provided in a culturally safe manner. Māori residents reported that their mana is protected and that they are treated with dignity and respect. Te ao Māori is incorporated into the activities programme. Community volunteers provide miri and rōngoa and tamariki from a local kura kaupapa visit the residents regularly. Policies and procedures regarding te ao Māori and a Māori health plan are currently being reviewed (refer criterion 2.2.1).
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	There has been no Pacific people accessing the rest home, however clients and staff confirmed culturally safe care and a culture of inclusiveness. Te whare tapa wha based care plans identify the cultural and spiritual needs of the resident. Evidence of inclusiveness and adaptability to the residents needs was observed during the audit and confirmed in resident interviews. There are also no staff who identify as Pacific, however equal employment opportunities are practiced. There is a Pacific Peoples policy which aligns with Pacific world views. The policy, and the Pacific Plan are currently under review. This process is being overseen by the cultural advisor/consultant who is developing links with the local Pacific community (refer criterion 2.2.1).
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Services Consumers' Rights (the Code) was displayed at the entrance to the facility in English and te reo Māori. Staff discussed the Code and confirmed they received annual training relating to the Code. Observation during the audit confirmed care was provided in accordance with the Code. Education records sampled verified that training regarding the Code formed part of the orientation of new staff and ongoing education. Residents are provided written information about the Code on admission, and this remains in a folder in their bedroom for the duration of their residency. The clinical nurse manager (CNM) advised that discussions about the Code were held with residents and their

		whānau on admission. Residents and whānau confirmed they had been made aware of their rights as per the Code. Staff were aware of the advocacy service. The CNM discussed how residents and/or whānau were made aware of the national advocacy service. Brochures include how to contact the national advocacy service were on display. Policy and procedure states all residents, including Māori residents have a right to self-determination/mana motuhake that is upheld, and they can practice their own beliefs and values.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	The CNM ensured that residents and whānau were involved in care-planning and had opportunities to share things important to them. Individual religions, social preferences, values, and beliefs were identified and documented in resident records. This was confirmed by residents and whānau and observed during the audit. Policies and procedures adhered to the requirements of the Privacy Act and Health Information Privacy Code to ensure residents' rights to privacy and dignity were maintained. Staff, residents, and observations during the audit confirmed that staff knocked on doors before entering. Residents were addressed using their preferred name. Personal conversations were conducted in the resident's bedroom. Residents stated they were treated with dignity and had input into the level of assistance provided for daily activities. Staff receive training in Te Tiriti o Waitangi and tikanga best practice. Staff used basic greetings and language in te reo Māori, with many staff competent in te reo. Signage throughout the facility was in te reo Māori and English. Staff provided examples of how day to day practices align with tikanga guidelines.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.	FA	Staff receive orientation and mandatory training regarding the features and reporting of abuse and neglect. They discussed these aspects and features including institutional racism and the actions they would take should there be any signs of such practice. They

As service providers: We ensure the people using our services are safe and protected from abuse.		also described professional boundaries, and how these were maintained. Residents and whānau advised they had not witnessed abuse or neglect and confirmed that professional boundaries were maintained. They also reported that personal belongings were treated with respect. This was confirmed by observation during the audit, and in interview with the general practitioner (GP). Residents who were competent to manage their own finances did so. In circumstances where residents were not assessed as competent the facility manager provided the required/desired products or services for the resident, for example the hairdresser or personal toiletries. This information was transferred onto an electronic financial management system. At the end of each month the purchased goods were itemised on a tax invoice, which was sent to the resident's whānau/enduring power of attornment (EPoA) for payment. Whānau who used this service stated they were satisfied the process was accurate and appropriate. Policies and procedures related to Māori support and health promoted a strength based and holistic model of care for Māori. The clinical assessments and care planning of all residents used te whare tapa whā model of care.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Communication with residents was kanohi te kanohi (face to face) while whānau communication was a mix of verbal and email as required. Residents and whānau were satisfied with the staff's communication and confirmed they were updated on health status changes and adverse events. This was verified in clinical files. The residents also confirmed discussions took place with an appropriate allocation of time, and they did not feel rushed. Clinical files confirmed communication had been made with other healthcare providers such as district nurses, GPs, and the psychiatrist for older persons. The CNM discussed interpreter options available if required. Resident meetings occurred every two months and were advertised in the activities planner located in the lounge. The food menu was displayed daily in the dining room. The facility manager advised that access to interpreter services could be accessed if

