

TerraNova Homes & Care Limited - Brittany House Residential Care

Introduction

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

The audit has been conducted by 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:	TerraNova Homes & Care Limited
Premises audited:	Brittany House Residential Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 22 June 2023 End date: 23 June 2023
Proposed changes to current services (if any):	The provider requests removal of the following certification level: Residential disability services – Physical.
Total beds occupied across all premises included in the audit on the first day of the audit:	57



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
	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

Brittany House Residential Care is certified to provide hospital (geriatric and medical), rest home and residential disability (physical) levels of care for up to 62 residents. There were 57 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora – Health New Zealand – Te Matau a Māui Hawke's Bay. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management and staff.

The facility manager is appropriately qualified and experienced and is supported by a clinical manager, clinical coordinator, and contract clinical advisor. There are quality systems and processes available. Feedback from residents and family/whānau were positive about the care and the services provided. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place.

The certification audit identified a finding in relation to the requirement of an approved fire evacuation scheme letter.

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.

Brittany House Residential Care provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

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.

Services at Brittany House Residential Care are planned, coordinated, and are appropriate to the needs of the residents. The facility manager oversees the day-to-day operations of the service. The business plan informs the site-specific business and clinical objectives which are reviewed on a regular basis. Brittany House Residential Care has an established quality and risk management system. Quality and risk performance is reported across various meetings and regular communication and reports to the sole owner.

Brittany House Residential Care collates clinical indicator data. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice.

There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and the management of staff wellbeing.

The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

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 are assessed before entry by the Needs Assessments and Service Coordination team to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were developed and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Residents were complimentary of the food services.

Residents are referred or transferred to other health services as required.

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.		Some subsections applicable to this service partially attained and of low risk.
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Clinical equipment has been tested as required. External areas are accessible, safe, and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. A fire drill is conducted six monthly. Staff, residents, and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported a timely staff response to call bells. Security is maintained.

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 and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention officer leads the programme. Specialist infection prevention advice is accessed when needed.

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. One Covid-19 infection outbreak has been reported since the last audit that was managed effectively.

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. Cleaning and laundry processes are regularly monitored for their effectiveness.

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.

The aim of the service is to eliminate restraint. The restraint policy and business plan includes objectives for eliminating restraint.

Restraint policies and procedures are in place. Restraint processes are overseen by the restraint coordinator. On the day of the on-site audit, there were two residents using a restraint. Restraint is only used as a last resort when all other options have been explored. Restraint documentation processes are robust to include assessments, consent, monitoring and evaluation processes to minimise associated risks. Quality review of restraint use occurs monthly to identify patterns of concern. There are processes to guide emergency restraint; there were no incidents related to 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	28	0	1	0	0	0
Criteria	0	177	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has a number of residents who identify as Māori. Staff also undertake cultural competencies and are knowledgeable in ways to support the health and wellbeing of Māori residents and their family/whānau.</p> <p>The facility manager stated they support increasing Māori capacity within the workforce and will employ more Māori staff members when they do apply for employment opportunities. The service evidenced commitment to a culturally diverse workforce as documented in the business plan and Māori Health Plan. The Brittany House Residential Care business plan 2022-2023 includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. There is an established relationship with local iwi and the service have in-house cultural leaders.</p> <p>Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. The</p>

		service recognises Māori mana motuhake and this is reflected in the Māori health plan.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan and Pacific Peoples Culture and General Ethnicity Awareness policy aims are to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and providing high quality health care.</p> <p>On admission all residents state their ethnicity. There were no residents who identify as Pacific people. There were staff members that identified as Pasifika at the time of the audit. The service partners with Pasifika organisations, collaborates with their Pasifika employees to ensure connectivity within the region and to assist with the implementation of their Pacific health plan. Code of Rights are accessible in Tongan and Samoan when required.</p> <p>When new staff are recruited the facility manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pasifika community. Interviews with twelve residents (six rest home residents and six hospital level residents), seven family/whānau (two from the rest home and five hospital level of care) and documentation reviewed identified that the service uses a person-centred approach for people using the services and listens to family/whānau feedback to guide their service.</p> <p>Interviews with fourteen staff (three registered nurses [RNs] including one clinical coordinator [CC], six caregivers and two activities coordinators, one housekeeper, one maintenance person and kitchen manager), four managers (facility manager [FM], operations lead, consultant clinical governance advisor [CGA] and clinical manager [CM]) could explain how the service provides person-centred care.</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>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager supported by the FM discusses aspects of the Code with residents and their family/whānau on admission. The Code of Health</p>

