

Presbyterian Support Central - Brightwater Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Presbyterian Support Central

Premises audited: Brightwater Home

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

Dates of audit: Start date: 2 June 2022 End date: 3 June 2022

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: 48

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 tatou 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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Brightwater Home is owned and operated by Presbyterian Support Central (PSC) organisation. The service provides hospital, rest home, and dementia level care for up to 58 residents. On the day of the audit, there were a total of 48 residents:

Presbyterian Support Central has an overall business/strategic plan, philosophy of care, and mission statement, 2021/2022 - Enliven Central Business Plan. Brightwater Home has a facility-specific business plan which includes overall intent for the year and progress reporting.

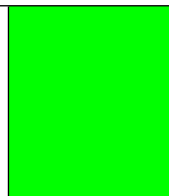
This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The facility manager has 28 years of nursing experience and 16 years with Enliven facilities. She is supported by the clinical nurse manager and the clinical coordinator who are both experienced nurses.

This certification audit identified that improvements are required in relation to care plan interventions, training, and restraint monitoring.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



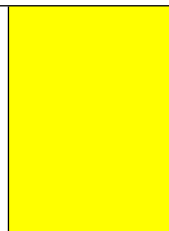
Subsections applicable to this service fully attained.

PSC Brightwater Home provides an environment that supports resident rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There are policies, procedures, and processes in place to embed and enact Te Tiriti o Waitangi in all aspects of its work.

PSC has a Maori Health Plan which was developed in partnership with local Whanganui Kaumātua, whānau, residents, and staff. There are residents who identify themselves as Māori residing at Brightwater Home. Residents are involved in providing input into their care planning, activities, and dietary needs. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

PSC has an overall Quality Monitoring Programme (QMP), and a strengths, weaknesses, opportunities, and threats (SWOT) analysis is included as part of the strategic and business plan. The QMP includes performance monitoring through internal audits, the collection of clinical indicator data, and an internal benchmarking system. Internal audits for 2022 were completed and required corrective actions were identified and followed up. Consumer surveys were completed in 2021 and survey results show above Enliven average and improvements from the 2020 survey in most areas of performance indicators. Brightwater Home has actively utilised data from incidents and infections to monitor performance against other PSC services and an internal benchmarking around quality indicators are implemented.

Human resources are managed in accordance with good employment practice. A role-specific orientation programme is in place. The service ensures the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
--	--	--

Residents are assessed by the need’s assessment service coordination service prior to admission to determine the required level of care. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents’ needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The service has information on the code of rights available for Māori, in English and in te reo Māori.

The electronic care plans demonstrate service integration; there is a plan in place for registered nurses to review assessments and care plans at least six-monthly. Short term care plans have been reviewed in a timely manner. The organisation has developed

their own electronic resident management system. Resident files are electronic and included medical notes by the general practitioner, and allied health professionals.

The diversional therapist provides and implements 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.

Medication policies reflect legislative requirements and guidelines. The registered nurse is responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking is prepared and cooked onsite in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. There are three spacious dining rooms. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan has been registered.

Policies and procedures are implemented around the transfer and discharge of residents.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
---	--	--

The building has a current warrant of fitness. 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, all have full en-suites and sliding doors providing access to a decked area.

Emergency systems are in place in the event of a fire or external disaster. There is 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.

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

<p>Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
---	--	---

Infection control policies and procedures are documented. Enliven has a comprehensive pandemic plan and a dedicated Covid response team. 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 the Board.

The infection control coordinator is a registered nurse with support from the clinical nurse manager. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources including Bug Control and the district health board. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. 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 practises through meetings, and education sessions

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and laundry duties. 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

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service partially attained and of low risk.
--	--	---

Brightwater Home is working towards the elimination of restraint use. The Safe Restraint (Herenga Haumaru) policy has been updated and Enliven and Brightwater continually work in partnership with Māori to ensure services are mana enhancing and use the least restrictive practices. Brightwater currently has one resident with a restraint (bed rail and safety seat harness), which is reduced from four restraint use in January 2022.

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	25	0	3	0	0	0
Criteria	0	159	0	3	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>Presbyterian Support Central (PSC) Brightwater Home has policies, procedures, and processes in place to embed and enact Te Tiriti o Waitangi in all aspects of its work. PSC has a Māori Health Plan which was developed in partnership with local Whanganui Kaumātua, whānau, residents, and staff. It incorporates the Māori Health Strategy (He Korowai Oranga), Dr Mason Durie’s Te Whare Tapa Whā, The Treaty of Waitangi Principles (Partnership, Participation, Protection), and The Eden Alternative ten core principles and seven domains of wellbeing, creating communities where people have companionship, variety, fun, a sense of belonging, meaningful activity and purpose.</p> <p>There are residents who identify themselves as Māori residing at Brightwater Home. Residents are involved in providing input into their care planning, activities, and dietary needs. The staff interviewed described how care is based on the four cornerstones of Māori health Te Whare Tapa Whā. Care plans included the physical, spiritual, family/whānau, and psychological health of the</p>

		<p>residents. Interviews with the Māori residents and staff confirmed that the service is actively supporting Māori by identifying their needs and aspirations. Staff complete the Oranga Kaumātua/Wellness map which addresses the domains of Te Taha Wairua/Spiritual wellbeing, Te Taha Hinengaro/Mental and Emotional wellbeing, Te Taha Tinana/Physical wellbeing, and Te Taha Whānau/Family and social wellbeing. The work is in progress to complete all the Oranga Kaumātua/ Wellness map for all residents.</p> <p>PSC internally distributed a tuakiri (identity) survey in 2021. The purpose of the survey was to further understand who they are as a work whānau. The survey gathered information about their kapa's ethnicity, homeland, iwi, spoken languages, te reo Māori proficiency and sexual and gender identity. Ethnicity data is gathered when staff are employed, but this was not consistent. The facility manager advised that PSC-wide ethnicity data gathering information is a work in progress. The service supports increasing Māori capacity by employing more Māori staff members. There are currently staff members who identify as Māori. One staff member interviewed stated that they are supported in a culturally safe way and that their mana is respected.</p> <p>Brightwater Homes local connections include Best Care (Whakapai Hauora) Charitable Trust – Palmerston North, Manawhenua, the health, disability support, and social service arm of Tanenuiarangi Manawatu Incorporated, the iwi authority for Rangitaane O Manawatu and Mid Central Health's Maori Health Unit Pae Ora Paiaka Whaiora Hauora Māori Health Directorate.</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</p>	<p>Not Applicable</p>	<p>Brightwater Home currently has no residents and staff who originate from the Pacific islands. Should a Pasifika resident be admitted to the facility, the facility has an interim plan for managing care so that their needs can be adequately met. Te Whare Tapa Whā Policy reference to Responsiveness to Pacific Island, Indian, Asiatic, and other clients from varied cultural backgrounds. The existing plan, which is linked to the residents with different cultural backgrounds, does not adequately address Pasifika. PSC office is</p>