		required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	The informed consent process discussed by the registered nurses followed best practice and tikanga guidelines. Residents and whānau reported they received appropriate information and timeframes to allow for informed consent for all aspects of care. Clinical records included, but was not limited to, signed consent for photographs, collection and storage of health information and outings. Clinical records sampled did not contain an advance directive for the resident. However, the care plan included documentation regarding the resident's resuscitation status, wishes, beliefs, and spirituality relevant to a sudden change in health status or end-of-life care. These components of the care plan were reviewed at least every six months by the resident, whānau, the GP and the registered nurses. Some of the records sampled included a named EPoA, although only some had been activated. Staff discussed tikanga guidelines and stated this was a part of their orientation and in-service education. Residents and whānau advised they received sufficient information and timeframes, in an appropriate format, to enable informed decision-making.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints process complies with consumer rights legislation and works equitably for Māori. All residents are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed. Residents and whānau confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. They also knew about national advocacy services, with pamphlets displayed. Staff are aware of their responsibility to record and report any resident or whānau complaints/concerns they may receive. There has been four minor complaints/concerns voiced since the last audit. The complaints register has been maintained. Records confirmed that the complaints were managed in line with Right 10 of the Code and had been closed

		to the satisfaction of the complainant. Auditors were requested to follow up on one external complaint which was forwarded to HealthCERT in July 2024. The complaint involved a number of maintenance issues and a concern that actions discussed during resident meetings were not being followed up. All maintenance work has been completed. A new call system has been installed, loose wires (which were exposed during the building works following cyclone Gabrielle) have been completed and the potholes in the driveway have been fixed. Potholes in the steep driveway have been an ongoing concern due to the number of delivery trucks and are currently fixed by external contractors twice per year. Actions which have come through resident meetings are documented onto a corrective action plan and monitored by the facility manager. A seasonal newsletters has been developed in order to keep residents/whānau updated.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	The facility manager has many years' of management experience in the aged care sector. The facility manager is cognisant of their responsibilities regarding legislation, contractual and compliance requirements. The organisation is a current member of the Aged Care Association and has completed Ngā Paerewa training. The facility manager demonstrated an ongoing commitment to leadership, the quality and risk management system and has employed a cultural advisor/consultant to help ensure cultural competencies are maintained when working and engaging with Māori and Pacific people (refer 1.2.1). The cultural advisor is also providing some additional administration support, replacing the activities which were completed by the previous administrator. The facility manager is supported by the clinical nurse manager (CNM) who is an experienced registered nurse and provides clinical governance in conjunction with the other registered nurse. The strategic direction for the organisation is documented. The mission statement is documented and displayed in both English and te reo Māori. The mission reflects an inclusive and whānau centered commitment. Business planning is current and identifies key operational goals for the organisation, including compliance with Ngā

		Paerewa, business sustainability, quality care, implementing the continuous improvement programme, financial stability, staff wellbeing and education. Organisational performance is monitored through a number of activities, including weekly management meetings between CNM and the facility manager. Management meetings confirmed discussions including clinical care and outcomes, human resources, activities and education. The cultural advisor attends these meetings as required. Mechanisms are in place to gather equity data and improve outcomes. These include the collation of ethnicity data, engagement with Māori, the frequent use (and display) of te reo Māori and the use of te whare tapa wha during the support planning process. The organisation actively works to reduce any barriers to access ensuring the entry process is equitable, inclusive and considers the needs of tangata whaikaha. The cultural advisor is making in roads through whanaungatanga with local iwi and hapu. The facility manager is learning more te reo Māori. The cultural advisor/consultant is culturally competent and understands the principles of Te Tiriti o Waitangi. Regular surveys and resident/whānau feedback is considered when planning services The organisation is certified to provide 34 rest home level beds. On the first day of audit there were 28 residents. This includes one resident who is funded by the Accident Compensation Corporation (ACC), two funded through long term chronic health, two respite residents, 14 funded under the aged related residential care contract (ARRC), one resident under 65 years of age and eight private paying resident.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.	PA Moderate	The organisation applies a risk based approach to quality management. Policies and procedures are documented; however, an improvement is required (refer criterion 2.2.1). A range of quality related activities are implemented. Services are monitored through feedback, resident surveys and meetings, review and analysis of adverse events, surveillance of infections, health and safety reports, critical analysis of organisational practices, and implementation of an internal audit programme which has resulted in improved outcomes

