APPQ Limited- Torbay Rest Home

Introduction

This report records the results of a Partial Provisional Audit; 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:	APPQ Limited
Premises audited:	Torbay Rest Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 12 September 2022 End date: 13 September 2022

Proposed changes to current services (if any): 10 rest home beds have been converted to a second10-bed dementia unit. This will increase overall dementia care beds to 20 across two units. Total bed capacity will remain the same at 52 beds. (20 dementia beds and 32 rest home level of care).

Total beds occupied across all premises included in the audit on the first day of the audit: 31

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

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

This audit report is for a combined Partial Provisional Audit and Certification Audit. The summary of attainment of partially attained subsection/criteria relate to the Partial Provisional audit. The coloured indicators are specific for the attainment against the Certification 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.

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

Indicator	Description	Definition
	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
	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

Torbay Rest Home provides rest home and dementia levels of care for up to 52 residents. During the audit there were 37 residents receiving services.

This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contract with Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff.

A concurrent partial provisional audit was also completed to verify 10 reconfigured rest home level of care beds to dementia beds. Dementia beds will increase to 20 (across two 10-bed units) and rest home beds will decrease to 32 beds. With the reconfiguration,

bed capacity will remain at 52 beds. The audit identified the reconfigured rooms, staff roster, equipment requirements, established systems and processes are appropriate for the reconfiguration.

The partial provisional audit identified improvements required around orientating to the new unit and obtaining a code of compliance.

The certification audit identified the service meets the intent of the standards.

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.

There is a Māori and Pacific health plan and ethnicity awareness policy with a stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

Residents and families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The

residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

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

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.		Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. The owner/directors are actively involved with services provided.

The purpose, values, direction, scope, and goals for Torbay Rest Home have been documented. Performance is monitored and reviewed at planned intervals via the quality and risk programme and management team meetings.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau are given the opportunity to provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and delivering ongoing learning support safe equitable service delivery. The service seeks to employ adequate staff to cover the reconfiguration of the new secure dementia unit.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Subsections applicable to this service fully attained.

The clinical manager and the registered nurse efficiently manage entry processes. The registered nurses and the general practitioners (GP) assess residents on admission. The service works in partnership with the residents, their family/whanau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers and discharges are managed in a safe manner.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities in the reconfigured dementia unit. Medicines are safely stored and administered by staff who are competent to do so. Medicine for the reconfigured dementia unit will be stored safely in the nurses' station.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. The reconfigured dementia unit has its own dining room with adequate space to accommodate the residents. The service has an approved food control plan and current menu that will continue to be used. Residents verified satisfaction with meals.

Te aro ki te tangata me te taiao haumaru | 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.

Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Systems and supplies are in place for essential, emergency and security services.

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

Partial Provisional:

Ten beds have been reconfigured to secure dementia unit. It attaches to the main rest home via a connecting coded door. The unit has been refurbished ready for occupancy. There is availability of additional resources and equipment in readiness for the approval of new secure dementia unit. The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence.

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

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.		Subsections applicable to this service fully attained.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were two infection outbreaks reported since the last audit that were managed effectively.

Here taratahi | Restraint and seclusion

Includes 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.

The service has been restraint free since before the last audit and aims to maintain a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent to use of restraint.

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	2	0	0	0
Criteria	0	157	0	2	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There is a cultural policy and guidelines for the provision of culturally safe services for Māori residents; a documented Māori perspective of health, guidelines for terminal care and death of a Māori resident and practical application of the policy (tikanga best practice guidelines) documented. The policy and guidelines are based on Te Tiriti o Waitangi with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English. The service has residents and staff who identify as Māori. The resident file reviewed had a cultural assessment that includes identification of iwi, hapu and whakapapa and a Māori health care plan. The Māori health care plan identifies specific cultural interventions around food, cares, and practices as per policy and tikanga guidelines. Māori residents interviewed stated that their cultural needs were met, and the service supported them to link with family. Residents and family/whānau are involved in providing input