<p>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>working towards the development of a Pacific Health Plan. Work is underway to partner with a Pasifika organisation or individual who identifies as Pasifika to provide guidance for the development and implementation of a Pacific health plan. The role of these partnerships is expected to expand as the needs of Pacific populations are identified and expanded through the development of a Pacific health plan.</p> <p>The facility manager advised that family members of Pacific residents will be encouraged to be present during the admission process to support the initial and long-term care plans.</p> <p>The service is actively recruiting new staff. The facility manager described how they would encourage and support any staff that identified as Pasifika through the employment process.</p> <p>Interviews with 16 staff (four registered nurses, seven healthcare assistants (HCAs), one laundry staff, one cleaner, one chef, and two diversional therapists), and eight residents (seven hospital and one rest home) and five family members/whānau (two dementia and three hospital) and documentation reviewed identified that the service puts people using the services, whānau, and communities at the heart of their services.</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 Code of Health and Disability Services Consumers' Rights is displayed at reception in English and te reo Māori. Details relating to the Code are included in the information provided to new residents and their family/whānau. The clinical nurse manager or the clinical coordinator discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. Staff have received education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through a comprehensive three-year compulsory training programme. Advocacy services are</p>

		<p>linked to the complaints process.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service. They were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English and te reo Māori. Brightwater Home has access to interpreter services and cultural advisors/advocates if required and has established relationships with local Māori organisations. There are also links to spiritual support, including a chaplain. There is a chapel in the facility.</p> <p>The staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Interactions observed between staff and residents during the audit were respectful. The service is actively working to ensure that the service recognises Māori mana motuhake.</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>Registered nurses and HCAs interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in.</p> <p>The PSC annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect.</p> <p>Internal audits include staff knowledge around consumer rights and residents' privacy audit in 2022 which showed respectively 96% and 100% compliance.</p> <p>A sexuality and intimacy policy is in place and staff receive training around intimacy and sexuality. Staff interviews confirmed understanding around this.</p>

		<p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>Enliven is working towards rolling out an ongoing training and development programme that includes a number of training topics. These include a) Te Tiriti o Waitangi and impact of colonialism on Māori training b) Tikanga Māori training, c) Te Ao Māori training d) Pepehā training e) Developing an Enliven Māori Health Plan training f) Pae Ora intranet page to provide staff with easy access to tikanga and te reo resources, iwi and g) hapu links and other key resources.</p> <p>Staff interviews confirmed that they understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training is last provided in 2020 and scheduled in July 2022.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services</p>	<p>FA</p>	<p>There are policies and procedures that outline safeguards to protect people from abuse, and staff follow a code of conduct. Staff interviewed were knowledgeable around abuse and neglect, including what to do should there be any signs of such practice.</p> <p>Staff receives bi-yearly training around the code of rights which includes abuse and neglect. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. A</p>

<p>are safe and protected from abuse.</p>		<p>staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions as well as a commitment to working in a multi-cultural way and affirms the place of Māori as tāngata whenua and seeks to actively promote the spirit of equality and partnership inherent in the Treaty of Waitangi. Interviews with registered nurses, diversional therapists and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure well-being outcomes for their Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Review of resident's progress notes and 15 electronic accident/incident forms (March-May 2022) identified families/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes and communication was open and effective. Information was provided in an easy-to-understand format and English.</p> <p>The staff know how to access interpreter services. Staff have access to a translation app on their work electronic devices.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and the DHB specialist services. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>Informed consent and advance directive policy and related form is in place. There are documented instructions for staff in the policy if</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>the resident does not have an advance directive in place. Discussions with healthcare assistants and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms.</p> <p>Informed consent processes are discussed with residents and families on admission. Written general consents for photographs, release of medical information, and medical cares were signed at the same time as the admission agreement. There were consent forms for flu and Covid-19 vaccinations given.</p> <p>The service welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved.</p> <p>Training has been provided to staff around code of rights, informed consent and enduring power of attorney (EPOA) in August 2020. Enduring power of attorney evidence is filed in the residents' electronic charts and activated where required. Resident files reviewed in the dementia unit all had activated EPOAs in place.</p> <p>Advance directives for health care including resuscitation status had been completed where residents were deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. Resident files/progress notes included evidence that where appropriate, the service actively involve whānau in decisions including consent that affect their relative's lives. The service is working towards a process to apply the appropriate best practice tikanga guidelines in relation to consent. Staff training on pae ora is scheduled for next month for all staff.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints on the complaints register; both verbal and written. Discussion with the facility manager confirmed her knowledge of complaint management, resolution, and escalation. There were no</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>complaints logged in the complaint register in 2021 or 2022 (year-to-date). A review of a complaint logged in 2020 showed that documentation including follow-up letters, investigation, and resolution demonstrates that the complaint is being managed in accordance with guidelines set by the Health and Disability Commissioner. The facility manager advised that staff and the PSC Enliven office would be informed of complaints (and any subsequent corrective actions) via direct reporting and staff meetings.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and understood their right to make a complaint and knew how to do so. Complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern.</p> <p>Staff were able to describe the complaints process and a Māori staff member was able to describe how they worked with Māori people specifically so that any complaints could be heard. A Māori resident interviewed stated they have no complaint and if so, knows how to raise issues to the management.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Brightwater Home is owned and operated by the Presbyterian Support Central organisation. Enliven is the name for services for older people and people living with disability, provided by the seven Presbyterian Support organisations in New Zealand.</p> <p>Brightwater provides hospital, rest home, and dementia level care for up to 58 residents. On the day of the audit, there were a total of 48 residents: 23 hospital residents, two rest home residents, and 23 dementia level residents. Included in the total occupancy numbers were four residents who are under a Ministry of Health contract for young persons with disability care (three at hospital level and one at rest home level of care). The remaining 44 residents were under the DHB age-related residential contract (ARRC).</p>