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.		(refer criterion 2.2.3). Corrective action plans are documented when required, with evidence of closure. Records of meeting minutes confirmed that quality data is discussed and communicated throughout the organisation. Resident surveys include questions regarding cultural safety to ensure Māori needs are met. Surveys sampled confirmed satisfaction. The cultural advisor/consultant ensures that health care staff can provide high quality health care to Māori. An organisational risk management programme is in place. The risk management programme covers the scope of the organisation including potential inequities. Risk levels and mitigation strategies are documented. There is evidence that actions are being implemented, monitored and updated as required. Health and safety policies and procedures are documented along with a hazard management programme. The health and safety committee meet monthly and is attended by the health and safety representative, a selection of staff and the maintenance person. Business and fiscal sustainability are closely monitored with review by an external accountant annually. Clinical outcomes are monitored by the clinical team, who also monitor the infection prevention programme. There is also health care assistant meetings which are reported to the facility manager. The process for managing adverse events mitigates the likelihood of repeat events occurring. The adverse events management system supports learning and improvement opportunities. Severity assessment codes are applied. The facility manager is aware of situations in which the organisation would need to report and notify statutory authorities. Essential notifications are made as and when required.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally	FA	There is a sufficient number of health care assistants (HCA's) on duty at all times. There are three HCA's rostered on every morning shift, two on the afternoon shift and two rostered overnight. Rosters sampled confirmed that any temporary absence was replaced.

responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.		Registered nurse (RN) cover is available 24 hours a day, seven days per week. The nurses are each on site four days per week. One nurse works Monday to Thursday. The other works Tuesday to Friday. HCA's complete all laundry duties and there are two designated cleaners who work four days on and four days off. There are three cooks, one diversional therapist and one activities coordinator. The facility manager works Monday to Friday and is available on call. A number of staff have achieved the New Zealand Qualifications Authority (NZQA) Certificate in Health and Wellbeing. Of the 16 HCA's, four have level four, five have level three, five have level two and two have level two. All new staff are encouraged to commence the training. Rosters are developed in a manner which ensures there is a staff member on site with a current first aid certificate. Both of the registered nurses have had interRAI training and maintain the required competencies. Staff described the competencies they are required to maintain. These include medication administration, manual handling, hoists, infection prevention and the management of challenging behaviours. Records of competencies, including a competency renewal quiz were sighted in staff records. There is an ongoing in-service education programme. Monthly quizzes are required to be completed by staff. These include a wide range of topics such as food handling, fire safety, health and safety, cultural safety and infection prevention, quality management, pain management, client rights and dementia. Cultural safety training includes Te Tiriti o Waitangi. Quizzes are then reviewed by one of the registered nurse who provides additional support if required. Records of learning and staff competencies are maintained. The CNM actively promotes health literacy amongst staff, which in turns supports staff with their understanding of health equity. The cultural advisor supports the collection and sharing of high-quality Māori health information. Staff reported that the rest home provides them with a positive work environment.

Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Human resource policies and procedures align with employment legislation (refer criterion 2.2.1). Professional qualifications are validated and copies of practicing certificates are held for those who require them. A master spreadsheet of qualifications is maintained. The skills, qualifications, experience and attributes required from staff are documented in position descriptions. These were sighted in files sampled. The orientation process covers the essential components of service delivery. Staff receive orientation in stages which requires them to complete three comprehensive workbooks. Staff stated the orientation process prepared them sufficiently for their role and that they were well supported. Orientation records are maintained. Performance reviews are completed annually for all staff members. Staff goals and achievements are discussed and documented during the review process. Staff confirmed that the performance review process was useful, positive and supported their learning. Completed performance reviews were sighted. Staff also confirmed they have the opportunity to be involved in a debrief and discussion following adverse events. Staff records are well maintained, current and secure. Information includes ethnicity data. There is a combination of both hard copy records and those held on the electronic data base.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	The management of client records meets current legislation and health records standards. There is a combination of hard copy and electronic client data. All information is secure and maintained in a confidential manner. Hard copies were securely stored in the nurses station, which is locked when unattended. All computers are password protected with sufficient backup systems. Data entries are dated, include the time of entry and identification of the writer. The RN's review all entries made by the HCA's. The organisation is not responsible for national health index (NHI) registration.

Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	Information about the service is available in print at the facility, on the Eldernet website, and through the Needs Assessment Service Coordination agency (NASC). The facility manager or CNM answer verbal inquiries. There is a written admission and decline process that the CNM discussed. The CNM takes a history of the potential resident's needs, medical conditions (past and present), and care expectations. This is also discussed with the whānau. Residents require a NASC assessment and referral prior to admission. Admissions are declined only if care requirements exceed the service scope or no beds are available. The service does not use a waiting list system as beds are generally available. Ethnicity of all residents is recorded at admission and, with a routine analysis completed in the event sufficient data is available. Clinical records confirmed adherence to the documented process. Residents and whānau found the admission process straightforward and respectful. The cultural advisor supports the service to improve Māori health outcomes. The CNM described professional relationships and connections held with Māori health providers in the region.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The rest home uses te whare tapa wha model of care for all residents in the service. This documents the individualised support required to meet the physical, emotional, spiritual, social and lived experiences dimensions of their wellbeing. The clinical record included additional assessments, for example an independent protection plan (refer criterion 2.2.3), skin integrity, pain, falls risk, and behaviour. All interRAI assessments and resultant long-term care plans were current. Records verified that a registered nurse had completed the assessments and developed an individualised care-plan. All interRAI reviews were current in the records sampled. Care-plans documented interventions that maintained and/or improved the residents' health and wellbeing, and reflected the interRAI assessment/s. Progress notes, observations during the audit and interview with the residents'/whānau confirmed that assessments

		and care-plans had been developed in collaboration with them. Short term care plans were developed for acute conditions for example an infection. These were updated as appropriate and signed off when the condition had resolved. Wound care plans confirmed that they were assessed in a timely manner and reviewed at appropriate intervals. Photos of the wound had been taken and printed to record the healing progress. Clinical records were integrated and included, for example, correspondence from Health New Zealand - Te Whatu Ora, GP reviews, laboratory reports, interRAI reports, consent forms and a copy of the enduring power of attorney (EPoA). Referrals to other health professionals were seen for example, the psychiatrist for older persons (POP's). Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. The registered nurses and HCA's stated that changes in a resident's behaviour were considered an early warning sign of a residents change in health status. Monthly vital signs and the weight of residents were documented. Where progress was different to expected, or the resident had displayed signs or symptoms of illness, vital signs were documented, and further assessments were performed as appropriate. A registered nurse developed a short-term care-plan, and the general practitioner (GP) was notified in a timely manner. This was confirmed in interview with the GP. Medical oversight of the residents was provided by a GP. Residents who were non-acute and able to travel in a car were taken to the GP's practice for review. Monthly visits (or more often if required) by the GP to the facility did occur to see residents who were less able to travel to the practice. The GP confirmed that residents were seen and assessed at least every three months. If the resident's condition changed between times, the registered nurse notified the GP and a medical review was undertaken as required. A shift handover was observed and included the resident's medical condition/s, cares required, and a summary of any recent changes in the residents' health care needs or status. Oncoming staff were given the opportunity to clarify any aspects of the resident's care

		requirements. A Māori resident and other residents interviewed confirmed that they were included in the development of care plans, and their values, beliefs and cultural needs were respected. The needs of tāngata whaikaha are considered, with the rest home having the required processes and capacity to support residents with a disability. There was a suitable supply of medical and continence products on site during the audit.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The activities programme is implemented by a diversional therapist (DT) and an activities co-ordinator. The DT was employed five days per week, and the activities co-ordinator was employed three days per week. The programme was available to residents 0930 to 1645 hours. The programme was on display in the lounge areas. The DT and activities co-ordinator discussed the programme, which included a wide range of activities suitable for all residents. The programme promoted physical, social, cultural and intellectual skills. Outings to the community occurred regularly and included for example, shopping, museum visits and going to the beach. The facility has two lounges. The main activities programme was facilitated from the larger lounge. It was observed the residents attending the programme were engaged and having fun. The second lounge is available to residents who do not wish to take part in the programme, here they have access to books, jigsaws, games, music and television. Residents who preferred to stay in their room, are provided a one-to-one programme for an hour twice per week. There is also an outdoor area and garden that residents enjoy, and some assist with gardening activities as able. Clinical records sampled confirmed that assessments of the resident's life skills and experiences were considered in the development of the activities care-plan. Whānau had been engaged in the assessment and planning of the activities care plan, (verified by residents and family/whānau), who stated satisfaction with the