		into the resident's care plan, activities, including their dietary needs. Interviews with staff (owner/director, facility manager, four healthcare assistants, kitchen manager, clinical manager, enrolled nurse, registered nurse, activities coordinator) described cultural support with a Māori-centred approach documented and provided. Māori staff members confirmed culturally safe support is given to residents and that mana is respected. Ethnicity data is gathered when staff are employed. The service employs Māori staff and supports increasing Māori capacity by employing more Māori staff members across different levels of the organisation as vacancies and applications for employment permit. The service has made initial contacts with Māori health support people through Te Wananga o Aotearoa which provides opportunities for the service to learn about Māori customs and culture. The facility manager reported they are in the process of contacting local marae and other services to see if they can provide support for the service.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	There is a Pacific people's policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The organisation is working towards having the Pacific health plan finalised and signed off in consultation with local Pasifika health leaders. Cultural safety support training has been provided to staff in May 2022. The service employs Pasifika staff and supports increasing Pasifika staff capacity in all levels of the organisation as vacancies and applications for employment permit. This has been a challenge due to the nationwide shortage of care workers. Those residents interviewed felt their worldview, cultural and spiritual beliefs were embraced. Residents can identify individual spiritual, cultural and other needs as part of the care planning process and this was consistently seen in all sampled residents' files. The facility manager interviewed stated there are plans to partner with a Pasifika organisation to provide guidance. Advice can be accessed through Pasifika staff and the Te Whatu Ora Waitemata. The owner/director is seeking advice on appropriate services that will help

		Torbay Rest Home improve the service provided to future residents that identify as Pacific. This includes: establishing working relationships/networks in the community to ensure the needs of Pacific residents are met, implementing a workforce strategy. Working in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes, achieving equity and efficient provision of health and disability services for Pacific peoples.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages. There were residents and staff who identified as Māori. The facility manager (FM) and clinical manager (CM) reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whanau, or their representatives in its updated cultural safety policy. The assessment process includes the resident's wishes and support needs.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan. The FM and CM reported that residents are supported to maintain their independence by staff through daily activities. Residents

		assessed as requiring rest home level of care were able to move freely within and outside the facility and those in the secure dementia unit could also access the fenced garden and walkway. There is a documented privacy policy that references current legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering. All staff have completed training on Te Tiriti o Waitangi and culturally inclusive care as part of orientation and annually. Te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori in some cases.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff at Torbay Rest home understand the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Residents reported that their property and finances are respected. Professional boundaries are maintained. The facility and clinical managers reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Family members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures such as the harassment, discrimination, and bullying policy are in place. The policy applies to all staff, contractors, visitors, and residents. The facility and clinical managers, GP, nursing team and care staff stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled. The Māori Health Care Plan in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for

		Māori residents.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and whānau reported that communication was open and effective, and they felt listened too. EPOA/whānau /family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures. Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members and staff as appropriate. The FM and CM reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required is encouraged.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make	FA	Staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Consent for residents in the dementia unit were signed by the residents' legal representatives. Resuscitation treatment plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. The RN reported that the GP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's family/whānau as verified in interviews with residents, their family/whānau and the GP. Staff were

informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		observed to gain consent for daily cares. Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved for example family/whānau, with the resident's consent. Information about the nominated residents' representative of choice, next of kin, or enduring power of attorney (EPOA) is provided on admission. Residents in the dementia unit had activated EPOAs in their files. Communication records verified inclusion of support people where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The service has a complaints management policy and procedure in place that aligns with Right 10 of the Code. The services complaint register is detailed regarding dates, timeframes, complaints, and actions taken. All complaints in the register had been resolved. There was one complaint in 2021 and three complaints in the 2022 year to date. Documentation showed the sampled complaints/concerns have been acknowledged, investigated, and followed up. Complaint's information is used to improve services as appropriate. Quality improvements or trends identified are reported to staff. Residents and families are advised of the complaints process on entry to the service. This includes written information about making complaints. Residents and EPOA/whānau /family interviewed describe a process of making a complaint that includes being able to raise these when needed or directly approaching staff or the facility manager. There have also been compliments received about services. This includes the significant improvements made during the renovation and refurbishment programme in the new secure dementia wing. It was reported that there have been no complaints made to external authorities since the last audit.
Subsection 2.1: Governance The people: I trust the people governing the service to have the	FA	The service provides rest home and dementia levels of care for up to 52 residents. This included ten dementia beds (seven occupied on the day of audit) and 42 beds originally identified as rest home level of

knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.		care including 12 superior units and one double room occupied by a single resident. On the day of the audit, there were 24 rest home level residents. All residents were on the age-related residential care services agreement (ARCC) contract The service holds agreements and contracts with Te Whatu Ora Waitemata and the Ministry of Health to deliver care for older people assessed as requiring rest home and dementia level of care The organisation is co-owned and directed by the owners/directors. Services are planned to meet the needs of the residents. Day-to-day operations are managed by the facility manager (FM) who is supported by the clinical manager (CM), and the residential care officer who is an administrator across two facilities. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector. The FM had completed eight hours annually of professional development activities related to management. The clinical manager deputises for the facility manager when absent. Responsibilities and accountabilities are defined in the job description and individual employment agreement. The FM manages Torbay Rest Home and the other sister facility and works 20 hours a week between the two facilities. The owner/directors visit the facility when required to meet with the FM, CM, and other issues are regularly discussed as they occur. The owner/director reported that they communicate daily with the team and are available onsite 20 hours a week depending on need. The following meetings are conducted monthly at the service, staff meetings, management and health safety meetings, and resident meetings. The owner/directors attend the management meetings. Communications to the owner/directors confirmed adequate information to monitor organisational performance including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance. A monthly manager's report is completed and sent to the owner/directors.

		The business, quality risk, and management plan are current and includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives and the associated operational plans. All files sampled evidenced that residents are receiving the appropriate level of care. Their Māori health plan and associated policies have been developed with input from educational advisers. There is currently no documented or established Maori representation, but the service is consulting with other local Maori leaders to ensure high quality service is provided to residents who identify as Maori. The service is working towards how they can establish that link into strategic documents. Cultural assessments and care plans are based on te whare tapa wha Maori model of care. Staff stated they focus on improving outcomes for all residents including Māori and people with disabilities. The FM and CM have both attended education in cultural safety, Te Tiriti O Waitangi and understand the principles of equity. The owner/directors currently own and operate other three facilities namely Freeling Holt which offers hospital and rest home level of care, Deverton House, and Eden Rest Home, both also rest home level of care facilities. The owner/directors assume accountability for delivering a high-quality service through seeking meaningful representation of Māori in its governance structure and honouring Te Tiriti and defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the organisation Partial Provisional: The service is in the final stages of having the code of compliance issued and signed off when the fire system has been inspected and approved. The service has converted 10 rest home beds to dementia beds increasing the total number to 20 dementia level of care beds. With the reconfiguration, there will be two 10-bed dementia units and one 32 bed rest home. The transition plan describes how the changes

		to the business environment will be implemented and staff rotational plan for the transition for the increased number of beds in the dementia level of care residents. The owner/director and FM reported that service was looking at employing additional staff both clinical and non-clinical if the proposed plan of having 10 secure dementia beds is approved. This is planned to ensure the needs of all residents are met. The audit verified the 10-bed unit as suitable to provide dementia level care.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	Torbay Rest Home has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident and staff satisfaction survey, policies and procedures, clinical incidents including falls, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months results. The FM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Residents and staff contribute to quality improvement through feedback given and received on quality data, complaints, and internal audit activities. Outcomes from the resident/family/whānau satisfaction survey in May (2022), were favourable with minimal corrective actions identified and these have been implemented. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of 12 incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. The FM and CM understand and have complied with essential notification reporting requirements. There have been two section 31 notifications completed since the last audit; related to change of clinical managers and one notification to public health