		<p>The Board of Governance of Presbyterian Support Central (PSC) consists of nine members, a majority of whom are members of either the Presbyterian Church of Aotearoa New Zealand (or its successors) or any cooperative venture church. The Board meets monthly with management and receives updates across the business. The Audit and Risk Committee of the Board meets bi-monthly to monitor all compliance activities of the business. An annual Legislative Compliance Statement is prepared to confirm compliance with relevant legislation.</p> <p>Presbyterian Support Central has an overall business/strategic plan, philosophy of care, and mission statement, 2021/2022 Enliven Central Business Plan. Brightwater Home has a facility-specific business plan which includes overall intent for the year and progress reporting.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed, and PSC continue to update their policies to meet the 2021 standard. New policies or changes to policy are communicated to staff.</p> <p>Enliven advisory groups include: Quality Advisory Group (QAG), Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG) and Product Advisory Group (PAG). Advisory Groups are compiled of staff, residents, whānau, and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet 3 – 4 times per year and develop policies and procedures. All senior Enliven staff are expected to sit on at least one of these groups.</p> <p>The Enliven Cultural Advisory Group (CAG) was established in 2018 with the goal of improving its environment, policy, and practices to better support Māori health and wellbeing. The CAG is made up of Māori staff, residents, whānau, kaumātua, and iwi representation from the local area where the group meetings are</p>
--	--	--

		<p>currently held. This group has now subdivided to mini-CAG which focuses on the needs of Māori and the main CAG which will start to work on the needs of Pasifika and other ethnic groups living in Enliven Homes.</p> <p>PSC is working towards achieving service delivery changes to address inequity within Enliven Homes with the assistance of the Cultural Advisory Group and input and advice from Māori staff and whānau. Recruitment for PSC board level representation, the Te Aka Pauho (the Maori Synod) is currently underway. Strategic and business planning documents align with Ministry of Health strategy, the Maori Disability Action plan, and the government's strategic plan to achieve outcomes for tāngata whaikaha. There is a meaningful representation on the governance body regarding tāngata whaikaha.</p> <p>Infections are monitored and reported back to the clinical director each month. Internal and external benchmarking is undertaken, and this is reported back to the Audit and Risk committee bi-monthly along with remediation.</p> <p>PSC board is committed to ensuring the homes achieve a restraint-free environment. The clinical director (or delegate) has operational responsibility for ensuring the commitment to restraint.</p> <p>PSC is committed to ensuring staff receive appropriate training by supporting the professional development of RNs, HCAs, and domestic services staff to a level required for them to be able to provide a high standard of care.</p> <p>The facility manager has 28 years of nursing experience and 16 years with Enliven facilities. She is supported by the clinical nurse manager and the clinical coordinator who are both experienced nurses. The facility manager and clinical nurse manager both confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p>
--	--	---

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>PSC has an overall Quality Monitoring Programme (QMP) and a strengths, weaknesses, opportunities, and threats (SWOT) analysis is included as part of the strategic and business plan. The QMP includes performance monitoring through internal audits, the collection of clinical indicator data, and an internal benchmarking system. The facility manager and clinical nurse manager have completed internal audits for 2022 as part of the audit schedule and required corrective actions were identified and followed up.</p> <p>The senior team meeting acts as the quality committee and monitors progress with the quality programme/goals through the monthly senior team meeting. Review of meeting minutes showed extensive information provided to staff.</p> <p>Consumer surveys were completed in 2021 and 11 relatives and 12 residents have participated. Consumer survey results show above Enliven average and improvements from the 2020 survey in most areas of the survey.</p> <p>Enliven follows the Eden philosophy to deliver person-centred care. This is underpinned by the aim to alleviate loneliness, boredom, and helplessness in the elderly. Brightwater is certified for 10 Eden philosophies. Eden activities are continuing; however, it has been noted that due to the impact of Covid-19, Brightwater has had a reduced ability to deliver activities requiring external visitors (e.g. schools).</p> <p>As part of the quality system, Enliven has advisory groups that cover various aspects of their service. These groups are made up of central office and home representatives, who meet at least three times a year to develop policies and oversee implementation. These advisory groups are responsible for ensuring that services provided by Enliven meet the needs of the residents in their homes. Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>Enliven uses an internal benchmarking system utilising information from its electronic resident management system. This benchmarks</p>
--	-----------	--

		<p>indicators across all Enliven Central homes, and all levels of care. Brightwater Home has implemented and actively utilises data from incidents and infections to monitor performance against other PSC services. Improvement plans are implemented when the home is below benchmark in any area.</p> <p>There is an internal corrective action register where recommendations, findings, and remedial actions from all sources, (e.g. complaints, internal and external audit results, incident and accident analysis), can be found in one place for monthly review by the home senior team. The facility manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and the development of mitigation strategies. Enliven continue to implement health checks of the facility. Once a year, each home is peer-reviewed by senior staff from other homes. It helps Enliven to make improvements at all their homes, based on the learnings from the health checks. Brightwater Home had its last health check completed in March 2022.</p> <p>Staff document adverse and near-miss events. A sample of 15 incident forms reviewed showed these were fully completed. Incidents were investigated, and corrective action plans were developed and followed up in a timely manner. The facility manager understood and has complied with essential notification reporting requirements. There have been four section 31 notifications completed in 2022. These are related to a) appointment of a new clinical nurse manager, b) demolition of security dementia unit boundary wall by a neighbour, c) externally acquired Stage 4 pressure injury and d) a shortage of RNs at the facility.</p> <p>The health and safety programme operates under the umbrella of a health and safety commitment made by the PSC CEO and general managers. The health and safety programme is managed electronically, and this enables the PSC office to manage and monitor hazards and accidents or incidents in real-time. Health and safety is an agenda item at all meetings and every third staff meeting has a health and safety focus. Staff receive health and</p>
--	--	---

