

Briargate Healthcare Limited - Briargate Dementia Care Unit

Introduction

This report records the results of a Surveillance 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 The DAA Group Limited, 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:	Briargate Healthcare Limited		
Premises audited:	Briargate Dementia Care Unit		
Services audited:	Dementia care		
Dates of audit:	Start date: 28 February 2023	End date: 28 February 2023	
Proposed changes to current services (if any):	None		
Total beds occupied across all premises included in the audit on the first day of the audit:	37		

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Briargate Dementia Care Limited provides dementia level of care for up to 38 residents. Briargate Dementia Care is one of two aged care facilities owned by the owner/manager.

The clinical manager supports the manager and has been at this facility for over two years in this role. One general medical practitioner covers this service and visits weekly and as needed.

This unannounced surveillance audit was conducted against Ngā Paerewa Standards NZS 8134. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with whanau/family members, the owner/manager, the clinical manager, the administrator and staff.

There were no improvements from the previous audit and no new improvements identified at this audit.

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.

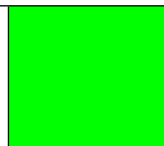
The Māori Health plan guides staff practices to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. Staff understood the principles of Te Tiriti o Waitangi and Māori mana Motuhake.

Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Family/whānau and legal representatives are involved in decision making that complies with the law. Consent is obtained where and when required.

Processes are in place to resolve complaints promptly and effectively 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 quality and risk management systems are focused on improving service delivery and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory reporting obligations.

There is a minimum of three staff members on duty and another available for the morning and afternoon shifts and two staff on the premises at night.

Staff are given an appropriate orientation and participate in ongoing planned education. All employed and contracted health professionals maintain a current annual practicing certificate.

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.
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Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents, their family/whānau or legal representatives 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.

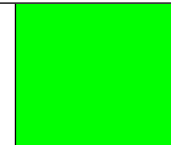
The planned activity programme promotes residents to maintain their links with the community and meets the health needs and aspirations of Māori and where whānau applicable.

A safe medication management system was implemented. Medicines are safely stored. Residents are referred to other health care providers when required.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

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



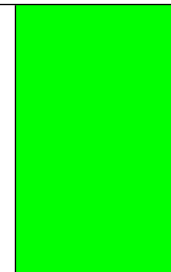
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment and calibration of equipment is planned for the week of the audit and is still in the required timeframe since the previous check and this was verified. External areas are accessible, safe and meet the needs of residents living in a secure dementia service.

The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Fire drills are conducted at least six monthly. Appropriate security is maintained and includes the use of security cameras.

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.