		programme. A recent survey had been undertaken. The residents had been asked what other activities they would like to have included in the programme. At the time of the audit the DT and activities co-ordinator were planning how the suggestions could be implemented into the programme. National cultural celebrations and events were included in the programme for example, Matariki and Waitangi day. An outing to Waitangi on Waitangi day had taken place. Room numbers and the names of rooms are written in te reo Māori. Trips to kapahaka groups take place as available, and tamariki from the local kura visit regularly. Family/whānau take their family member into the community to attend additional cultural activities and events as desired.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management system reflected current recommended best practice. A paper-based system for the prescribing and recording of medication was used. Medications were dispensed by a pharmacy using a pre-packaged system. A member of staff collected medications form the pharmacy and returned unwanted medications. A medication competent staff member checked the medications prior to them being placed in the two medication trolleys. Medication administration was performed by registered nurses and/or HCA's who were medication competent. The medication competency programme was completed annually and included a theoretical component and observation of administration to ensure safe practice. A medication round was observed, and staff demonstrated competency administrating medication. Eye drops, ointments and creams had a documented opening date. During the audit no medications were observed to be out of date. All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The GP had reviewed the medication chart every three months or more frequently as required. Standing orders were not used in this service. Over the counter medications (OTC) were discussed with the

		resident and whānau by the GP. Prescribed OTC medications were administered by staff or self-administered by the resident if deemed safe to self-administer. This was confirmed by observation and in medication records sampled. There were two medication trolleys. Both trolleys were locked when not in use. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication fridge was temperature monitored. Although the rooms where medication was stored were kept at an even temperature using fans, the room temperatures were not documented (refer to 4.1.1). No stock medications were observed during the audit. There was a process to ensure that self-administration of medication occurred in a safe manner. The clinical record of residents who self-administered verified that a medication competency assessment had been completed, and that the GP supported the residents wish to self-administer. The storage of the medication being self-administered was appropriate. A resident who self-administered described individual roles and responsibilities. Residents were supported to understand their medications by the RN's and the GP, and this was confirmed by residents and their whānau. Māori residents have access to rongoā. Medication incidents were reviewed by the CNM with corrective actions being implemented (refer to 2.2.3). The GP stated that the medication system and processes were safe and appropriate to the service.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	PA Low	All food/kai was prepared onsite. There was a current food control plan valid to May 2025. There was summer and winter menus with the meals repeated on a six-weekly cycle. The kitchen was clean and well maintained with records of cleaning schedules, and temperature monitoring of food being served. The fridges and freezers in the kitchen were temperature monitored however the chest freezer in Manaia was not (refer to criterion 4.1.1). Stock rotation was conducted for food stored in the pantry. The date and time stored food was opened was recorded and displayed.

		Improvement regarding review of the menu plan is required (refer criterion 3.5.4). Residents' nutritional assessments were completed upon entry to the service. These included the residents likes, dislikes, allergies, intolerances and cultural preferences. A current copy of nutritional assessments was available in the kitchen and the cook discussed the dietary needs of individual residents. Both dining areas were large, clean, light, and spacious, with sea views. The tables and chairs were well maintained and set in a visually appealing manner. Residents were observed to be given sufficient time to eat their meals with assistance provided when required. Residents who choose not to eat in the dining area were provided their meal in their bedroom. The meal was delivered in a hotbox. The temperature of meals was taken prior to leaving the kitchen. The menu celebrated cultural days of significance and te ao Māori. A 'boil up', rewena and 'taniwha' burgers are prepared regularly. Whānau also bring kai into the resident at times and residents leave the facility to go out with whānau and friends for meals. Residents are given the opportunity to assist with meal preparation, for example they fold serviettes, if the RN has assessed that it would be safe to do so, and they may peel vegetables. At times the activities programme includes preparing baking.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and	FA	The CNM explained the transfer process. Acute transfers to the public hospital occur when there is a sudden change in a resident's health status. The RN and/or GP decide to transfer a resident to the nearest public hospital for specialized care. If there is no RN on duty when the resident is observed to be unwell, the senior HCA contacts the registered nurse on call who, and the GP who assesses the resident's condition over the phone and directs the HCA to arrange the transfer to hospital if required. The senior staff member on duty at the time of the transfer is responsible for informing the resident's whānau about the transfer. The national 'yellow envelope' system is used to facilitate the transfer of care, containing the resident's

coordinate a supported transition of care or support.		medical and surgical history, current and past diagnoses, resuscitation status, emergency contact details, and a copy of the medication chart. When a resident's health status and care requirements change gradually, an InterRAI assessment is completed. Ongoing care requirements are discussed with the GP and whānau. The interRAI assessment is provided to the NASC service, who update the care requirements as needed. The CNM/facility manager and whānau collaborate to ensure the resident is discharged to a facility that meets their needs. Clinical records include a summary of the resident's end-of-life care wishes. As the resident nears the end of life, they and their whānau update the plan. Referrals are made to support agencies, such as hospice. Residents and whānau receive information about other health and disability services when indicated or requested. This was confirmed by whānau. Information about kaupapa Māori agencies is provided as required.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	PA Low	The rest home is set on large grounds covering 1.6 hectares. The grounds include a variety of space for residents to enjoy, including spacious lawns, gardens and views. The facility is also large consisting of 1020 square metres. This includes two residential areas (Seaview and Manaia) connected by a long corridor. The facility managers office, nurses station, main kitchen, laundry and 18 bedrooms are in the main area (Seaview). Manaia (down the corridor) has a kitchenette, small laundry to wash personal items, a lounge, six bedrooms upstairs and eight downstairs. Residents with lower acuity levels reside in this area. There are two rooms which can be used as double rooms, however they had single occupancy during the audit. The current building warrant of fitness expires 1 June 2025. Maintenance requirements are maintained. Maintenance issues identified in the external complaint (July 2024) have all been addressed. There is a full time maintenance person who has a