		safety induction on employment and ongoing training as part of the education programme. The hazard register is up to date.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care. The facility adjusts staffing levels to meet the changing needs of residents. At least one staff member on duty has a current first-aid certificate. All registered nurses maintain interRAI competency.</p> <p>There is a three-year in-service education programme, but the delivery of the programme was affected by the lack of staff at times due to Covid-19. Enliven has a professional development recognition programme for registered nurses and enrolled nurses that have been approved by the nursing council. Brightwater has embedded cultural values and competency in its mandatory training programmes, including Te Tiriti o Waitangi and Tikanga practices. This will start in July 2022. Staff are encouraged to participate in learning opportunities that provide up to date information on Māori health outcome, disparities and health equity. Presbyterian Support Central have invested in and developed organizational-wide expertise in staff health equity.</p> <p>The facility manager oversees two facilities: Willard (rest home only) and Brightwater. The clinical nurse manager works full-time Monday to Friday with support from a clinical coordinator who works Sunday to Thursday. There is registered nurse cover within the hospital/rest home wings and one registered nurse is rostered for each 8-hour shift over 24 hours/7 days a week. There are six registered nurses who support Brightwater 24/7. There is ongoing advertising in place for HCAs and registered nurse positions to cover annual leave and staff absenteeism.</p> <p>The clinical coordinator provides oversight to the dementia unit along with an enrolled nurse cover in the dementia unit. The clinical nurse manager and registered nurses share the clinical on-call cover. There is a first aid trained member of staff on each shift as well as medication-competent staff. Healthcare assistants reported a supportive culture, and registered nurses were readily</p>

		<p>available to assist and support when needed. Staff reported feeling well supported and safe in the workplace. Māori staff reported feeling culturally safe. There are policies and procedures in place around wellness, bullying, and harassment.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio.</p> <p>A competency programme is in place. Core competencies have been completed, and a record of completion and register is maintained. Registered nurses completed training through the Enliven core competency training programme. Registered nurse-specific training viewed included syringe drivers, palliative care, reflective practice, wound care, and first aid.</p> <p>HCA staffing in the rest home/hospital (two rest home residents including one YPD) and 23 hospital level residents (including three YPD).</p> <p>Morning shift hospital/rest home. There are six HCAs on the morning shift: 1x 8 am-3.15 pm, 1x 8 am-3 pm, 1x 7 am-3 pm, 1x 6 am-2 pm, and 2x 7 am-1 pm.</p> <p>Afternoon shift hospital/rest home. There are five HCAs on the afternoon shift: 1x 3 pm-11.15 pm, 1x 3 pm-11 pm, 2x 3 pm-9 pm and 1x 4.30 pm- 9 pm. One shift in afternoon duty is specified as “swing” and this shift is filled when acuity increases.</p> <p>There are two HCAs in the hospital/rest home on the night shift.</p> <p>The dementia unit has 23 residents; HCA staffing includes.</p> <p>Morning shift dementia unit (7 am-3 pm): There are three full shift staff.</p> <p>Afternoon shift dementia unit (3 pm-11 pm). There are two full shift</p>
--	--	--

		<p>staff and one HCA from 3 pm-9.30 pm.</p> <p>Night shift dementia unit (11 pm-7 am): There is one HCA on shift with support from the hospital/rest home.</p> <p>There are designated staff for activities, cleaning and laundry services, and food services.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Challenges arise when staff call in as unavailable. Good teamwork amongst staff was highlighted during the staff interviews. Staff from the sister site is called to assist to fill gaps in the roster when available. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</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 management policies are in place, which include the recruitment and staff selection and retention process. Relevant checks are completed to validate the individual's qualifications and experience as evidenced in the eight staff files selected for review (two RNs, the clinical nurse manager, the clinical coordinator, two healthcare assistants, one laundry staff, and one diversional therapist). All files contained a job description, completed orientation, and current performance appraisal if it is due. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation. Staff interviewed stated that they believed new staff were adequately orientated to the service. Copies of practicing certificates for RNs and allied health professionals were sighted.</p> <p>The service demonstrates that the orientation programme supports registered nurses and HCAs to provide a culturally safe environment to Māori. Professional boundaries are defined in job descriptions which include a commitment to working in a multi-cultural way and affirms the place of Māori as tāngata whenua and seeks to actively promote the spirit of equality and partnership inherent in the Treaty of Waitangi. Information held about staff is</p>

		kept secure, and confidential. Ethnicity data is identified during the employment process, but this was not consistent. There are plans in place to maintain an PSC organization-wide employee ethnicity database.
<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>All residents' information is electronically recorded and uniquely identifiable. All necessary demographic, personal, clinical, and health information was fully completed in the residents' electronic records sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards.</p> <p>Electronic information (such as policies and procedures, quality reports, and meeting minutes) are backed up and password protected, and no personal or private resident information was on public display during the audit.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>As part of its internal audit programme, the service regularly monitors its records as to the quality of the documentation and the effectiveness of the information management system. The recent resident record review audit shows 100 % compliance (June 2022).</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>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The prospective residents are screened by the facility nurse manager and clinical nurse manager.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The management team described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing,</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The clinical nurse manager records all enquires in the electronic resident management system, admissions and declined referrals. This information is extracted into occupancy reports at management level. This report will include ethnicity moving forward as the electronic system is being upgraded to allow access to that information.</p> <p>The service receives referrals from the NASC service, the DHB, Hospice and directly from residents or whānau.</p> <p>The service has an information pack (compendium) relating to the services provided at Brightwater which is available for families/whānau and residents prior to admission or on entry to the service and kept in the resident room. The admission agreement includes provision of services and charges for services, exclusions from the service. Informed consent agreements are scanned into the resident electronic file. Brightwater has a person-centred and Eden philosophy approach to services provided. A welcome to your Enliven booklet is given to each resident at admission with information on who's who, settling in, your place - your space, your way - your life, your health -your wellbeing, and explanation of the Eden philosophy. Admission agreements reviewed were signed for seven resident files reviewed and aligned with contractual requirements. Interviews with residents and family all confirmed they received excellent information at entry and communication was good. The service includes information about other support services, such as community support groups, when communicating with the person and their whānau.</p> <p>The service identifies and implement supports to benefit Māori and whānau. An organisational cultural advisor is available to support Māori and whānau through the admission process. The service continues to develop meaningful partnerships with Māori</p>
--	--	--