There is a pandemic and infectious disease response plan in place. Sufficient infection prevention resources including personal protective equipment (PPE) were available and readily accessible to support the plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. An infection outbreak reported since the previous audit was managed effectively. Identified infections are communicated to family/whānau or legal representatives in a culturally safe manner.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service has been restraint free since opening. The manager advised restraint is not allowed to be used. This is supported by policies and procedures.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	0	0	0	0
Criteria	0	48	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Briargate Dementia Care has a cultural policy reviewed February 2022. The owner ensures Māori applicants for positions advertised, are provided every opportunity for all roles and all applications are acknowledged and recorded as part of the human resource management process. Three clients of 37, identify as Māori. No current staff working at this facility identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. This references the Oia Manuia: Pacific Health and Wellbeing Action Plan 2020-2025; and other documents that have been published. The provision of equitable services that are underpinned by the Pacific people’s worldview policy notes ‘to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and family. Cultural assessment and care plans for residents of each Pacific decent are available to implement.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Models of care for each, are clearly documented and implemented. Tikanga best practice is acknowledged and respected as well as customs and any traditions. One resident on the day of the audit identified as Pasifika. There are currently three staff members who identify as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Family/whānau and the enduring power of attorney (EPOA), where applicable, are involved in the assessment process to determine residents' wishes and support needs to ensure Māori mana motuhake is recognised. Māori health care plans were completed for residents who identify as Māori. The interviewed EPOAs, and family/whānau confirmed they were consulted on residents' needs and expressed that residents' cultural needs were being observed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff training records confirmed staff undertake the cultural awareness and cultural safety training during their orientation and in the annual training sessions. Staff training on Te Tiriti o Waitangi is scheduled to be completed in August 2023. The scheduled training that was arranged last year could not be completed due to COVID-19 infection control restrictions at the time. Residents are supported to integrate their cultural values and beliefs. The cultural safety policy outlines the principles of Te Tiriti o Waitangi and tikanga practice to guide care activities.</p> <p>Interviewed staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted to meet tāngata whaikaha needs. The assessment and care planning process for Māori residents acknowledge tikanga practices. Family/whānau and EPOAs expressed that staff acknowledge and respect residents' individual cultural needs.</p> <p>Assessment plan for Māori residents were utilised to plan for Tāngata whaikaha needs to enable their participation in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff have received education in abuse and neglect and the training includes institutional abuse and discriminatory abuse. Staff demonstrated awareness of the reporting requirements if any form of abuse is witnessed or observed. Systems in place to safeguard residents against institutional and systemic racism includes the complaints process and annual family/whānau satisfaction surveys.</p> <p>Assessments considering physical wellbeing (taha tinana), mental wellbeing (taha hinengaro), social wellbeing (taha whānau) and spiritual wellbeing (taha wairua) were completed to ensure a strengths-based and holistic model of care to support wellbeing outcomes for Maori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Staff were observed to seek consent from residents where applicable. Informed consent was obtained as part of the admission process with admission agreements and informed consent signed by the residents' legal representatives. Signed consent forms were available in residents' files. Staff understood the tikanga best practice in relation to consent. Residents' family/whānau confirmed being provided with information and being involved in making decisions about residents' care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p>	<p>FA</p>	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code) which is the right to complain and to be taken seriously and to</p>

<p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>receive a timely response.</p> <p>Staff interviewed stated that they are fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family member. Family members commented that any issues are dealt with swiftly and professionally.</p> <p>There have been six written and four verbal complaints received since the last audit. Complaints were acknowledged, investigated and followed up in a timely manner. No complaints have been received via the Health and Disability Commissioner's (HDC) office, independent advocacy service, Te Whatu Ora (TWO) or the Ministry of Health (MoH) since the last audit. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter if this is required. The service is considering translating the complaints form into te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Briargate Dementia Care provides aged related residential care at secure dementia care level. There are two owner/directors, one of whom is involved with the day-today management of the service. The manager was interviewed at the audit. The manager is supported by a clinical manager and an administrator. A registered nurse has recently resigned, and this position is currently vacant. However, there is a registered nurse commencing in March.</p> <p>The manager has previously attended training on Te Tiriti, but is yet to complete training on equity. The service provider endeavours to provide equitable services for Māori as documented in policy and aims to reduce any barriers for those residents' who identify as Māori and those with disabilities. However, the manager is yet to review services</p>

		<p>to ensure that they improve outcomes and achieve equity for Māori.</p> <p>A Māori health advisor can be sought if needed and ensures obligations to meet the needs of Māori residents are met. There are residents who identify as Māori who have been at this facility for several years. Due to the nature of this service being a dementia service, the owner and management staff ensure they maintain a good honest relationship with all residents, families and extended families/whānau and local community organisations. Core competencies are completed by all staff and a tiriti o Waitangi course is planned for August 2023, as per the training programme reviewed.</p> <p>The service has a focus of ensuring services for tāngata whaikaha, are undertaken to improve resident outcomes and this is explicit within the business and strategic plan.</p> <p>Briargate Dementia Care has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora Waitemata for secure dementia care, long term support chronic health conditions (LTSCH) and younger people with a disability (YPD). One resident was under 65 years of age. On the day of audit, there were 33 residents receiving secure dementia care services under the ARCC agreement, three residents were on the LTSCH contract and require dementia level care, and one resident was in hospital. The rest home has a total of 38 beds.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, internal and external activities, monitoring of outcomes, policies and procedures, health and safety reviews and clinical incident management. The manager and CM are responsible for implementation of the quality and risk system with input from the administrator. A contracted quality consultant provides advice and policy review for the organisation.</p>

