

Timandra Residential Care Limited - Brooklands Care on Timandra

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Timandra Residential Care Limited

Premises audited: Brooklands Care on Timandra

Services audited: Dementia care

Dates of audit: Start date: 27 March 2025 End date: 27 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: 18

Executive summary of the audit

Introduction

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

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

General overview of the audit

Brooklands Care on Timandra is privately owned and located in New Plymouth. The service is certified to provide dementia level of care for up to 28 residents. There were 18 residents on the days of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand - Te Whatu Ora and review the prospective provider's level of preparedness. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, staff and the prospective purchaser (Sentinel Group Investment Limited). The prospective purchaser, Sentinel Group Investment Limited has two other aged care facilities.

The service is managed by a facility manager who is appropriately qualified and experienced. They are supported by a registered nurse, and a team of experienced care and household staff.

Feedback from family/whānau was positive about the care and the services provided.

This audit identified improvements needed around the implementation of staff training, internal audits, meeting minutes, adverse events reporting, care planning, staff roster, and communication.

Ō tātou motika | Our rights

Brooklands Care on Timandra provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Brooklands Care on Timandra provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and family/whānau. Care plans accommodate the choices of residents and their family/whānau. There are processes to ensure that family/whānau are kept informed.

The rights of the resident and 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 well-documented.

Hunga mahi me te hanganga | Workforce and structure

The strategic plan (2021-2026) includes a mission statement, values, and business objectives. There are quality and risk management systems in place that takes a risk-based approach, and these systems aim to meet the needs of residents and staff.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at facility level.

There is a rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and staff education and training plan are in place.

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

There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general and nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general or nurse practitioner.

The activities programme meets the individual needs, preferences, and abilities of the residents. The activities staff provide and implement a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked at the 'sister' site and delivered to Brooklands Care on Timandra in hot boxes. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Families/whānau interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan is in place.

Transfer between services is coordinated and planned.

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

The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised. The facility (dementia facility) is secure with a secure enclosed outdoor area.

Emergency systems are in place in the event of a fire or external disaster. There is not always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by governance.

A registered nurse is the infection control coordinator. The infection control coordinator is supported by staff and management. There is access to a range of resources. There is a policy to ensure that education is provided to staff at induction to the service and is included in the education planner. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through handover, and meetings. There have been two outbreaks, managed and documented since the last audit.

There are documented processes for the management of waste and hazardous substances in place. There are separate housekeeping staff rostered who provide all cleaning duties. Laundry service is undertaken on site. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

The restraint coordinator is the registered nurse. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	3	3	0	0
Criteria	0	158	0	5	5	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. The service currently has residents who identify as Māori. Brooklands Care on Timandra is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and is documented in the resident care plan where required. There are clear processes to include tikanga Māori in everyday practice.</p> <p>There is an established relationship with a Matua from local iwi who comes for room blessings and Māori residents' cultural support. Brookland care on Timandra also links with Māori staff and residents' family/whānau who can provide interpreting support for residents if required. Family/whānau engage in providing input into the resident's care planning, their activities and their dietary needs. The service can also access kaumātua from Health NZ - Te Whatu Ora for support and guidance. Cultural assessments are completed for residents who identify as Māori.</p> <p>The facility manager confirmed that the service supports a Māori workforce through an equitable recruitment process that is responsive and inviting for Māori. The service currently has staff who identify as</p>

		<p>Māori. Brooklands Care on Timandra evidence commitment to a culturally diverse workforce as demonstrated in the Māori Health Plan. The service encourages the use of te reo and tikanga Māori into everyday practice.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English with pamphlets available.</p> <p>Interviews with nine staff (four healthcare assistants, one registered nurse, maintenance person, kitchen lead, diversional therapist, and one cleaner), two managers (facility manager, operations lead), the owner/director and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Brooklands Care on Timandra recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, which is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in several different languages including the languages of the Pacific Islands. Pacific culture, language, faith, and family/whanau values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture.</p> <p>The service currently has residents who identify as Pasifika. Brooklands Care on Timandra has links with residents' family/whanau, own staff to ensure connectivity within the region with Pacific providers and services.</p> <p>At the time of the audit there were staff that identify as Pasifika. Brooklands Care on Timandra continues to provide equitable employment opportunities for the Pasifika community. Pasifika staff facilitate connections with Pacific community groups and churches for the rest home.</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>	<p>FA</p>	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details of the Code are included in the information that is provided to new residents and their family/whānau. The facility manager discusses aspects of the Code with residents and their family/whānau on admission. The service is recognising Māori mana motuhake through actively engaging residents and family/whānau in determining their own health goals. Brooklands Care on Timandra policies and service delivery ensures inclusiveness to reflect residents' voices, perceptions, understandings, and experiences. There are links to spiritual support documented in the spirituality and counselling policy.</p> <p>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. Six family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Staff interviewed were aware of how to uphold the residents rights including for example knocking before entering the residents room, explaining procedures to the residents clearly.</p> <p>The prospective purchaser is familiar with the Code and their responsibilities. This was evidenced through interview.</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>Healthcare assistants interviewed described how they support residents to choose what they want to do. Family/whanau interviewed stated the residents had choice. Residents are presented with and have control and choice over activities they participate in, to the best of their ability. There is a training plan in place that 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 a plan to educate staff to understand the key elements of self-determination and providing equity in care services. However, this has not been completed as scheduled (link 2.3.4). It was observed that residents are treated with dignity and respect. The annual</p>