		about the Covid-19 outbreak. The FM advised that there is a robust quality and risk process in place, with an array of quality and risk related data reviewed. The service has not yet put in place systems and processes to critical analyse organisational practices at the service/operations level aimed to improve health equity within the service. Contacts with local cultural advisors will be accessed and formalised. Staff were trained in the Treaty of Waitangi, te reo and Tikanga and other cultural practices. Cultural assessments are completed by staff who have received cultural safety training.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced healthcare assistants with support from registered nurses. The FM and CM works 20 hours a week across two sites and are available on-call 24/7 a week. They alternate so always one at each facility. The RN works 40 hours a week from 8-4 pm Monday to Friday with two healthcare assistants in each unit who are medication competent. Morning shifts are additionally staffed by activities, laundry, cleaning cook and kitchen assistant. The evening shift has two healthcare assistants in each unit and three healthcare assistants are allocated for the night shifts. The staff work as a cooperative team carrying out tasks and duties that are documented according to each shift. All staff maintain current first aid certificates so there is always a first aider on site. Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included Covid-19 (donning and doffing of PPE, and standard

		infection control precautions) resident rights, continence management, culture and support, advance directives, pain management, chemical training, advocacy, acute deterioration, immediate response to death, head to toe examination, understanding dementia, dementia and behaviour that challenge, manual handling, safe medicines management, vital signs, abuse and vulnerability, restraint minimisation, first aid, fire evacuation, complaints, and enduring power of attorney. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Of the 22 healthcare assistants employed, eight had completed dementia level of training and seven are currently in training. The FM, CM and RN all have dementia level training. Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well supported and safe in the workplace. The ethnic origin for each staff member is documented on their personnel records and used in line with health information standards. The FM reported the model of care ensured that all residents are treated equitably. The provider has an environment which encourages collecting and sharing quality Māori health information. The service works with Maori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving healthy equity for Maori. Partial Provisional Audit: The owner/directors, FM and CM know and understand the requirements for rest home and dementia staffing based on the way they organise and manage the three other facilities under their ownership. Their transition plan describes timeframes and actions for developing an annual staff training plan which includes ensuring all staff have cultural competencies, and other essential skills and knowledge for example, in infection control, safe administration of

		medicines, first aid and restraint minimisation. The service had not yet formally employed adequate staff to cover the new secure dementia unit. The FM and owner/director reported on how the new dementia unit will be staffed. A copy of the proposed roster was sighted which had adequate staff coverage. For the 10-bed unit, there is two HCAs rostered across the morning and afternoon shift and one on the night shift. While there are sufficient staff currently employed to cover the roster, management are also recruiting further staff for the unit. The service has already employed an enrolled nurse and engaged two overseas trained registered nurses who are willing to join the service and work as healthcare assistants while awaiting registration with the nurse's council.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	PA Low	Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of seven staff files were reviewed and these included the facility manager, clinical manager, registered nurse, enrolled nurse, activities coordinator, healthcare assistant, and kitchen manager. Staff files included: reference checks, police checks, appraisals, competencies, individual training plans, professional qualifications, orientation, employment agreement, and position descriptions. There is a separate folder with copies of all RNs, EN, and GP, dispensing pharmacists' current practicing certificates from their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment including management of emergencies. Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted. The ethnic origin for each staff member is documented on their

		personnel records. A process to evaluate this data is yet to be utilised. Following incidents, the clinical manager and facility manager are available for any required debrief and discussion. Partial Provisional: The FM stated being aware of the Age-Related Residential Care Service (ARRC) contract requirements for staff training. Staff confirmed staffing numbers at present are adjusted to meet the needs of the residents. staff currently employed that are rostered in the new 10-bed unit and all newly employed staff will complete an orientation specific to the unit including a fire evacuation.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed. The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting GP and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The FM reported that staff have their own logins. An external provider holds backup database systems. There is a consent process for data collection. Records sampled were integrated. The FM reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned. Torbay Rest Home is not responsible for the National Health Index