<p>governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>There are a range of internal audits, which are undertaken using template audit forms. The service prioritises those related to key aspects of services and resident and staff safety. Any issues are addressed with corrective action requests. The staff are informed of any results.</p> <p>Health and Safety systems are implemented. There is a current up to date hazardous substance register maintained by the CM.</p> <p>A risk management plan 2023 with aims and objectives and ambitions being documented is in place. Staff meetings are held regularly, and minutes of meetings were reviewed. Quality service review meetings and management meetings are held two monthly. Relevant resident and facility quality and risk issues including hazards, training, staffing, adverse events, complaints/compliments, residents/family feedback and changes in process/systems including those related to infection prevention are discussed. Staff interviewed confirmed they feel well supported. While there is satisfaction with services provided there is not yet a critical analysis of organisational practices at the service level aimed to improve health equity within Briargate Dementia Care. The care staff understood the Māori constructs of Pae Ora and have completed cultural competencies and endeavour to ensure Māori residents receive culturally appropriate care.</p> <p>The manager and CM were familiar with essential notification reporting requirements. One Section 31 notification was forwarded to HealthCERT on the 21 February 2023, when a resident went missing from the facility. All processes were followed appropriately, and the resident was returned safely to the home. The CM is responsible for essential notifications.</p>
<p>Subsection 2.3: Service management</p>	<p>FA</p>	<p>There is a documented process determining staffing levels and skill mix</p>

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. Care staff confirmed that there were adequate staff to complete the work allocated to them. Family interviewed supported this.</p> <p>The healthcare assistants (HCAs) have all completed relevant dementia care training. There are 14 care staff in total with six level three, five are level four and three are at level two after completing recognised New Zealand Qualification Authority (NZQA) aged related and dementia care training. The 14 HCAs have completed medication competencies, and 12 of 14 have completed first aid training. Rosters reviewed demonstrated there is always at least one staff member on duty who has completed this required training.</p> <p>The CM has attended relevant leadership and dementia care training and other courses related to aged care and dementia level care. The CM also works at another aged care facility, eight to ten hours a week and at this facility four days a week Monday to Thursday. The CM covers the after-hours service. When the RN commences in March and has completed orientation, the after-hours will become a shared role.</p> <p>An activities coordinator is employed 40 hours a week Monday to Friday. Activities are planned over the 24 hours and resources are available for the after-hours and are accessible for staff as needed.</p> <p>Staff have been provided with training on cultural safety and aspects of the TeTiriti. Work is yet to be undertaken to develop the competencies of healthcare assistants to meet the needs of people equitably and to include high quality Maori health information in the education programme provided and invest in the staff health equity expertise.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates.</p> <p>A comprehensive orientation and induction programme is implemented, and staff confirmed their usefulness and applicability and felt well supported. New care partners are 'buddied' to work with a senior healthcare assistant for orientation and spend time with the clinical manager. Additional time is provided as required. A checklist is completed.</p> <p>Staff ethnicity is being identified, along with country of birth. There are staff of different nationalities employed. Ethnicity data is collected, recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and is kept securely.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>Not Applicable</p>	<p>Enquiry records are maintained electronically. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. The service is working towards developing meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	<p>FA</p>	<p>Registered nurses (RNs) complete care plans for all residents. Residents' lived experiences, cultural needs, values, and beliefs are</p>