		<p>family/whānau survey results for 2024 and interviews with family/whānau confirmed that the residents are treated with respect.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships when required. Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Resident files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. The service promotes te reo Māori and tikanga Māori through the activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week. Staff have attended specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</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>The abuse and neglect policy is being implemented. Brooklands Care on Timandra policies document actions taken to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed and signed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</p>

		<p>The Māori Health Plan includes strategies to abolishing institutional racism.</p> <p>Interview with staff confirmed their awareness of how to identify abuse and neglect and how to value the older person showing them respect and dignity as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The respectfulness of staff towards each other creates a supportive positive workplace culture. Te Whare Tapa Whā is recognised, and the care plans identify resident focussed goals and reflects a resident-centred model of care.</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>PA Low</p>	<p>Information is provided to residents and family/whānau on admission related to the type of services provided. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify the welfare guardian/next of kin or enduring power of attorney (EPOA) of any accident/incident that occurs. The accident/incident forms have a section to indicate if next of kin/EPOA have been informed of an accident/incident.</p> <p>Correspondence is also documented in the progress notes. The sample of accident/incident forms reviewed identified next of kin/EPOA were not always kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Resident and family/whānau participation is encourage through general feedback, multidisciplinary meetings, surveys and meetings. Newsletters and activity calendars are provided in large printed format.</p> <p>Non-subsidised resident EPOAs/welfare guardians are advised in writing of their eligibility and the process to have services subsidised</p>

		<p>should they wish to do so. The residents and welfare guardians/EPOAs are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as Health New Zealand specialist services. The delivery of care includes a multidisciplinary team and resident's EPOAs/welfare guardians provide consent and are communicated with regarding services involved. The facility manager and registered nurse described an implemented process around providing residents and EPOA/Welfare Guardians with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> <p>Staff, residents and family/whānau have been informed of the proposed change in ownership of the care facility as per the transition plan.</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. Five resident files reviewed included informed consent forms signed by powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Family/whānau interviewed could describe what informed consent was and the resident rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making. The Māori Plan is available to guide on cultural responsiveness to Māori perspective of health. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of care.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files including mental incapacity activation letters completed by medical practitioners and specialists.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains a complaints' register containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. There have been 13 internal complaints made since the last audit: two in 2023, nine in 2024 and two year to date for 2025. There have been no identified trends or patterns. All complaints are closed. The satisfaction (or not) of the complainant has been documented. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. The complaints process links to the advocacy service. There have been no external complaints.</p> <p>Residents and family/whanau have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). The annual family/whanau meetings provide another avenue for residents to voice their concerns. The facility manager has an open-door policy and encourages family/whānau to discuss any concerns. The complaints process is linked to the quality and risk management system. Staff meeting minutes cover discussions relating to any complaints lodged with opportunities of improvement to service delivery documented, actioned and signed off when completed. The complaints process is equitable for Māori and the facility manager is available to meet and discuss any complaints face-to-face.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance</p>	<p>FA</p>	<p>Brooklands Care on Timandra is located in New Plymouth, Taranaki. It is a privately owned facility that provides dementia level of care for up to 28 residents. There are eight double rooms with curtains for privacy which were singly occupied on the day of the audit. On the day of audit there were 18 residents. All residents were on the age-related residential care contract (ARRC).</p>

<p>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>Brooklands Care on Timandra has an owner (sole director) with a health background and is experienced in provision of aged care services since 2016. They own Brooklands Care on Timandra and another multi-level sister facility which is in close proximity. The owner has completed training related to cultural competency in 2023 and 2024 (sighted). They are in constant communication with the management team, visit the facility at least monthly and attends the management/quality meetings.</p> <p>Brooklands Care on Timandra has a current strategic plan 2021-2026 in place with clear goals to support the documented vision, mission, and values. The values espouse empathy, responsibility, respect, and teamwork. The model of care sits within a framework that incorporates Māori concept of wellbeing – Te Whare Tapa Whā. The operations lead, on interview, was able to describe the company’s quality goals with evidence sighted of ongoing monitoring of the goals, evaluation of progress and sign off when fully attained. The service organisation philosophy and strategic plan reflect a resident/whānau-centred approach to all services.</p> <p>The facility and clinical lead (from the sister facility) provides oversight on clinical governance for the service, providing a monthly update to the management/quality meeting for discussion. The management team collaborates with mana whenua (staff and whānau contacts), and local Māori healthcare providers, in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha.</p> <p>The facility manager (non-clinical) works Monday to Friday and has been in the role for almost a year. They are supported by a registered nurse who works four hours a day Monday to Friday; the facility and clinical lead from the sister facility who provides clinical oversight and support to the registered nurse and a team of experienced care and household staff. The management team have completed training related to managing an aged care facility including cultural training and ARC meetings.</p> <p>The prospective purchaser, Sentinel Group Investment Limited (SGIL), will change the name to Timandra Residential Care Limited. There are two directors within SGIL, who have over 20 years’ experience in aged</p>
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		<p>care in various leadership and management roles. Both directors will not be assuming management roles within the service but will continue with the current management structure of Brooklands Care on Timandra. The directors own two other aged care facilities (one in Christchurch and another in New Plymouth). Clinical governance will continue to be the responsibility of the facility and clinical lead (registered nurse) from the sister facility.</p> <p>The prospective purchaser has developed a transition plan with timelines. The prospective purchaser has notified the relevant funder of the proposed purchase.</p> <p>The same quality system, policies, procedures, and paper based resident files will continue to be used. The new owners will continue with the similar outlay of business plan for 2021-2026. The current owners from the facility will support the new owners through the transition process. The proposed date of sale is 30 April 2025. The same national supplier contracts will be continued to be implemented.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Brooklands Care on Timandra has a documented quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits, satisfaction surveys, complaints, compliments and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin tears, complaints, restraints). The registered nurse and the facility manager complete a monthly clinical and quality update that is presented at the monthly staff meetings.</p> <p>Meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Although staff meetings have been completed as scheduled, management/quality meetings and internal audits have not been completed as scheduled and minutes of the management/quality meetings do not always provide evidence of discussion of key quality and risk areas to inform governance. Collation of data related to incidents and accidents were documented as taking place with corrective actions documented where</p>