		registration of people receiving services.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	The information pack has accurate information about the services provided. The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry. Information about the services provided is explained and discussed with the enquirer as required. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). The enduring power of attorney (EPOA) have consented for admission of residents in the dementia unit and where applicable. Signed admission agreements and consent forms were sighted in the records reviewed. Family/whānau and EPOAs interviewed stated they were satisfied with the admission process and the information that was made available to them on admission. Residents' information is kept confidential in password protected electronic files. The CM stated that any delay to entry to service will be discussed with the resident or family/ whānau as required. The CM reported that entry to service can be declined if the prospective resident does not meet the entry criteria or there is no vacancy. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The service maintains a record of the enquiries and of those declined entry. The pre-admission information form includes ethnicity data. Work is in progress to implement routine analysis of entry and decline rates including specific data for entry and decline rates for Māori. The general practitioner (GP) stated that Māori Health practitioners and traditional Māori healers can be accessed if required for the benefit of Māori residents and whānau.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.	FA	Six residents' files were sampled for review (four rest home, and two dementia level of care). The registered nurses (RNs) and enrolled nurse (EN) are responsible for completing the admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission in consultation with the residents and

Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		family/whānau where appropriate with resident's consent. The service assessment tools include consideration of residents' lived experiences, cultural needs, values, and beliefs. Initial interRAI assessments were completed within three weeks of an admission and six-monthly reassessments were completed. The enrolled nurse (EN) works under the direction and supervision of the RN and CM. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori health care plan was developed in consultation with a cultural advisor. The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tangata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoa and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, referral information, observation and the NASC assessments served as a basis for care planning. Residents' and family/whānau representatives of choice and EPOAs for residents in the dementia unit were involved in the assessment and care planning processes, as confirmed in interviews with residents, family/whanau and EPOAs. All residents' files sampled had current interRAI assessments completed. The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were

		completed for residents in the dementia unit. Triggers were identified and strategies to manage these were documented. Behaviours that challenge were monitored and recorded on the behaviour monitoring charts. The care plans evidenced service integration with other health providers including medical and allied health professionals. There is a contracted podiatrist who visits the service six weekly, and a contracted physiotherapist who completes manual handling training for staff. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. Examples of evidence of referrals sent to specialist services included referrals to the mental health services for older adults, wound care nurse specialist and radiology department. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly. There were three active wounds at the time of the audit and no pressure injuries. Wound management plans were implemented with regular evaluation completed. The contracted general practitioner (GP) visits the service once a week and is available for after hours on call consultations when required. Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three-monthly for hospital level residents and every three months for rest home level of care. More frequent reviews were completed if required as determined by the resident's needs. Medical records were evidenced in sampled records. Residents' care is evaluated on each shift and reported in the progress notes by the healthcare assistants. Any acute changes of health were reported to the RN, as confirmed in the records sampled. The long-term care plans were reviewed at least six-monthly following six-monthly risk reassessments using the organisation's own

		assessment tools. Short-term care plans were completed for acute conditions. Short term care plans have been reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, changes to the care plan was completed. Where there was a significant change in the resident's condition, an interRAI reassessment was completed and a referral made to the local NASC team for reassessment for level of care. Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The equipment and resources were adequate to support the residents in the reconfigured dementia unit with full occupancy when opened. The current policies and procedures will continue to be used for residents who will be admitted in the reconfigured dementia unit. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The activity programme is led by an activity coordinator who is in the process of completing a recognised New Zealand qualification. The activity coordinator is supported by an activity assistant. The activities programme covers seven days a week. Weekly activities programme is posted on notice boards around the facility. Residents are invited to the activities on the programme each day by the activity coordinator. Residents' activity needs, interests, abilities, and social requirements are assessed on admission with input from residents, family/whanau and EPOAs. Activities plans are developed as part of the long-term care plans. The activities programme is regularly reviewed through satisfaction surveys, residents' meetings and one -on-one conversations with residents to help formulate an activities programme that is meaningful to the residents. Resident's activity