		planned maintenance schedule, plus responds to any day to day requirements. Implementation of the health and safety programme ensures all hazards are identified, minimised or eliminated. Maintenance audits are completed every month. All electrical testing and tagging is current (completed January 2025) and included 450 electrical items. Medical equipment is calibrated as per the manufacturer's instructions. An improvement is required regarding the routine monitoring of temperatures (refer criterion 4.1.1). The physical environment supports the independence of people. The rest home has adequate space for equipment, individual, and group activities, and quiet spaces for residents and their whānau. Furniture and fittings are well maintained, with bedrooms being refurbished as they become available. Home decorations reflect the culture of the resident group. Resident rooms are personalised. There is a combination of art, including items which reflect te ao Māori. Art projects completed by the residents are displayed throughout. There is a sufficient number of toilets and bathing facilities. Three of the bedrooms have an ensuite, all other facilities are shared. There are hand basins in all bedrooms, and hand sanitiser available through out. All bedrooms have an external window, with the majority of rooms having double doors opening onto the outdoor decks. Suitable cooling and heating systems are in place. Bedrooms are of sufficient size to accommodate personal property, move around safely and work with equipment and mobility aids. Residents/whānau expressed satisfaction with the environment. There has been no changes to the facility, other than the rebuild of the small kitchen in Manaia which was damaged during cyclone Gabrielle. The roof and water damage was repaired. This work was being completed at the time of the complaint. The facility manager and cultural advisor/consultant confirmed that any future designs of significance would involve a co-design process.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe.	FA	The approved evacuation plan was dated March 2001. There have been no additions to the facility since then. Emergency procedures are fully documented. Evacuation drills are completed every six

Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		months and repeated in the event they are needed. Evacuation plans are displayed. Exit doors are identified. Fire extinguishers are monitored. There is a sprinkler system throughout the facility. An additional water tank is kept full at all times, as per the requirements of the fire department. All staff are orientated and trained to emergency procedures. All staff have a current first aid certificate and first aids kits are kept well stocked. A new call system has been installed. This includes the addition of a call display in the laundry. The system is regularly tested. Staff complete a check of all external doors, and windows during the evening shift. There are security lights outside. Emergency and security arrangements are explained to all residents/whānau. Staff wear a uniform, with purple uniforms for HCA's, teal for RN's and black for the cooks. All staff wear a name badge. There are sufficient supplies in the event essential energy and utility sources are unavailable. This includes civil defence supplies, an additional water tank which stores 25000 litres, extra food and a generator. Systems and supplies were tested during cyclone Gabrielle and confirmed to be effective and sufficient.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The facility manager confirmed that the infection prevention and antimicrobial programme was integral to service delivery. The facility manager has access to strategic advice from Health New Zealand - Te Whatu Ora and Ministry of Health directives. Weekly management meetings are held. Membership includes the CNM who is the infection control co-ordinator. The agenda includes infection control items. Escalation of significant events occurs at these meetings or prior as required. The CNM uses a stepwise approach to analyse and manage to risk of infection. Evidence of this was seen in the infection programme documents sighted and during discussion with the CNM.
Subsection 5.2: The infection prevention programme and	FA	The infection prevention (IP) programme was suitable for the size and scope of the service provided. The CNM held a position

implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.		description for the role of IP co-ordinator (IPC). The IPC held the responsibility for implementing, monitoring, and reporting of the IP programme. The IPC reported to the facility manager. The IPC said that the joint CNM/IPC role included having input into procurement processes, building modifications, and other relevant policies and procedures. The IPC/CNM had completed infection control education and ongoing annual updates. Further multidisciplinary expertise is obtained via the GP, and multiple services within Health New Zealand – Te Whatu Ora. The IPC/CNM had access to the clinical records and diagnostic results of the residents, and evidence of this was seen in the clinical records, and in surveillance reports. The IP programme, policies and procedures were observed to be embedded in the day-to-day practice of all staff (refer improvement required in criterion 2.2.1). The IP programme is linked to the quality programme and is discussed at weekly management meetings and monthly staff meetings. The pandemic/infectious diseases response plan was documented and had been tested regularly. Since the last audit the service had managed two Covid 19 outbreaks and one outbreak of norovirus. In January 2024, there was an outbreak of norovirus, 24 residents were infected, the outbreak lasted two weeks. The required notifications had been made and support to manage the outbreak was provided by Health New Zealand – Te Whatu Ora. In May 2024, sixteen residents contracted Covid 19, the outbreak lasted two weeks, and required notifications were made. In August 2024 four residents became infected with Covid 19, the outbreak lasted one week. Again, required notifications were made. The GP was notified within an appropriate timeframe (confirmed by the GP) who stated the outbreaks were managed appropriately. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) were available. Hand basins and hand sanitisers were readily available throughout the service. Signage pertaining to hand hygiene was sighted during the audit. The orientation programme includes the principles of infection prevention, thereafter annual infection prevention education is provided to all staff. This was verified by education records sighted

		and staff interviews. In addition, ad hoc education is provided at staff meetings. The IPC/CNM stated opportunistic education is shared individually with staff when required. Single use devices were not reused. This was verified during staff interviews and by observation during the audit. Reusable shared equipment for example sphygmomanometers, thermometers, and dressing scissors were decontaminated appropriately as per manufacturers recommendations. Appropriate materials for this process were observed during the audit. The IPC/CNM described how information is provided to Māori in a culturally appropriate manner, for example including whānau, and obtaining written information accessible via the Ministry of Health website. The cultural advisor provides input as required. Residents, and whānau confirmed that infection control issues and precautions had been discussed with them by staff and/or the GP.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	There was an implemented antimicrobial policy that sat within the IP programme. The policy was appropriate to the size, scope and complexity of the service and had been approved by the facility manager. Monthly reports were sighted that reported the number and type of infections, with an analysis that included the antibiotic course prescribed, and the causative organism as identified by a laboratory report. The reports were reviewed by the IPC/CNM to identify trends, or/and opportunities to reduce antimicrobial prescribing. The GP confirmed antibiotic prescribing occurred as per best practice guidelines sourced from Best Practice Advocacy Centre New Zealand (BPAC), and laboratory services.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme.	PA Low	Surveillance of health care-associated infections was appropriate to the size and type of service. The surveillance programme was documented, and standard definitions were used relating to the type of infection acquired.

Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.		Monthly surveillance data was collected and reported to the facility manager and presented at staff meetings. An opportunity to improve was identified relating to the collection of ethnicity data (refer criterion 5.4.3). Trends and opportunities arising from the data was considered by the IPC/CNM. There were no trends identified in infection prevention documents sampled. Staff confirmed that infection reports were discussed at staff meetings. Clinical records verified that residents who developed an infection were informed and whānau were advised. The process was culturally appropriate as confirmed by residents and whānau.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	Waste is removed as per council requirements. Waste management bins are removed once per week. There are sufficient procedures and work instructions documented regarding the management of waste and hazardous substances. Continence products are double bagged. There are a number of sharps containers and oxygen cylinders are safely stored. There are bulk supplies of PPE. Chemicals are supplied by an external organisation and are securely stored in the laundry. Bulk supplies are decantated into labelled bottles for the cleaners trolley. Material data safety sheets are displayed. The maintenance person has a locked shed to supply fuel, paint and other chemicals used to clean and maintain the facility and grounds. Two cleaners are employed. The cleaning trolley is stored in the laundry when not in use. The effectiveness of cleaning processes is monitored using internal audits, surveys and resident meetings. HCA's complete laundry duties. The laundry is well serviced with a sanitiser and large industrial washing machines and dryers. Clean and dirty areas are identified. Clean washing is placed into individual named baskets and returned to the resident. Residents/whanau expressed satisfaction with cleaning and laundry services. The IPC has oversight of cleaning and laundry processes.
Subsection 6.1: A process of restraint	FA	There are documented processes for the management of restraint,