	<p>indicated, to address service improvements. Quality data and trends in data are posted as part of the staff meeting minutes when completed. Quality data analysis including benchmarking, and complaints management provides an avenue for critical analysis of work practices to ensure health equity. Ethnicity data is linked to benchmarking data. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori.</p> <p>An annual family/whānau survey was completed for 2024. The results of the 2024 family/whānau satisfaction survey results demonstrate an overall satisfaction with services being provided. Family/whānau and staff received the results. Family/whānau interviewed were satisfied with service delivery.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. 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. Policies are regularly reviewed. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety is incorporated and discussed as part of the management/quality and staff meetings. The health and safety representative was interviewed and confirmed they have received training to support their role. Identifications of any hazards are documented, and an up-to-date hazard register was reviewed (last reviewed September 2024). Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff meetings. Staff incidents, hazards and risk information is collated at facility level, reported in the management/quality meetings. There were no serious incidents reported since last audit.</p> <p>Electronic reports are completed for every incident/accident. A monthly summary is provided against each clinical indicator. Results are discussed in meetings and at handover. The incident/accident forms do not always evidence appropriate and timely follow-up by a registered nurse (link 3.2.4) with clear identification of opportunities to minimise future risks.</p>
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		<p>Discussions with the facility manager reflected their awareness of the requirement to notify relevant authorities in relation to essential notifications through Section 31 notifications but not with the Health Quality Safety Commission SAC reporting processes. Section 31 notifications to HealthCERT have been completed for changes in management and one for resident absconding. There were no notifications made to Health Quality Safety Commission since July 2024.</p> <p>There have been two outbreaks since the last audit which were appropriately reported. Interview with staff and family/whanau confirmed that these were appropriately managed.</p> <p>The prospective purchaser on interview confirmed that they will continue with implementation of the current quality and risk management programme with the support of SGIL quality advisor. The same policies and procedures will be implemented and have been updated to align with 2021 Ngā Paerewa Services Standard. The facility and clinical lead (from sister facility) will continue to assume oversight of clinical governance.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Interview with family/whanau confirmed that call bells are responded to in a timely manner and care staff reported there were adequate staff to complete the work allocated to them.</p> <p>Rosters reviewed do not always evidence sufficient number of healthcare assistants on each shift or backfilled when staff were absent on short notice. Staffing for the facility comprises of a registered nurse who works four hours a day Monday to Friday and does the remaining four hours each day at the sister facility. The facility manager works part time Monday to Friday. The clinical on call cover is shared between the registered nurse and the facility and clinical lead at the other sister facility. The facility manager is on call 24/7 for any operational concerns. There is at least one medication</p>

	<p>competent healthcare assistant on each shift.</p> <p>There are separate staff allocated to non- clinical duties including maintenance, housekeeping and the kitchen. Interviews with care staff, confirmed that their workload is manageable. Staff and resident's family/whānau are informed when there are changes to staffing levels, evidenced in staff and family/whanau interviews.</p> <p>There is a documented annual education and training schedule. The education and training schedule lists compulsory training which includes cultural awareness, dementia, de-escalation, and challenging behaviours; however, this has not been evidenced as being implemented as scheduled. Competencies are completed by staff, which are linked to the education and training programme. Healthcare assistants are required to complete annual competencies for medication, health and safety, infection prevention and control, and moving and handling. A record of completion is maintained.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. There was evidence that staff have completed the required training. Māori staff and family/whanau also share information and whakapapa experiences to support learning about and address inequities with staff as confirmed during interviews.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently eight of the thirteen healthcare assistants have attained an NZQA level 3 or above qualification. Two healthcare assistants have attained their dementia standards, one is enrolled and in progress and the remaining 11 have not completed the required unit standards (six have been employed for more than 18 months).</p> <p>The registered nurse has completed the required competencies, including syringe driver, medication management and interRAI assessment. The registered nurse is encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including pandemic and</p>
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		<p>outbreak management)</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities.</p> <p>The prospective owner was interviewed and confirmed that there will be no immediate changes to staffing levels but will be interviewing staff as per the transition plan schedule. They plan to provide all staff with education and training consistent with the current training plan and as required by standards and contractual requirements.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Five staff files (one registered nurse, two healthcare assistants, one diversional therapist and one maintenance person) reviewed evidence implementation of the recruitment process, employment contracts, police checking and performance reviews.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator and infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) nurse practitioner, registered nurse, pharmacists, physiotherapist and podiatrist. Staff who had been employed for over a year have an annual appraisal completed.</p> <p>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 programmes support staff to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available and used in line with health information standards. Following</p>