		needs are evaluated as part of the formal six- monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled and confirmed in interviews with the activities team, residents and EPOAs for residents in the dementia unit. Individual, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities on the programme include exercises, van trips, puzzles, quiz, walks, and birthday celebrations. International days celebrated include Queen's birthday and ST. Patrick's day. Cultural events that facilitate opportunities for Māori to participate in te ao Māori include Waitangi celebrations, Matariki day and kapahaka performances from local schools. Māori artwork and words were displayed throughout the facility. Te reo Māori week was observed. Daily activities attendance records are maintained. Residents were observed participating in a variety of activities on the days of the audit. Residents have access to Netflix in the lounges. Competent residents in the rest home are supported to access community events and have the independence of going out on their own as desired if able. Interviewed residents, family/whānau and EPOA confirmed they find the programme satisfactory. Partial Provisional Activities for residents in the secure dementia unit are specific to the needs and abilities of the people living with dementia. The residents had free access to the secure garden. Activities in the dementia unit includes one-on-one short walks in the secure garden, hand and foot massage, nail care, pet therapy, van outings, colouring, arts, and crafts. The residents in the secure unit can join the activities group for the rest home level residents with an escort if desired. The activity coordinator reported that the activities are flexible and can be changed to meet the needs of the residents. Care plans reviewed identified that 24-hour activity plans were completed for residents in

		the dementia unit. Appropriate resources are already available for the activities programme in the reconfigured dementia unit and the designated storage area and supplies were sighted. The two activities staff will cover the activities for the residents in the reconfigured dementia unit.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The implemented medicine management system is appropriate for the size and scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. The EN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency. Regular medication management education was completed. Medicines are prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. The GP stated that over the counter medication and supplements will be documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Standing orders are not used. The service uses pre-packaged medication rolls. The medication and associated documentation are stored safely in the rest home nurses' stations with restricted access and medication trolley. Medication reconciliation is conducted by the RNs when regular medicine packs are received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medications in the medication storage cupboard and trolley were within current use by dates. Clinical pharmacist input was provided six

		monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. Opened eyedrops were dated. The GP and the CM stated that residents, including Māori residents and their whānau, are supported to understand their medications when required. The GP reported that when requested by Māori, appropriate support for Māori treatment and advice will be provided. The GP has connections with Te ora Māori medical practitioners and support can be accessed if required. There was one resident who was self-administering an inhaler medicine on the days of the audit. Appropriate processes were in place to ensure this was managed in a safe manner. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented. Partial Provisional The reconfigured secure dementia unit's medicine will be stored in the trolley in the rest home nurses' station as per current practice. A medication competent staff member will administer medications from the trolley across the two dementia units. The current policies and procedures will continue to be used. The CM advised that at least one staff member on each shift in each unit will have medicine competency.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to	FA	Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preference were available in the kitchen folder. The food is prepared on site by two cooks and is in line with recognised nutritional guidelines for older

traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.		people. The menu follows summer and winter patterns in a five-weekly cycle. The menu was reviewed by a qualified dietitian on 1 April 2021. The food is transported to the dining room in the dementia unit and to the rest home in bain maries. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by ministry of primary industries. The current food control plan will expire on 7 September 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Residents' weight was monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The cook stated that if any residents request for culturally specific food including menu options culturally specific to te ao Māori, this is offered as requested. This was observed on the days of the audit, for example rice was offered instead of potatoes to meet the cultural needs of some residents. Residents who identify as Māori and their EPOAs were satisfied with the food services. Whānau are welcome to bring culturally specific food for their relatives. Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meal in an unhurried fashion. Residents who chose not to go to the dining room for meals had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Residents' expressed satisfaction with meals. This was verified in satisfaction surveys and residents' meetings minutes. Partial Provisional: The new 10-bed dementia unit has its own dining room with adequate