		communities and organisations to benefit Māori individuals and whānau.
<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>	PA Low	<p>The care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. There are clinical policies in place to guide clinical staff in best practice to support early identification of deteriorating health.</p> <p>The service has recently introduced Oranga Kaumātua – a wellness map to assist in gathering information about the resident’s family, whānau, physical, mental, spiritual, and cultural needs for all residents. Family are asked to assist the resident to complete the booklet which focuses on Enlivens philosophy of care based on the Eden alternative and Te Whare Tapa Whā model of health. The Te Whare Tapa Whā model of health describes the four cornerstones of Māori health, Te Taha Wairua (spiritual), Te Taha Hinengaro (mental and emotional), Te Taha Tinana (physical) and Te Taha Whānau (family and social) wellbeing. The sections prompt the individual on a range of states including but not limited to identity, autonomy, security, meaning, growth, connectedness, and joy related to the four cornerstones of health. This is being rolled out to new residents and is in the progress of including all existing residents.</p> <p>Seven electronic resident files were reviewed: three hospital (including one resident on a YPD contract) one rest home and three dementia level. A registered nurse had undertaken an initial assessment, including a range of functional assessments (health management, functional, dietary, and nutritional, continence, cognitive function, emotional spiritual and cultural) and developed an initial care plan for all residents on admission. The YPD resident had an initial care plan and risk assessments completed, repeat assessments and long-term care plan completed.</p> <p>The clinical coordinator and registered nurses are responsible for conducting all assessments and for the development of care plans.</p>

		<p>There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the resident electronic file. Residents and whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans to support residents to identify their own pae ora outcomes. The service supports all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making.</p> <p>Staff described how the care they deliver is based on the four cornerstones of Māori health 'Te Whare Tapa Whā'. Care plans include the physical, spiritual, family, and mental health of the residents. For end of life care the electronic care plan has the option to use Te Ara Whakapiri. The vital information section of the care plan alerts HCAs of particular concerns. The stop and watch section is utilised for new residents and residents with acute concerns.</p> <p>The care plans on the electronic resident management system were resident focused and individualised. However, not all long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term care plans are documented and evaluated regularly. If not resolved, they are added to the long-term care plan.</p> <p>Residents have the choice to remain with their own GP, however there is a 'house' general practitioner (GP) who provides medical</p>
--	--	--

		<p>services to residents. The GP visits twice a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP stated he is notified via phone, text, or email in a timely manner for any residents with health concerns including after hours. All GP notes are entered into the electronic system. The GP commented positively on the care the residents received. Allied health care professionals involved in the care of the resident included, (but were not limited to) physiotherapist, district nurse, speech language therapist, clinical nurse specialist for mental health of the older person and dietitian.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit occurs.</p> <p>There were two residents with wounds on the day of audit (both dementia residents) with a total of two chronic skin lesions. The electronic wound care plan documents a wound assessment with supporting photographs, the wound management plan and evaluations are documented. On interview the clinical coordinator advised that one of three enliven nurse consultants are available at all times and will assist specialist support if required. The GP has input into chronic wound management.</p> <p>The palliative care nurse from the hospice meets with the clinical nurse manager monthly to discuss residents of concern however this is not currently required. An electronic wound register is maintained. All registered nurses attend three study days a year. Training days include wound management and care training.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p>
--	--	---

		<p>Monitoring charts included (but not limited to) weights, observations including vital signs, behaviour monitoring, blood glucose levels, weight, turning schedules and food and fluid intake, and all monitoring charts were implemented according to the care plan interventions.</p> <p>Initial care plans for long term residents reviewed were evaluated by the registered nurses within three weeks of admission. The GP has reviewed residents three monthly. Short term care plans are regularly reviewed and if the issue is not resolved within three weeks, the short-term care plan is completed, and interventions were added to the long-term care plan. Evaluations are documented six monthly and evidence progress towards meeting goals.</p> <p>Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes.</p> <p>Healthcare assistants and registered nurses interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic programme. The call bell system alerts staff through sound and display monitors located in every area.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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</p>	FA	<p>The activities programme is provided by one diversional therapist and two recreation officers (one of which is currently enrolled and completing her DT qualification), who provide activities from Monday to Sunday. The diversional therapist collates a social profile using the Oranga Kaumātua wellness map which provides information about the resident's family, whānau, physical, mental, spiritual, and cultural needs. The information is entered into the electronic system under assessments and then arranges what is important to that resident and develops an activities plan based on the information gathered. The RNs record some information and include this into the long-term care plan. The care plan includes spirituality and religious preferences. The diversional therapist maintains attendance records and uses these to document</p>

<p>satisfying to them.</p>		<p>progress notes. An internal audit completed in 2022 evidenced 100% compliance.</p> <p>Residents receive a copy of the weekly programme which has the daily activities displayed and includes individual and group activities. The diversional therapist endeavours to include previous hobbies and interests to the planner. There are monthly themes for example, Matariki, Queens Birthday, Waitangi Day, Māori language week, Easter, and Christmas. Enliven identifies social calendar requirements with activities suggestions to meet physical, cognitive, creative social, sensory, spiritual, and domestic needs. The weekly planner includes but is not limited to baking, sewing, craft, gardening, bingo, exercises, ball games, bowls, newspaper reading, pet therapy, armchair travel, skittles and many more. Armchair travel is a favourite and has included a trip to London, the Edinburgh tattoo, and a trip to Waitangi where residents enjoyed entertainment from a kapa haka group. The activities staff stated one-on-one activities include, wheelchair walks, massage, shopping, manicures, reading, and sensory activities. Residents are involved in make and sell activities including candles, soaps, fudge, aprons, cards, and baby knitting. On the day of audit, the service celebrated Queens birthday and the residents were involved with crafts to decorate the lounge and making corsages to wear for the occasion.</p> <p>Māori celebrations included Māori language week, when all the doors were labelled with Māori equivalents, Matariki with making kites, and Waitangi Day. Activities include Māori art adult colouring pictures, making pois, teaching Te Ao Kori (using poi as a physical activity for elders) singing Māori songs, making Māori korowai (cloaks). When the new dementia kitchen was opened, the service celebrated with an opening ceremony whakatau. A resident opened the ceremony with a karakia and the eldest resident at the facility assisted a labour MP to cut the ribbon. Residents' activities have included teaching residents to introduce themselves with a pepeha.</p> <p>The needs of younger residents are accommodated. The diversional therapist ensures she takes the time so all residents can</p>
----------------------------	--	---