		any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a documented policy providing guidelines to safeguard clinical documentation. 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.</p> <p>The resident files are paper based and 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.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility and clinical lead (from the sister facility) is the privacy officer and there is a pathway of communication and approval to release health information. 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>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</p>	FA	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the need for dementia level of care required. The operations lead and the registered nurse screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for family/whānau at entry, with specific information regarding admission to the dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Information about the service is made available to referrers, potential residents, and their families/whānau. Resident agreements contain all details required</p>

<p>communicated to the person and whānau.</p>		<p>under the age-related residential care contract (ARRC). The admission agreements reviewed meet the requirements of the ARRC contract and were signed and dated appropriately. Exclusions from the service are included in the admission agreement.</p> <p>The operations lead and registered nurse are available to answer any questions regarding the admission process. The service communicates with potential family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service collects ethnicity information at the time of admission from individual residents and family/ whānau, with the facility being able to identify entry and decline rates for Māori. There are linkages with Māori communities and the staff who identify as Māori are available to support residents and whānau who identify as Māori.</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>PA Moderate</p>	<p>Five resident files were reviewed. The registered nurse is responsible for conducting all assessments and for the development of care plans. Consent forms for assessments and delivery of care were completed and signed by family/whānau.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to falls, pressure injury risk, behaviour, continence, oral, nutrition, skin, and pain. For the resident files reviewed, the outcomes of the assessments are used as the basis of the long-term care plan. InterRAI assessments and long-term care plans have been developed within the required timeframes. All residents have a behaviour assessment and a behaviour plan, which identify associated risks, triggers, and strategies for managing/diversion of behaviours. The care plans did not always include a 24-hour reflection of close to normal routine for the resident with interventions, to assist healthcare assistants in management of the resident behaviours. This is a recurring issue from the previous audit.</p> <p>The service supports Māori and whānau to identify their own pae ora outcomes in their care plan. Specific cultural assessments are</p>

	<p>completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment. Care plan evaluations in the files reviewed demonstrated progress towards meeting the goals.</p> <p>The service contracts a nurse practitioner and general practitioner from a local medical practice who are available on call during office hours and thereafter the staff contact after hours service. Residents in the files reviewed had been assessed by the nurse practitioner or general practitioner within two to five working days of admission. The nurse practitioner has completed three-monthly reviews. The nurse practitioner was interviewed and commented positively on the care provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, and mental health services for older people is available as required through Health New Zealand. A physiotherapist is available as needed.</p> <p>Healthcare assistants interviewed could describe a handover at the beginning of each duty that supports continuity of service delivery. Healthcare assistants complete the progress notes every shift. The registered nurse documents in the progress notes at least weekly. There is regular documented input from the general practitioner/nurse practitioner and allied health professionals.</p> <p>When a resident's condition alters, the registered nurse initiates a review with the general practitioner or nurse practitioner. The family/whānau communication logs provided evidence that family have been notified of changes to health, including infections, accident/incidents, general practitioner/nurse practitioner visits and medication changes. This was confirmed through the interviews with family/whānau.</p> <p>There were no wounds being treated at the time of the audit. There is a documented process of assessments and wound management plans when there is a wound. The registered nurse can seek clinical advice</p>
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		<p>from the facility and clinical lead (registered nurse) based at Brooklands on Timandra sister site. Healthcare assistants and the registered nurse interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; and blood glucose levels. Monitoring charts had been completed as applicable and as scheduled. The behaviour chart entries described the behaviour, triggers, intervention to de-escalate behaviours, including re-direction, activities, and effectiveness. These are routinely evaluated by the registered nurse. Neurological observations have been completed for unwitnessed falls as part of post falls management. Incident reports reviewed are completed according to operating policy (link: 2.2.5), however there was no evidence of registered nurse follow-up with the incidents on either the incident forms or in the progress notes.</p> <p>Short-term care plans are developed for short-term issues such as infections, weight loss, and wounds, and are incorporated into the long-term care plans as indicated.</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>	FA	<p>Brooklands Care on Timandra employs a diversional therapist who works 15 hrs a week. The diversional therapist is supported by healthcare assistants to facilitate the programme. A weekly programme is displayed on the noticeboards. Residents participate in a range of activities that are appropriate to their cognitive and physical capabilities. These include (but not limited to): exercises; board games; newspaper; music; reminiscing; sensory activities; church services; craft and van trips. Those residents who prefer to stay in their room or who need individual attention, have one-on-one visits to check if there is anything they need and to have a conversation. The facility has a van available for outings.</p> <p>The service ensures that staff support Māori residents in meeting their</p>