<p>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.</p>		<p>and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident committee meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Advocacy services are linked to the complaints process.</p> <p>There are links to spiritual support documented in the policy. Church services are held weekly.</p> <p>The service recognises Māori mana motuhake and this reflects in the Māori health care plan that is in place.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services.</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>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Brittany Residential Care annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p>

		<p>An intimacy and sexuality in older persons policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were three married couples at the time of the audit and eight shared rooms. There is a shared room policy and arrangements reflect in the signed admission agreement and signed informed consent documentation. Couples and residents sharing rooms interviewed stated their privacy is respected and they were satisfied with the shared room arrangement.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p> <p>Younger persons interviewed stated they are supported to maintain their community links and are supported to go out in the community.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, health equity and cultural competency. The activities coordinators confirmed that the service is actively supporting Māori by identifying their needs and aspirations. This was evidenced in the care plan of a Māori resident, whose care plan included the physical, spiritual, family/whānau, and psychological health of the resident.</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</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Brittany House Residential Care prevents any form of discrimination and acknowledges impact of institutional racism on Māori wellbeing.</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Cultural days are completed to celebrate diversity. A standards of conduct policy is discussed during the new employee's induction to the service with evidence of staff signing the standards of conduct document. The staff wellness in the workplace and workplace bullying policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, health care bias and the understanding of injustices through policy, cultural training, available resources, and the standard of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on code of conduct and professional boundaries. The staff survey for 2023 evidenced positive feedback related to the workplace culture.</p> <p>All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The service promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident committee meetings with a resident advocate identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). All communication with family/whānau is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed, this was</p>

		<p>confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the Cranford Hospice and Te Whatu Ora – Health New Zealand – Te Matau a Māui Hawke's Bay specialist services (eg, physiotherapist, district nurse, speech language therapist, older persons mental health clinical nurse specialist and dietitian). The delivery of care includes a multidisciplinary approach. Residents and family/whānau provide consent for other services to be involved in their care. The CM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirmed they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails and regular newsletters and resident committee meetings.</p> <p>Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</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</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Eight electronic resident files were reviewed. Written general consents sighted for photographs, shared rooms, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by resident and enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions</p>

<p>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>with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>A shared goals of care and resuscitation policy & related form is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the nurse practitioner (NP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Staff completed training in code of rights and informed consent.</p> <p>The service follows relevant best practice tikanga guidelines when obtaining consent by incorporating/considering the residents cultural identity when planning 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>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, by using a complaint register.</p> <p>The complaints logged were classified into themes. There were six complaints lodged since the previous audit. Complaints logged include an investigation, root cause analysis, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in staff meetings (meeting minutes sighted). Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). One HDC</p>

		<p>complaint of September 2021 remains open.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern.</p> <p>Resident committee meetings are held monthly where concerns can be raised. Family/whānau confirmed during interview the CM and FM are available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The FM interviewed acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>Brittany House Residential Care is located in Hawkes Bay. The care centre is a double storey building. The service has 62 beds across the care centre. There are 57 dual purpose rooms and five rooms for rest home only. There are eight double rooms and seven were shared at the time of the audit.</p> <p>At the time of the audit there were 57 beds occupied in the care centre. There were 25 residents at rest home level of care (including one on respite care, two on Accident Compensation Corporation [ACC] funding, one person with physical disabilities [YPD] and two on long term support chronic health conditions contract [LTS-CHC]) and 32 residents at hospital level of care (including one on respite care, one ACC, two YPD, two LTS-CHC). All other residents were under the age-related residential care contract (ARRC).</p> <p>The service requests the removal of Residential Disability – Physical, therefore there was no consumer auditor input to this audit.</p> <p>The service is owned by a sole owner who has had training in Te Tiriti. The organisation has a vision, mission statement and objectives. The philosophy reflects a resident and family/whānau-centred approach to</p>