		<p>live their best lives.</p> <p>This audit was held under orange level Covid restrictions, which has limited community involvement. The service has strong links within the community, there is a library on site with books of interest for residents, in a range of fonts and audible books. Van rides are scheduled weekly, which used to include lunches and picnics, with the Covid restrictions, van rides are now drives to places of interest selected by the residents including the esplanade, Timona Park, Himatangi beach and McDonalds drive through for ice creams.</p> <p>Residents provide feedback in a range of forums including informal monthly sharing circles and formal monthly resident meetings. Residents provide informal daily feedback to the diversional therapist.</p> <p>There is one non-English speaking resident in the facility. The diversional therapist has engaged with staff who speak the same language and with the resident's family. Activities staff described how they greet the resident with a traditional greeting. The diversional therapist and care staff also use communication boards in extra-large font, where the resident could read and identify a single word in the resident's native language.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in two medication rooms. The internal audit schedule includes medication management. The medication management and controlled drug internal audit evidenced 100% compliance in April 2022.</p> <p>Registered nurses administer medications, and all have completed medication competencies. Senior healthcare assistants complete 'second checker' competencies. The pharmacist has visited the facility to provide education sessions around medications. Registered nurses have completed syringe driver training. All medication blister packs are checked on delivery against the electronic medication charts. There were no residents who self-administer medications on the day of the audit. There are no</p>

		<p>standing orders or 'nurse initiated' medications used. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. There are no agency staff administering medications. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy, there were no expired drugs on site on the day of the audit.</p> <p>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management describe working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food services are overseen by a qualified chef. All meals and baking are prepared and cooked on site. All food service staff that are involved in cooking have completed food safety training. The Food Control Plan was verified on 12 January 2022. The five weekly summer and winter menu has been approved and reviewed by a registered dietitian. The chef (interviewed) reviews resident dietary requirements on a report generated from the electronic resident management system. The chef is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes including a section on the international dysphasia diet standardisation initiative (IDDSI) level of food and fluid texture requirements. Swallowing difficulties are recorded on the care</p>

		<p>plan. The service caters for residents who require texture modified diets, finger foods and other foods. Specialised utensils and lip plates are available as required. Snacks were available as required for residents in the dementia care area.</p> <p>The kitchen is centrally located adjacent to the main dining room. Meals are placed in a bain-marie for serving with one unit taken to the dementia unit and one to the other hospital area and the other served to residents in the main dining room adjacent to the kitchen. Tray service is available for residents who choose to dine in their rooms. The dining rooms are on the side of the kitchen. The dining areas are spacious. The menu is displayed at the dining room door so residents can easily see what is on the menu for the day. All staff have an understanding of tapu and noa. Staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature and transferred to the hot box until serving when it is transferred to the bain-marie and served. The internal audit schedule includes a food service audit. The last internal audit in 2022 evidenced 100%.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Residents and relatives interviewed were complimentary of the food services. The chef is involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested. Following feedback from residents, the service has reviewed the menu to increase fresh food options for light meals and diversified the meal options to include meals that appeal to a broader ethnic range. One change was offering a big breakfast or café style meal every Saturday lunch time with invitations to</p>
--	--	--

		families to join them.
<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>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care.</p> <p>There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. Where appropriate or requested, residents and whānau are advised of their options to access health and disability support services, social supports or kaupapa Māori agencies. Referral documentation is maintained on resident files. Discussion with the registered nurses identified that the service accesses support either through the GP, specialists, and allied health services as required. There is evidence of referrals for re-assessment from rest home to hospital level of care.</p> <p>The service utilises the 'pink envelope' system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the pink envelope system. A verbal handover is provided. Referral to other health and disability services is evident in the resident files reviewed.</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</p>	FA	<p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 7 April 2023. The maintenance person works fulltime across Brightwater and a sister facility (Monday to Friday). There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is a weekly, monthly, three monthly, six monthly and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>temperatures. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment has been completed and medical equipment, hoists and scales were last checked and calibrated in May 2022. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care.</p> <p>Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Residents were observed moving freely around the areas with mobility aids where required. The external gardens have seating and shade. There is safe access to all communal areas.</p> <p>The dementia unit provides a home-like therapeutic environment. The unit is secure with secure gardens and safe pathways. Outdoor spaces provide opportunity for walking, and gardens are designed to provide for sensory stimulation.</p> <p>All rooms are single occupancy. Two rooms have ensuite facilities. All other rooms have hand basins. There are identified communal and visitor toilets within the facility with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>The facility is divided into three wings: dual-purpose Tui and Herron wings and a secure dementia unit known as Kiwi wing. There is a centralised foyer/reception area opening onto a spacious lounge and dining room. There is a dining room in the dementia unit and a spacious dining room shared by rest home and hospital residents. There are alternative small lounge areas. Activities takes place in the lounge areas. There are seating alcoves throughout the facility. There is safe access to gardens. All communal areas are easily</p>
--	--	--

		<p>accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light and ventilation. There are radiators and heat pumps which can be individually adjusted.</p> <p>There are environmental audits and building compliance audits, which are completed as part of the internal audit schedule. The maintenance audit conducted in August evidenced 100% compliance. There are no plans for building projects, or further refurbishments, however if this arises, the organisation are open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/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 case of an emergency. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The fire drill was last held on 5 April 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a garage located close to the central kitchen. The contents are checked monthly. All supplies including food stores are checked monthly. In the event of a power outage there are two back-up generators and gas cooking. There are adequate supplies in the event of a civil defence emergency to provide three litres per person for three days including a 5000-litre water tank. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal</p>

		<p>toilets and lounge/dining room areas. Indicator lights are displayed above resident doors to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families 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. Currently, under Covid restrictions visiting is restricted. Visitors are instructed to press the doorbell for assistance.</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>The annual infection control plan is developed by the management team at Enliven. The plan is reviewed at the annual infection control and prevention annual study days including nurse consultants, with input from specialists as required. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document. The board and organisational management team knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The infection control coordinator is a registered nurse who has been in the role for two years and has a signed job description that outlines the role and responsibilities of the role. The clinical nurse manager supports the infection control coordinator. The infection control team consists of all staff and infection control is a topic at all staff meetings which includes representatives from each area. Infection control reports including benchmarking are presented at the senior team monthly meetings. Reports and minutes are available to staff. The infection control coordinator logs each individual infection. The infection control coordinator and clinical</p>