		<p>health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. This is through engagement with local school kapa haka groups, visiting marae as guided by kaumātua residents in the service, and using Māori words and phrases. The facility actively supports residents to maintain links with the community. Interactions observed on the day of the audit evidenced meaningful engagement between residents and staff. Waitangi Day, Matariki and Māori language week are celebrated with appropriate resources available.</p> <p>Entertainers visit regularly and special events like birthdays, St Patricks day, Matariki, Easter, Father's Day, Anzac Day, Christmas, and theme days are celebrated. On the day of the audit there was a visiting musician who residents were observed enjoying.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the resident's past hobbies and present interests, career, and family. Family/whānau complete the 'my life story' assessment which also informs the activity care plan. Resident files reviewed identified comprehensive activity plans based on the resident's assessed needs. Not all resident files reviewed had sufficient interventions recorded in the activities/DT plan to guide staff over 24 hours, that would include strategies for distraction, de-escalation, and management of challenging behaviours (link 3.2.3). Activity plans are evaluated at least six-monthly at the same time as the interRAI assessment and long-term care plan evaluation. Family/whānau and residents can provide feedback through one-on-one feedback and family/whānau meetings.</p> <p>Residents observed and family/whānau interviewed expressed satisfaction with the activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Healthcare assistants who have completed medication competencies and the registered nurse, are responsible for medication administration. The registered nurse and medication competent healthcare assistants who administer medications have been assessed for competency on an annual basis.</p>

<p>blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>Staff were observed to be safely administering medications. The registered nurse and healthcare assistants interviewed could describe their role regarding medication administration. The service uses robotic rolls for regular medications, blister packs for short course medicine, and boxes for 'as required' medications.</p> <p>Medications were appropriately stored in the medication room. The medication fridge and medication room temperature is monitored daily and weekly respectively, with recorded temperatures sighted within acceptable ranges. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There are residents requiring controlled drugs. There is safe storage and monitoring processes in place.</p> <p>All eyedrops and creams have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the general practitioner or nurse practitioner. Ten electronic medication charts were reviewed. All medication charts reviewed identified that the general practitioner or nurse practitioner had reviewed them three-monthly, and each medication chart had photo identification and allergy status identified. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication has been documented in the electronic medication system. The service does not use standing orders and there are no vaccines kept on site. Due to the nature of the service, there were no residents self-administering medications.</p> <p>The clinical files included documented evidence that the EPOAs/family/whānau are updated about medication changes, including the reason for changing medications and side effects. The registered nurse described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Interview with the prospective purchaser confirmed the medication management system will remain unchanged.</p>
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<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>	<p>FA</p>	<p>The meals at Brooklands Care on Timandra are all prepared and cooked at the sister site. Food is transported in hot boxes to the facility, with temperature checks completed as per regulations (records sighted). The service employs a full-time kitchen lead who is experienced, has a food service qualification and works across the two Brooklands facilities. The kitchen lead is supported at Brooklands Care on Timandra by healthcare assistants who are responsible for serving the meals, cleaning dishes, and maintenance of food safety standards.</p> <p>The kitchen was observed to be clean and well organised, and a current approved food control plan was in evidence. There is a four-week seasonal menu that is designed and reviewed by a registered dietitian. The kitchen lead receives resident dietary information from the registered nurse and is notified of any changes to dietary requirements (vegetarian, pureed foods, special diets) or of any residents with weight loss. The kitchen lead (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes, and religious or cultural preferences. Care staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. There are 24/7 snacks, including fruit and sandwiches available for residents. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. These are all within safe limits. Meals are plated in the kitchen and immediately served to the residents in the adjacent dining room. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Residents were observed to be enjoying their meals. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, are available for residents to maintain independence with meals. Healthcare assistants interviewed are knowledgeable regarding residents’ food portion size and normal food and fluid intake and</p>
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		<p>confirm they report any changes in eating habits to the registered nurse and record this in progress notes.</p> <p>The residents and families/whānau can offer feedback on a one-to-one basis, during meetings and through surveys. Interview with the prospective purchaser confirmed there will be no immediate changes made to the menu.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form; copies of medical history; admission form with family/whānau contact details; resuscitation form; medication charts; and last nurse practitioner or general practitioner consultation records. The families/whānau were involved for all discharges and transfers to and from the service. Discharge notes are saved in the resident records and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>There is a current building warrant of fitness that expires 6 May 2025. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a part-time maintenance supervisor who works Monday to Friday. This role undertakes maintenance of the site, contractor management and gardening. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an 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 as required. There are adequate</p>