<p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>considered during assessment. Guidelines for the provision of culturally safe services for Māori residents are utilised to ensure kaupapa Māori perspectives permeate the assessment and care planning process where required. Staff have received cultural safety training and the RNs complete the cultural assessments on admission.</p> <p>Residents' family/whānau and EPOAs were involved in the care planning process. The assessment plan for Māori residents support whānau ora and pae ora where applicable. Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga are included in the Māori health care plan utilised. The clinical nurse manager (CNM) reported that if family/whānau are unable to provide cultural support, a kaumatua will be contacted to provide support. A range of clinical assessments, including interRAI, referral information, observation, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. InterRAI assessment outcome scores have supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of concern. Known triggers, warning signs and risks were documented in the behaviour management plans. Staff were observed on the day of the audit inviting and supporting residents to attend to activities of choice. Tāngata whaikaha are supported in making decisions about their care as verified in residents' records. Family/whānau or EPOAs confirmed their involvement in the assessment and care planning processes.</p> <p>The completed care plans reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Appropriate strategies to maintain and promote residents' independence and wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring. Identified family/whānau goals and aspirations were addressed in the care plans. Six monthly care plan evaluations were completed in consultation with the residents' family/whānau or EPOAs. Residents' progress towards the achievement of desired goals was documented and changes were made to the plan of care where the</p>
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		<p>desired goal was not achieved.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Changes in residents' health were escalated to the general practitioner (GP) or specialist services. Referrals to relevant specialist services were consented for by the residents' legal representatives.</p> <p>Medical assessments were completed by the GP in a timely manner. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Staff understood the process to support residents and family/whānau when required. The GP expressed satisfaction with care being provided to residents.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The residents' family/whānau and EPOAs confirmed their involvement in the evaluation processes and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator has completed a course in Māori language and is in the progress of completing diversional therapy training. Activities on the programme to promote te ao Māori includes celebration of Waitangi Day with the Treaty of Waitangi documentary watched on the television, flax weaving and Māori music played. Residents are learning to count from one to ten in Māori language. Matariki day and Māori language week were observed.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>An electronic medication management system is used. The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. A senior caregiver 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.</p> <p>Medicines were prescribed by the GP and over the counter medication and supplements were documented on the medicine charts where required. 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. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication room and trolley checked were within current use by dates. Clinical pharmacist input was provided 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. There were no controlled drugs kept onsite.</p> <p>There were no residents who were self-administering medicines at the</p>

		time of the audit. Residents and their family/whānau are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori would be provided. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>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, and cultural preferences. The menu in use was reviewed by the dietitian on 12 April 2021. Food control plan expires on 30 March 2023.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. The cook stated that when requested by residents, culturally specific food options for Māori will be catered for. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed family/whānau expressed satisfaction with the food options. Snacks were available for residents on a 24-hourly basis.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The transfer process is documented in the discharge or transfer policy. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents’ family/whānau and EPOAs. Family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for residents, where required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose.</p> <p>There is a current building warrant of fitness (expiry 23 January 2024). Electrical testing and tagging and calibration checks were due on the day of the audit for renewal and a date has been arranged and this was verified.</p> <p>Whanau/family interviewed were happy with the environment being suitable for their family member's needs. There are secure gardens for the residents and a large safe deck area with shade provided. The business plan includes a commitment to ensuring the environment reflects the identity and aspirations of Māori. Each resident has their own bedroom. There are two lounge areas. There is appropriate signage and cultural artwork.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There is a fire evacuation plan in place that has been approved by the Fire and Emergency New Zealand (FENZ) on 27 February 2012. A fire evacuation drill was last conducted on 4 September 2022. There is a list of current residents and their individual abilities/needs in the event of a fire or other civil defence emergency.</p> <p>Security cameras are located on site monitoring the external and internal environment. Cameras are only used in resident bedrooms with prior consent of family and archived images are only accessible to the manager. The images display on the screen in the main office. Signage about the security cameras was visible in the entrance to the facility. Security arrangements are appropriate for a secure dementia care unit.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The pandemic and outbreak management plan was last reviewed in January 2021. Sufficient infection prevention (IP) resources including</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>Culturally safe practices in IP to acknowledge the spirit of Te Tiriti are acknowledged in the cultural safety policy. In interviews, staff understood these requirements. Work is in progress to provide educational resources in te reo Māori.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infections are recorded on the infection record form. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. Ethnicity is included in surveillance data. The interviewed family/whānau expressed satisfaction with the communication provided. There has been one infection outbreak since the previous audit that was managed effectively with appropriate notification completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The CM and care staff advised restraint is not used at this secure dementia care service. The CM confirmed this is explicitly detailed in policy (sighted), and is communicated to staff during orientation and as part of the ongoing education programme. The CM takes responsibility for ensuring the restraint free focus is maintained. There has been no restraint used since the service opened. Processes to report on and analyse restraint data is not applicable for this service.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.