		tables and chairs. All the meals for the new dementia unit will be provided from the main kitchen, using the existing menu and food control plan, and transported by a bain marie. Snacks will be available for residents in the dementia unit on a 24-hourly basis.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	The transfer and discharge policy guide staff on transfer, exit and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, their family/whānau and the GP. A standard transfer form is used to transfer residents to acute services. The RN reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer letter and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed. Residents are supported to access or seek referral to other health and/or disability service providers. The CM reported that social support or Kaupapa Māori agencies where indicated or requested will be provided. Referrals to seek specialist input for non-urgent services are completed by the GP or the clinical team. Examples of referrals completed were in residents' files sampled. The resident, family/whānau or EPOAs for residents in the dementia unit were kept informed of the referral process, reason for transition, transfer or discharge as confirmed by documentation and interviews.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-	PA Low	The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities in the rest home area and the dementia unit. Quiet spaces for residents and their whānau to utilise are available.

centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		The rest home and the existing dementia unit have their own dining rooms. New carpet has been installed in the rest home lounge. The deck in the back area was renovated and is more user friendly for residents. The nurses' station in the rest home wing has been moved to the front of the rest home. Furniture and fittings are well maintained. There are twelve superior rooms in the rest home that have full ensuites. All other rooms in the rest home have toilets and hand-basins but share communal showers. All rooms in the existing dementia unit have toilets and hand basins and share communal showers. Residents' rooms are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment. All rooms including the ten rooms in the reconfigured dementia unit have external windows to provide natural light and have appropriate ventilation and heating. There is a coded access in and out of both dementia units. The grounds and external areas were well maintained. External areas are independently accessible for residents in the rest home. Residents in the existing secure dementia unit can access the secure gardens safely. All outdoor areas have seating and shade. There is a large safely fenced outdoor area with raised flower beds for the dementia unit. There is safe access to all communal areas. The FM reported that when there is a planned development for new buildings there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori. Partial Provisional: The new or reconfigured dementia unit was part of the rest home. 10 beds have been reconfigured into the new dementia unit. A secure door has been put between the rest home and the reconfigured beds to form a new dementia unit. The reconfigured dementia unit has its own lounge, dining area and outdoor area. There is a kitchenette area

		in the reconfigured dining room. The lounge area has a sitting area with lazy boy chairs. The reconfigured dementia unit allow for circular path for residents to wander in and out with exit doors to the outdoor area one at the end of the corridor and another through the reconfigured dementia unit's lounge area. Resident rooms have a handbasin and a toilet and share one communal mobility shower. All rooms have external windows to provide natural light and have appropriate ventilation and heating. There is coded access in and out of the new unit. The code of compliance certificate has not been issued yet for the reconfigured dementia unit. There is an office currently occupied by the facility manager that staff will use. The office is secure and is adjacent to the lounge dining area.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed last on 28 June 2022 and 15 staff attended. The drills are conducted every six-months, and these are added to the training programme. The staff orientation programme includes fire and security training. There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continent products, and a gas BBQ. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures. The service has a call bell system in place that is used by the residents, whanau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and whānau confirmed that

		staff responds to calls promptly. Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the entrance and communal areas. Whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, wear masks within the facility and complete a COVID-19 screening questionnaire, rapid antigen testing (RAT), and temperature monitoring. Contact information is collected for tracing should this be required. Partial Provisional Audit: Training in the use of fire equipment required under health and safety has occurred. No changes are required to the fire evacuation procedure. Fire exits remain unchanged. The new wing has a working call bell system in place that will be used by staff and staff members to summon assistance. The management reported that no additional changes would be required for the planned reconfiguration of changing 10 existing rest home beds to dementia beds. The unit has a key pad entrance which is activated. The family access the new unit through the rest home entrance. Civil defence emergency supplies to cater for the reconfigured dementia unit are adequate. The certificate of compliance for the automatic fire alarm system for the reconfigured dementia unit was not yet confirmed (link to 4.1.1). A fire drill for the new unit will be completed during orientation (link 2.4.4).
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.	FA	The CM is the infection control coordinator (IPC). The IPC reported that they have full support from the FM regarding infection prevention matters. This includes time, resources, and training. Monthly management meetings include discussions regarding any residents of concerns, including any infections. These meetings are attended by the owner/directors who remain fully informed. All policies,

Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.		procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations. The IPC has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training as verified in training records sighted. Additional support and information are accessed from the infection control team at the local Te Whatu Ora Waitemata, the community laboratory, and the GP, as required. The IPC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The Māori health plan ensures staff is practicing in a culturally safe manner. There were two infection outbreaks reported since the previous audit which were managed according to MoH guidelines. The infection prevention (IP) and Antimicrobial Stewardship (AMS) policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. Partial Provisional Audit: The staff and owner/directors demonstrated an understanding of the infection prevention and control programme covering the existing wings and the new secure dementia unit. There was adequate personal protective equipment (PPE) in stock.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection	FA	The CM oversees and coordinates the implementation of the (IPC) programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The CM has completed external education on infection prevention and control for clinical staff on 6 September 2022. They have access to shared clinical records and diagnostic results of residents. The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the owner/director

prevention programme that is appropriate to the needs, size, and scope of our services.		and is linked to the quality improvement programme. The IPC programme is reviewed annually, it was last reviewed on 20 January 2022. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources including personal protective equipment (PPE) were available on the days of the audit. The IPC resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents. The infection control coordinator liaises with the FM on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te What Ora- Health New Zealand. The FM stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and

		where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum can are not used for the face. These are some of the culturally safe practices in IP observed, and thus acknowledge the spirit of Te Tiriti. The CM reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements. The service is working towards sourcing educational resources in te reo Māori. The current infection prevention programme and implementation will be used in the reconfigured dementia unit.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the owner/director. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects. The current AMS programme will apply to the reconfigured dementia unit.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme.	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Work is in progress to include ethnicity data in

Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.		surveillance records. Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whanau. There were two infection outbreaks reported since the previous audit. These were managed appropriately with appropriate notification completed. The current surveillance system will be utilised in the reconfigured dementia unit.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. The is a new fenced rubbish area. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are two designated cleaners. One is available five days a week and the other four days a week. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The CM has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness

		audits. These did not reveal any significant issues. Designated laundry staff are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident surveys and residents' interviews confirmed satisfaction with cleaning and laundry processes. Partial Provisional: The reconfigured dementia unit will use the same cleaning and laundry facilities and staff. Cleaning and laundry chemicals will continue to be stored in the existing secure chemical storage areas.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint free environment is the aim and philosophy of the service. The owner/directors and the facility manager (FM) demonstrated commitment to this. There was no restraint used since the previous audit. The CM reported that restraint will be used as a last resort when all alternatives have been explored. Restraint is included on the agenda for staff meetings and in monthly manager's report. Policies and procedures meet the requirements of the standards. The CM is the restraint coordinator, they support and oversee any restraint management. Staff have received training in restraint, de-escalation techniques and challenging behaviour management. The CM, in consultation with the FM and GP are responsible for the approval of the use of restraints should this be required in the future. Partial Provisional: The organisation is dedicated to ensuring a restraint-free

		environment. Further training on restraint minimisation and responding to behaviours that challenge will be provided to new staff prior to occupancy of the new secure dementia unit (link 2.4.4).

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Low	All staff currently employed that are rostered in the new 10-bed unit and all newly employed staff will complete an orientation specific to the unit including a fire evacuation.	Partial Provisional: Staff scheduled to work in the new dementia unit are yet to be orientated to the unit.	Ensure all staff rostered in the new unit are orientated to the unit. Prior to occupancy day
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and	PA Low	The facility van has a current warrant of fitness which expires on 28 July 2023. The current building warrant of fitness has an expiry date of 30 June 2023. Hazards are identified according to the health and safety programme and the hazard management process. The code of compliance is yet to be obtained	Partial Provisional: The code of compliance is yet to be completed for the reconfigured dementia unit which includes some new building.	Ensure the code of compliance has been obtained. Prior to occupancy day

supports cultural practices.		Home decorations reflect the culture of the resident group. There is a combination of art, including items which reflect te ao Māori. Residents' artwork was posted on walls around the facility. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.		

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.