	<p>storage areas for the hoist, wheelchairs, products, and other equipment. The healthcare assistants interviewed stated they have all the equipment referred to in care plans to provide care.</p> <p>The building is secure and is a spacious facility that caters for 28 residents. There is a reception area, kitchen, communal areas such as lounge, dining areas and visitor toilets. There is a 'sun porch' at the end of the lounge which can be separated from the main lounge by doors. There are storage rooms, a sluice room that is operational and a linen cupboard. Each bedroom has its own hand basin with free-flowing soap and paper towels for hand hygiene. Equipment and furnishings are appropriate for the service being provided.</p> <p>There are eight double rooms with curtains for privacy. On the day of the audit, all rooms were single occupancy. The building is on a flat section. The facility has sufficient space for residents to mobilise using mobility aids.</p> <p>A variety of seating is provided to meet all resident's needs. Flooring is carpet tiles or vinyl and maintained in very good condition. Installations, walls and floorings are in good condition. At the end of a resident corridor a screen door had recently been installed to allow for additional ventilation. During the audit a resident was observed requiring support from staff to get over the lip of the door frame that is now exposed because of the screen door installation. Secure external areas are safely maintained and were appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the garden with shade areas for the residents. There are handrails throughout the facility including in hallways, bathrooms, and communal toilets. There are adequate numbers of accessible bathroom and toilet facilities throughout the unit. Communal toilets and showers have a system that indicates if they are vacant or occupied. Fittings, fixtures, and flooring is appropriate. All rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Equipment/accessories are available to promote resident independence.</p> <p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. Residents and their families/whānau are</p>
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		<p>encouraged to personalise their bedrooms as sighted on the day of the audit. Family/whānau interviewed, confirmed the bedrooms are personalised according to the residents' individual preferences.</p> <p>The operational lead and owner reported when there is a planned development for the building, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>The prospective purchaser has no immediate plans to change the environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/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 on 10 November 2022. Fire evacuation drills have been completed every six months, with the last one completed 14 March 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, the service can access a generator from a contracted provider and gas for cooking is available. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with at least three litres per person per day, for a minimum of three days. Emergency lighting can run for at least two hours if not more. Emergency management is included in staff orientation and training plan. Staff are trained in first aid, however review of the roster demonstrated there is not a first aid trained staff member on each shift.</p> <p>There are call bells in all resident bedrooms, bathrooms, toilets, and lounge/dining room areas. The call bell alerts are automatically sent to the mobile phones held by staff on duty and on the day of the audit,</p>

		<p>staff were observed to be responsive to call bells that had been activated. Residents were observed to have their call bells in proximity when in their rooms. 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. The facility is always secure, including external security lighting and systems. Visitors have access to the facility by pressing a doorbell with staff opening the front door and exit is by entering a number combination on a keypad at the main door and front gate. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the business plan and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The infection control coordinator has access to personnel with expertise in infection control and AMS. Expertise is accessed from Public Health, Health New Zealand and the nurse practitioner who can supply infection control resources. There is a documented pathway for reporting infection control and AMS issues to the owner. The infection control coordinator reports pandemic analysis to the management/quality meeting when it occurs. Outbreak of other infectious diseases is reported if and when they occur. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, management, the nurse practitioner, and the Public Health team.</p> <p>There are adequate resources to implement the infection control programme. The infection control coordinator is responsible for implementing the infection control programme, liaises with management and staff who meet monthly as part of the management/quality meeting and staff meeting and as required. Infection control reports have been discussed at staff meetings and not consistently at the management/quality meetings (link 2.2.2). The</p>

		<p>infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p> <p>The prospective purchaser on interview confirmed that they will continue with implementation of the current infection prevention and control (IPC) and antimicrobial stewardship (AMS) programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually by the facility manager and the facility and clinical lead (at sister facility) and is linked to the quality and business plan. A registered nurse is the infection control coordinator. A documented and signed role description for the position is in place.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), were accessible and observed to be used appropriately. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Brooklands Care on Timandra has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator has input when infection control policies and procedures are reviewed.</p> <p>The infection control coordinator completed infection control training and is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand</p>

		<p>hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have all completed infection control education in the last 12 months. The infection control coordinator has access to an online training system with resources, guidelines, and best practice. Infection control audits have not always been completed as scheduled (link 2.2.2).</p> <p>The facility manager with discussion with infection control coordinator has responsibility for purchasing consumables. All other equipment/resources are purchased through the operations lead. Infection control coordinator stated they will have input into significant changes to the building, which will occur with collaboration and support from cultural advisors and owners. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Aseptic techniques are promoted through hand hygiene, sterile single use wound packs for wound management and appropriate use of PPE. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff interviewed explained provision of culturally safe service.</p> <p>The prospective purchaser will implement the same infection control and AMS programme. The registered nurse will maintain the role of infection control coordinator.</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>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the nurses, and management/quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at appropriate meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at facility level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, and nurse practitioner notes.</p>

		<p>The prospective purchaser on interview confirmed that they will continue with implementation of the antimicrobial stewardship (AMS) programme.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (registered nurse) uses the information obtained through surveillance to consider infection control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the staff and management/quality meetings (link 2.2.2). Meeting minutes are available to staff. Ethnicity data is included in benchmarking of infection control data at facility level. Review of benchmarking data shows consistently low infection rates at Brooklands Care on Timandra. The infection control coordinator interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to minimise the risk of infection spreading when required and to keep family/whānau up to date on any infections of concern.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about importance of hand hygiene, and requirements if appropriate for isolation. Clear culturally safe communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>There have been two outbreaks since last audit; gastroenteritis related outbreak in July 2024, and Methicillin Resistant Staphylococcus</p>