		<p>nurse manager described reporting requirements. The results and analysis of the data collated each month are reported to the management team and the Board. All data is benchmarked within the organisation. The Māori health plan ensures staff are practicing in a culturally safe manner.</p> <p>The service has an established outbreak management plan. There have been no outbreaks at PSC Brightwater, however the infection control coordinator and the clinical manager interviewed described the debrief meeting they would have following an adverse event to evaluate what went well, what could have been done better and discuss any learnings to promote system change and reduce risks.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control policies and procedures are available to staff and include (but not limited to), outbreak management, vaccinations, apron usage, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved by the board, who receive monthly reports around infection control matters.</p> <p>The infection control coordinator (registered nurse) provides an infection control report to the facility manager. The report is discussed at quality/staff and registered nurse meetings. The report is forwarded to the Enliven quality advisory group.</p> <p>The organisation is a member of Bug control, and the infection control coordinator interviewed described support from the infection control specialist from the district health board. The organisation has close liaison with the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including infection control and Covid-19. The infection control coordinator described utilising the MOH website for information as needed. There are a suite of policies and procedures available to staff to guide them around safe practices.</p> <p>The infection control coordinator described utilising the online training system, Ministry of Health (MOH) sites. The infection control coordinator has completed an online infection control course</p>

		<p>and an annual Enliven infection control and prevention study day which included (but by no means limited to) antimicrobial stewardship, standard precautions, and isolation procedures. Staff education around infection control commences at induction to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Infection control education provided in May 2022 focused on outbreak management. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal protective equipment (PPE). Registered nurses are required to complete competencies prior to insertion, management, and removal of invasive, indwelling medical devices using aseptic technique.</p> <p>Staff follow the Covid outbreak minimisation and management policy which is available for all staff. All staff have been double vaccinated, and most residents are double vaccinated. Visitors are being asked to be double vaccinated or there will be restrictions in visiting. All new residents are encouraged to be double vaccinated. Personal protective equipment (PPE) is ordered through the MOH, and stock balance is maintained to support any possible outbreak. Adequate PPE stocks were sighted in the centrally located store, which is accessible to all staff.</p> <p>The infection control coordinator and the management team monitor the change in levels and the number of cases in the community, so they are ready for an outbreak in the local community. Hospital acquired infections are collated along with infection control data. The section of the infection prevention and control policy on disinfection and sterilisation includes detailed instructions for all current equipment. All equipment used for wound care are single use only. Reusable equipment such as blood pressure equipment, and hoists are wiped between use with hospital grade disposal wipes. The policy describes a high level of disinfection is required (e.g. tweezers, nail clippers, otoscope use).</p> <p>Infection control is included in the internal audit schedule, held in</p>
--	--	--

		<p>September 2021 evidenced 100 % compliance.</p> <p>This audit was undertaken during Covid-19 orange level restrictions. The main door is locked to the facility to ensure compliance with limited visiting restrictions. All staff, visitors and contractors must make an appointment and are required to wear a mask while in the facility. All visitors and contractors are required to be double vaccinated and complete a rapid antigen test before entering the facility.</p> <p>The service is not planning significant changes to the existing building or new building however if they were, management advised they would seek clinical input from an infection control perspective. The service is involving cultural representation on how te reo Māori can be incorporated into infection control information for Māori residents, while acknowledging the spirit of Te Tiriti.</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>	<p>FA</p>	<p>The antimicrobial stewardship section of the infection prevention and control policy aims to reduce the use of antibiotics generally and ensure antibiotics are used effectively. The policy is approved by the governance body and appropriate for the size, scope, and complexity of the service. Three monthly reports on anti-microbial usage and resistance are collated then analysed by the nurse consultant at the Enliven office, who completes benchmarking.</p> <p>The registered nurses ensure the timely and accurate assessment and reporting of infections and liaise with the GP for appropriate treatment. Each infection must meet specific criteria. A multidisciplinary approach is taken before prescribing an antimicrobial which includes the registered nurse/infection control coordinator, clinical coordinator and CNM and GP, the pharmacist, the resident, and their whānau. The GP is responsible for the diagnosis and treatment, and the RN is responsible for ensuring the optimal treatment is provided, and accurate documentation using the electronic resident system. The registered nurses interviewed described using clinical judgement when completing a care plan for infections considering that some infections can be self-limiting, especially when it is caused by a virus such as the common</p>