		<p>all services. There is a Brittany House Residential Care business plan 2022-2023 that includes specific quality goals and objectives. Specific goals relate to clinical excellence, risk management and financial compliance. The goals are regularly reviewed and reported on.</p> <p>The FM (non-clinical) oversees the day-to-day operations and the CM, CC, and consultant clinical governance advisor (CGA) oversee the clinical governance. The FM works with the owner to ensure the necessary resources, systems and processes are in place that support effective governance.</p> <p>Half of the senior team identify as Māori, the senior team have completed cultural training to ensure they demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The business plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident committee meetings. Feedback is collated, reviewed, and used by the management team to identify barriers to care to improve outcomes for all residents. The quality programme includes regular (weekly and monthly) site specific clinical quality and compliance and risk reports that is completed by the CM and FM. The FM meets regularly with the owner and provides feedback on a range of information, complaints, and progress with corrective actions.</p> <p>The FM is non-clinical and has been in the role for two and a half years and has a background in business management. The FM is supported by a CM who has also been in the role since March 2023 with experience in aged care and infection control. Staff, residents and family/whānau spoke positively about the support/direction and management of the current management team.</p> <p>The FM and CM have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Brittany House Residential Care is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement meetings, RN and staff meetings provide an avenue for discussions in relation to (but not limited to); quality goals (key priorities), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. The service has conducted a number of quality improvement projects that they are monitoring. Improvement projects include the health and safety/wellbeing programme, reduction of restraint use, menu review, wound management processes and the improvement of the environment.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Clinical policies are developed and reviewed by an external consultant. Non-clinical policies are developed and reviewed in-house every three years. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices.</p> <p>The service is developing a process to provide a critical analysis of organisational practice to improve health equity. The service do not yet participate in benchmarking. Staff have completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at quality/staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident/family satisfaction surveys have been completed for 2022 and evidence overall satisfaction on all areas of service delivery. There was a marked improvement in the overall satisfaction of the</p>
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		<p>service in comparison to the 2021 survey.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is identified, and immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Results are discussed in the quality and staff meetings and at handover. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data.</p> <p>Discussions with the FM and CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed to notify HealthCERT in 2023 year to date for a pressure injury. The change in CM was appropriately notified and one Covid-19 outbreak was reported to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>	FA	<p>There is a staffing policy and roster tool that includes staffing ratios in the event of acuity change and outbreak management. At the time of the audit the roster reviewed provided sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>All registered nurses and all caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Agency staff can be utilised, any absences and sick leave are covered through extending working hours through mutual agreement with employees or casual staff. The CM and CC work Monday to Friday to provide clinical oversight. There were no staff shortages reported at the time of the audit and RN vacancies were recruited for, but some RNs have not yet commenced employment. Staff and residents are informed when there are changes to staffing levels, evidenced in staff</p>