		<p>Aureus (MRSA) infection between July and August 2024. The outbreaks were well documented with debrief completed identifying what went well and areas of improvement in place for the outbreaks. They were well managed and reported appropriately. Family/whānau were updated regularly through the outbreaks. Staff interviewed stated they were confident in their ability to manage the outbreaks.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility.</p> <p>There are no changes planned to the surveillance programme by the prospective purchaser.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements a waste management policy that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility. There is a training plan which includes education related to waste management chemical training and infection control; however, not all staff have been evidenced as completing the required training (link 2.3.4).</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks.</p> <p>Cleaning services are not provided seven days a week (link 2.3.1). Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are appropriately labelled. There are designated space in the locked laundry room for the safe and hygienic storage of cleaning equipment and chemicals. Cleaning staff are aware of the requirement to keep cleaning equipment and chemicals in sight.</p> <p>All laundry is completed by healthcare assistants on site. The safe and hygienic collection and transport of laundry into colour coded bags was witnessed. There is a laundry on site with a clear dirty to clean flow</p>

		<p>area. Staff interviewed confirm there is enough linen for the needs of the residents. Residents' woollen items and mop heads are laundered separately. Residents' clothing is labelled and personally delivered to their rooms by staff once sorted. Family/whānau confirmed satisfaction with laundry services in interviews. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. The policy details consultation required with the infection control coordinator. There was no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits have not been completed by the infection control coordinator as scheduled (link 2.2.2).</p> <p>The prospective purchaser confirmed the laundry service will remain onsite, and there will be no changes to cleaning 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 director demonstrated an understanding of and commitment to maintaining a restraint-free environment for residents at Brooklands Care on Timandra. There are current policies that reflect best practice and meet the restraint minimisation standard around restraints. The director would be made aware of instances of restraint in management/quality meetings (link: 2.2.2).</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with family/ whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Brooklands Care on Timandra will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free with no residents using restraints. The registered nurse (restraint coordinator) confirmed that Brooklands Care on Timandra is committed to providing services to residents without use of restraint, thus maintaining a restraint-free environment. The use of restraint (if any) would be reported in the management/quality, clinical and staff meetings. Challenging behaviour training related to sundowning, and behaviour and psychological symptoms of dementia (BPSD) is on the training</p>

		<p>schedule (link: 2.3.4). The training includes reference to policies and procedures related to restraint, cultural practices, and de-escalation strategies.</p> <p>Interview with the prospective purchaser confirmed governance commitment to eliminate restraint and maintain a restraint free environment at Brooklands Care on Timandra. The prospective purchaser interviewed is well versed with their responsibilities in respect of restraint minimisation and safe practice.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.6.3</p> <p>My service provider shall practise open communication with me.</p>	PA Low	<p>The accident/incident forms have a section to indicate if next of kin/EPOA/welfare guardian have been informed of an accident/incident. Correspondence is also documented in the progress notes. Five of twelve accident/incident forms and resident records reviewed identified next of kin/EPOA/welfare guardian were not always kept informed.</p>	<p>There is no documentation to evidence that next of kin/EPOAs/welfare guardian have been notified following incidents/accidents in five of twelve records reviewed.</p>	<p>Ensure resident records provide evidence of next of kin/EPOA/welfare guardian notifications following incidents/accidents.</p> <p>90 days</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>	PA Low	<p>Brooklands Care on Timandra has a documented quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits, satisfaction surveys, complaints, compliments and through the collection of</p>	<p>(i). Management/quality meetings have not been completed as scheduled.</p> <p>(ii). The management/quality meeting minutes reviewed do not evidence discussion of all key quality and risk</p>	<p>(i). & (iii). Ensure meetings and internal audits are completed as scheduled.</p> <p>(ii). Ensure meeting minutes evidence robust discussion of key quality</p>