The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		however these have not had to be used, as there is no history of the facility using restraint. The CNM is responsible for restraint management and reported that restraint is not part of the organisations culture. All staff receive training regarding restraint minimisation and how to safely manage escalating behaviour. The required policies and procedures are documented should restraint use ever be perceived as the most appropriate action. The CNM ensures that the facility manager is consistently notified of the 'no restraint' status.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.1 Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.	PA Moderate	Policies and procedures have previously met the requirements of this standard, however not all have been reviewed and/or updated to meet the 2021 standards. This includes a range of policies/procedures including cultural requirements, human resources and the annual review of the infection prevention programme/policy. Some of these policies are now two years overdue for review. The facility manager is aware of the lateness and has documented a corrective action plan. The corrective action plan includes the involvement of the cultural advisor, who is able to apply a cultural lens and has been allocated the required administration resource.	Not all policies and procedures are current.	Complete the required review and amendment of policies and procedures. 180 days
Criterion 3.5.4 The nutritional value of menus	PA Low	A menu had been approved by a registered dietitian in March 2022, however the menu in use	The menu in use at the time of the audit	Ensure the menu in use is approved by

shall be reviewed by appropriately qualified personnel such as dietitians.		on the days of the audit had not been reviewed by an appropriately qualified person. The menu was varied and contained foods as recommended in 'Eating for Healthy Older People/Te kai tōtika e ora ai te hunga kaumātua'. A registered nurse completed an individual dietary assessment for all residents on admission, and this was reviewed six monthly, or more frequently as required. If a resident's eating requirements changed, for example, required a soft diet, or weight loss became evident the resident was seen by the GP. A referral was also made to a dietitian for individual assessment and recommendations as required. The service had access to a dietitian to provide support, advise and recommendations as/if required.	had not been approved by appropriately qualified personnel.	appropriately qualified personnel. 90 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	The maintenance person works full time and follows a planned schedule of monthly activities. At the time of the audit, the property and facility appeared well maintained with hazards identified. The maintenance person is painting the external exterior of the facility which was considered overdue. Internal audits of the grounds and facility are completed monthly. This includes the monitoring of hot water temperatures. The process of monitoring was discussed which included random samples across the facility, including the bedrooms, bathrooms, laundry and kitchen, however the actual location of testing and temperatures were not identified. There was also no evidence of temperature monitoring in the nurses station (to ensure medication efficacy) and freezer temperatures at Manaia had not been maintained.	There was insufficient evidence that all required temperature monitoring had been maintained.	Record the location and temperature of hot water monitoring and monitor the temperature of the nurses station and the freezer in Manaia. 30 days

Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.	PA Low	Surveillance reports included the use of standardised definitions, the infection type and location, the causative organism, the treatment start and completion date, however the resident's ethnicity was not documented.	Surveillance reports did not include ethnicity data.	Ensure surveillance reports include ethnicity data. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	CI	The internal audit programme is implemented and routinely includes medication, environmental and clinical requirements. The internal auditing of clinical outcomes now exceeds requirements and demonstrates improved outcomes for residents. Planned quality improvements include redesign of the admission process to include additional base line data. This improvement was initiated following an unexpected poor outcome for a respite resident. The whānau involved were fully included in the development of the new process. The improved process includes gathering additional clinical data for assessment, which is not typically included referral information. Since implementation, the clinical team are more informed which enables them to readily identify and address complex clinical interventions and prevent admissions of residents whose level of care could not be met. The second quality improvement was initiated following ongoing concerns from the clinical team regarding the management of ‘as required’ (PRN) medication. A new process was developed and tested over a period of time. Outcomes from the improvement have resulted in 100% compliance regarding the management of PRN medications with a deeper	The implementation of a range of quality and clinical improvements has resulted in improved outcomes for residents/whānau.

		understanding from staff. Staff were very complimentary regarding the changes and felt the process was easier to understand and much improved. Actively this has resulted in no medication errors regarding the documentation and management of PRN medication. The next improvement involved the management of continence and the overuse of continence supplies. A new continence assessment was developed. The assessment process was made more 'user friendly', with positive feedback from staff. Again, the process was documented, monitored and evaluated. Planned outcomes have been met, with a reduction in the use of continence products, with several residents now no longer needing them. These residents are now fully retrained to maintain their continence levels, thus supporting their independence and mana motuhake. The final improvement involved the development of a new activities of daily living (ADL) self-assessment process. The clinical team had identified a need to encourage residents to maintain their levels of capability and independence. Development of the self-assessment process required a team of experienced staff to observe each residents' level of dependence during completion of their ADL's. Following assessment, an independent protection plan was developed. This plan informs the interRAI and care plan reviews. The cultural advisor was included in the process and added information regarding mana motuhake. Since the development and review of this process, it was confirmed that residents are maintaining (or improving) their level of independence, continuity of care has improved and care plans now have more specificity regarding ways to maintain independence.	

End of the report.