		<p>flu/colds. Alternative interventions should also be considered before the use of antimicrobials. Examples are increasing fluid intake, improving hand hygiene practices the use of Ural sachets etc.</p> <p>All infections are logged on an individual infection care plan which includes all demographic information and short-term care information. This generates a monthly report, which is fully analysed and discussed at meetings. The infection control coordinator collates data around the type of infection, type of antimicrobial used and the duration of the treatment.</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>	FA	<p>The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control. Infection monitoring is the responsibility of the infection control coordinator. All infections are entered into the electronic database, which generates a monthly analysis of the data. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. There is an end-of-month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly comparisons of data. Benchmarking occurs internally with the sister facility. Outcomes are discussed at the infection control team meeting, clinical, quality, staff, and management meetings. A monthly report is prepared and included in the board reports.</p> <p>All staff and most residents have received the required Covid-19 vaccinations. All visitors, entertainers and contractors are required to be double vaccinated.</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>	FA	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are to be available in the combined</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>sluice/laundry. Personal protective equipment including gloves, aprons and goggles are available for staff throughout facility. The sluice is located in the laundry in the hospital wing. The sluice/laundry is secure with a keypad. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning policies and procedures. Laundry is completed on site. There is a defined dirty to clean flow in the laundry. The laundry is equipped with two commercial washing machines (one small and one large) in the dirty area. The two dryers are situated in the clean area/folding room. The room is key locked. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to residents' rooms and linen cupboards situated around the facility. The laundry assistant interviewed was knowledgeable around infection control practise and management of infectious laundry.</p> <p>The cleaner's trolley is locked away in the cleaner's cupboard when not in use. All chemicals on the cleaner's trolley were labelled and in original containers, chemicals are stored in the lockable cupboard in the cleaning trolley when in use. The cleaner interviewed could easily describe processes in line with current best practice including the use of colour coded cloths and mops. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. Staff have completed chemical safety training.</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>FA</p>	<p>Brightwater Home is working towards the elimination of restraint use. The Safe Restraint (Herenga Haumaru) policy has been updated and Enliven and Brightwater continually work in partnership with Māori to ensure services are mana enhancing and use the least restrictive practices. Brightwater currently has one resident with a restraint (bed rail and safety seat harness), which is reduced from four with restraint use in January 2022.</p> <p>The clinical nurse manager is the restraint coordinator. In the interview, she described the focus on maintaining a restraint-free</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint-free environment and therefore upholding the 'mana' of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standard. The restraint coordinator has a defined role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint training was provided several times in 2022 to capture all staff. Restraint protocols are covered in the orientation programme, and restraint use is identified as part of the quality programme and reported at all levels of the organisation. A training register supports management in monitoring those staff who have not completed training or competencies are out of date. Restraint use is discussed at staff meetings.</p> <p>The Resident Safety Group (RSG) is an organisation-wide group that meets annually, and the agenda is chaired by the clinical director or one of the nurse consultants. The RSG team is planned to undertake the following key tasks: a) Review the findings from home restraint audits annually. b) Discuss the implementation by homes of the Safe Restraint (Herenga Haumarū) policy. c) Communicate any resident safety issues to the Enliven senior team. d) Review the organisations policies and procedures related to restraint use. e) Review and discuss organisational strategies aimed at creating a restraint-free environment and f) Contribute to the reviews of staff education frameworks and competency programmes in relation to restraint use.</p> <p>An interview with PSC general manager confirmed that the board is committed to ensuring their homes achieve a restraint-free environment. The clinical director (or delegate) has operational responsibility for ensuring the commitment to restraint elimination.</p>
<p>Subsection 6.2: Safe restraint</p>	<p>PA Low</p>	<p>The service actively reviews restraint as part of the internal audit and reporting cycle. Reviews are completed three monthly or</p>

<p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>sooner if a need is identified. The restraint coordinator monitors restraint usage and relevant incidents/accidents. Annual organisational restraint meetings and reviews are documented.</p> <p>The assessment and approval process for restraint use included the restraint coordinator, registered nurses, resident or family/whānau representative and medical practitioner. This process was also discussed at the clinical meetings. Restraint is only initiated as a last resort.</p> <p>The assessment process includes alternatives and identifies interventions and strategies that have been tried or implemented. One resident was placed on the restraint register with a bedrail and a safety harness. A restraint assessment had been completed, which linked to the care plan. The care plan includes interventions, risks, and monitoring requirements for both the bed rail and the safety harness.</p> <p>Records reviewed identified the regular two-hourly monitoring when restraint in use was not always recorded. Progress notes describe restraint events. The restraint use is reviewed at least three monthly and the last review was completed on 27 April 2022. The review considered those listed in 6.2.7. The resident and family/whānau are involved in the review.</p> <p>The restraint policy includes clear guidelines around the use of emergency restraint. There have been no events of emergency restraint at Brightwater.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, reviewing data, and implementing improvement activities. Brightwater includes the use of restraint in their annual internal audit programme. Residents' record reviews are undertaken as part of the internal audit. The last audit was completed on 1 June 2022. The outcome of the internal audit goes through to the clinical meetings and the combined quality/staff meetings on a monthly basis. These reports are also accessible by the Enliven office. Restraint use, restraint incidents, and education</p>

<p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>needs are discussed at these meetings. The restraint coordinator described how corrective actions would be implemented where required.</p> <p>PSC Enliven is committed and aims for a restraint-free environment in which the dignity and mana of residents are maintained. Restraint is used only where it is clinically indicated, justified and when all other strategies have been ineffective in maintaining the safety of the residents, staff, and others.</p>
---	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</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>	PA Low	<p>There is a three-year in-service education programme, but the delivery of the programme was affected by the lack of staff at times due to Covid-19. Individual record of training attendance is maintained. Training days are evaluated, and training opportunities are identified. Review of individual staff training records showed that not all staff has minimum 8 hours training. Enliven has a professional development recognition programme for RNs and enrolled nurses that has been approved by the nursing council. All six RNs, including the clinical nurse manager, have completed interRAI training.</p>	<p>1) The education programme for the past two years has not been fully implemented due to Covid-19 interruption on staffing.</p> <p>2) Fourteen staff members work in the dementia unit. Five of those have completed required dementia standards. Three of those have been employed by the service over 12 months did not have their qualifications. The remaining staff were employed by the service less than eight months.</p>	<p>1) Provide evidence that education and training is being conducted for all staff as per education and training plan.</p> <p>2) Ensure that staff who work in the dementia unit have completed required dementia standards.</p> <p>90 days</p>

<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Low</p>	<p>Care plans are evaluated three-monthly for hospital residents and six-monthly for rest home residents. Evaluations document changes against each section however not all sections have been reviewed at least six monthly and evaluations do not always include progress towards meeting goals.</p>	<p>1). The goals do not always evidence if goals have been met.</p> <p>2). Not all sections of the care plan have been evaluated at least six-monthly.</p>	<p>1). Ensure all evaluations document progress towards meeting the goals.</p> <p>2). Ensure all sections of the care plan are evaluated at least six-monthly.</p> <p>90 days</p>
<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined</p>	<p>PA Low</p>	<p>Restraint assessment process has been completed by the restraint coordinator and frequency of monitoring is detailed in the resident's care plan. Monitoring of restraint use is mainly completed by</p>	<p>Restraint monitoring was required at least two hourly when restraint is in use. A review of a three-week period from May to June 2022 showed that on a number of occasions including three full</p>	<p>Ensure that restraint monitoring is recorded as planned.</p>

<p>by a registered health professional and implemented according to this determination.</p>		<p>the HCAs.</p>	<p>days, restraint monitoring was initiated at the beginning of the shift, and monitoring was not recorded including if a restraint (safety belt) was released at some part of the day.</p>	<p>90 days</p>
---	--	------------------	---	----------------

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 of this audit.

No data to display

End of the report.