		<p>clinical indicator data. The registered nurse and the facility manager complete a monthly clinical and quality update that is presented at the monthly management/quality meetings; however, management/quality meetings have not been completed as scheduled.</p> <p>Management/quality meeting minutes sighted were for Jan, Apr – October 2024 and January 2025 instead of monthly. The management/quality meeting minutes reviewed did not include evidence of discussion of all key quality and risk issues including (but not limited to) accident and incidents, infection prevention and control, health and safety, complaints, staff training and corrective actions related to internal audits are not always discussed. These have only been discussed and documented in the August and October meeting minutes.</p> <p>There is evidence of discussion of key quality and risk management issues in the staff meetings that have been completed monthly. Family/whanau meeting was completed as scheduled in November 2024.</p> <p>There is a schedule of annual internal audits to be completed; however, internal audits have not been completed as scheduled. For the audits completed corrective actions have been implemented and signed off when achieved.</p>	<p>management issues to inform governance in decision making.</p> <p>(iii). Internal audits have not been completed as scheduled.</p>	<p>and risk issues.</p> <p>90 days</p>
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<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA Low</p>	<p>Each incident/accident is documented on the paper-based incident / accident form. The twelve incident/accident forms and corresponding progress notes reviewed did not always indicate assessment and follow-up of incident by a registered nurse (link 3.2.4). The incidents reviewed did not always show the correct categorisation of severity assessment code (SAC) in line with the National adverse events reporting policy. Interview with the facility manager and registered nurse evidenced lack of awareness of the national policy and reporting requirements to Health Quality and Safety Commission in relation to essential notifications. There have been no documented SAC reports completed since last audit.</p> <p>Review of incident reports and progress notes from the files reviewed and interviews with staff evidenced that there were events that may have been missed being reported to HQSC</p>	<p>(i). The current policy related to accident and incident reporting has not been updated to reflect the National Adverse Events Reporting policy.</p> <p>(ii). Incidents and accidents are not currently categorised with links to the SAC criteria.</p>	<p>(i). Ensure policy is updated to meet current standards.</p> <p>(ii). Ensure incident and accident are categorised in line with SAC criteria as per the National Adverse Events Reporting policy.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>Review of two weeks roster showed that there were two uncovered shifts each weekend (one cleaner and one short shift in the morning). There was no evidence of backfilled shifts when staff were absent on short notice. Over a two-week period four short shifts were not covered.</p>	<p>There were vacant shifts on the roster that were not filled. Shifts were not always backfilled for short notice absenteeism.</p>	<p>Ensure that the roster is fully covered at all times.</p> <p>90 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure</p>	<p>PA Moderate</p>	<p>Staff who work in the dementia unit have not completed the require four-unit</p>	<p>Not all staff who work in the dementia unit have completed</p>	<p>Ensure that all staff who work in the dementia unit</p>

<p>their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>		<p>standards as per ARRC agreement E4.5f. Of the thirteen healthcare assistants who work in the dementia unit, two have attained their dementia standards. Of the eleven staff who have not completed the required unit standards, five have been employed for less than 18 months and six have been employed for more than 18months (with one enrolled for the four dementia unit standards).</p>	<p>the required dementia unit standards as per ARRC agreement E4.5f.</p>	<p>have completed the required dementia unit standards.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>There is a documented annual education and training schedule for 2024 and 2025. The education and training schedule lists compulsory training which includes cultural awareness, dementia, de-escalation, and challenging behaviours. However, not all training has been completed as scheduled. There was no evidence of training including (but not limited) to challenging behaviour, falls, health and safety, pain, restraints, food handling and civil defence being completed.</p> <p>Review of the attendance records for care staff training related to mandatory topics were inadequately attended (showed that less than 50% of staff had completed it). This included training topics including, but not limited to, chemical safety, informed consent, nutrition and hydration, and pressure injury.</p>	<p>(i). Mandatory training has not been evidenced as completed as scheduled.</p> <p>(ii). The attendance numbers documented for care staff related to core topics provided were inadequately attended.</p>	<p>(i). Ensure training is completed as scheduled.</p> <p>(ii). Ensure all staff complete the required training.</p> <p>90 days</p>
<p>Criterion 3.2.3</p>	<p>PA</p>	<p>There are policies in place related to assessment and support planning.</p>	<p>Five of five care plans did not include a 24-hour reflection of</p>	<p>Ensure that all care plans reflect 24-hour</p>

<p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>	<p>Moderate</p>	<p>Individualised activities plans are developed based on the resident's Life Story and the goals identified in the long-term care plan. These plans make up part of the long-term care plan. In five files reviewed the activities plan did not always include a 24-hour reflection of close to normal routine for the resident, with detailed interventions to assist healthcare assistants in management of the resident behaviours.</p>	<p>close to normal routine for the resident, with detailed interventions to assist healthcare assistants in management of the resident behaviours.</p>	<p>management of the resident behaviours.</p> <p>90 days</p>
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<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>The facility completes an incident form when resident incidents occur. Incident forms are completed for physical and behavioural incidents. Incident forms were seen to have been completed according to policy; however, there was no evidence of registered follow-up on either the incident form or recorded in the progress notes. Family/whānau interviewed confirmed they are notified of changes to their family/whānau members health status including incidents. The nurse practitioner was interviewed and is notified of changes of resident health status in a timely manner.</p>	<p>There was no evidence of registered nurse follow-up of incidents either on the incident form or in the progress notes.</p>	<p>Ensure that there is evidence of registered nurse follow-up with resident incidents.</p> <p>90 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>At the end of a resident corridor a screen door had recently been installed to allow for additional ventilation. During the audit a resident was observed requiring support from staff to get over the lip of the door frame that is now exposed because of the screen door installation.</p>	<p>There is a lip on the exit for one external fire door which does not support safe exit of residents to the outdoor space.</p>	<p>Ensure there is safe access to for residents to outdoor spaces.</p> <p>90 days</p>

<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Moderate</p>	<p>The roster across a two-week period, and staff files were reviewed. There was no evidence that the facility has a first aid trained staff member on every shift as required.</p>	<p>Review of the roster does not demonstrate that there is a staff member who is first aid trained on each shift.</p>	<p>Ensure there is always a first aid trained staff on duty.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.