	<p>interviews and meeting minutes sighted. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>There were 25 rest home residents and 32 hospital level residents across two floors. The ground floor has predominantly rest home level care residents.</p> <p>The roster reviewed evidenced registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts.</p> <p>The on call roster is provided by the CM. The FM and maintenance person are also available for non-clinical matters. There is at least one RN on each shift. There are nine caregivers in the morning, seven in the afternoon and three at night. Shifts are a mix of long shifts (7.5 hours and shorter shifts 5.5 hours). There are two activities coordinators to support activities.</p> <p>There are separate staff for the kitchen, cleaning, and laundry duties.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training, and topics related to the medical conditions of their LTS-CHC and YPD residents in their care including communication with residents with cognitive disabilities. All training topics have been well attended and completed as scheduled. Staff last attended cultural awareness training at their orientation in April 2023. External training opportunities for care staff include training through the Te Whatu Ora – Te Matau a Māui Hawke's Bay and Cranford hospice.</p> <p>Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty caregivers have achieved a level three NZQA qualification or higher. There are several staff enrolled to progress through their qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation. Registered nurses complete medication competency,</p>
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		<p>restraint competency, syringe driver competency and personal protective equipment competency. Four of seven RNs are interRAI trained. All RNs complete training topics through an online training platform that includes critical thinking, infection prevention and control including Covid-19 preparedness, identifying, and assessing the unwell resident, dementia, delirium, and depression.</p> <p>All caregivers are required to complete annual competencies including (but not limited to) restraint and moving and handling and hand hygiene. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained.</p> <p>Staff wellness is encouraged through participation in weekly health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The health and safety committee, staff and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Eight staff files reviewed across the service evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The staff appraisal policy is implemented and all staff who have been employed for more than a year have had an appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe</p>

		<p>environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Staff incident/accidents and outbreaks are managed appropriately, evidence of debriefing occurs and support for employee rehabilitation and safe return to work documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a policy to guide privacy and confidentiality of health information. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents older paper-based documents are securely stored and uploaded to the system. The FM is the privacy officer, and a clear process is followed for the request of health information.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the resident, EPOA and/or family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring respite, on accident compensation corporation (ACC) contract, rest home, hospital level of care, and</p>

<p>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>young people with disability (YPD) contract, were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CM, CC, consultant CGA reported that all potential residents who are declined entry are recorded. There were 33 recorded inquiries and these included ethnicity. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The potential resident or family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau. The clinical team stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>A total of eight files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The files reviewed were (five hospital including two LTS-CHC, one ACC, one YPD, and three rest home including one LTS-CHC. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau and EPOA. Long-term care plans were</p>

		<p>also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau and EPOA, and NP involvement is encouraged in the plan of care.</p> <p>The nurse practitioner (NP) completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. There is a contracted podiatrist who visits the service six weekly, and a contracted physiotherapist who visits twice a week, and completes assessments of residents and manual handling training for staff. Notations were clearly written, informative, and relevant. The NP was not available for an interview and the CM confirmed that medical reviews are completed in a timely manner.</p> <p>The clinical team reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Interventions are resident focussed and provide detail to guide staff in the management of each resident's care.</p> <p>Any incident involving a resident reflected a clinical assessment and a timely follow up by the registered nurses. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the CM, CC, and CGA in consultation with the nursing team, and care staff. Neurological observations were completed as per policy requirements. Residents who were assessed as requiring YPD care had their needs identified and managed appropriately.</p> <p>There were 13 active wounds at the time of the audit and six pressure injuries, one stage 4 and two stage 2. Wound management plans were implemented with regular evaluations completed. A continuous improvement plan for wound care was initiated which detailed chronic wounds that had significantly improved and some healed. The CM reported that this was achieved through consultations with wound care nurse specialists, resident education, and involvement in all aspects of their wound care creating a sense of ownership in their recovery,</p>
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	<p>increased care staff awareness of reportable issues with wounds and pressure area care, proper assessment, care planning and creation of pressure area worklogs and use of pressure relieving devices such as pressure cushions, roho cushions, booties, and air mattresses.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The short-term care plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CM, CC and CGA, and this was evidenced in the records sampled. Interviews verified residents and EPOA and family/whānau are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA and family/whānau responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA and family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts, turn charts, neurological observations forms, blood glucose, and restraint monitoring charts.</p> <p>The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and family/whānau from independently accessing information or services were identified and strategies to manage these documented. The staff confirmed they</p>
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		<p>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, rongoā and spiritual assistance. Cultural assessments were completed by the nursing team who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</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>Activities are conducted by experienced activities staff from Monday to Friday, with weekends reserved for family/whānau visits, outings, and church services. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in consultation with the family/whānau and residents. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff.</p> <p>A residents' committee approves the activity calendar for the month and different residents are leaders in these activities (hosting events, leading team challenges etc). The service encourages its younger resident to take an active part in activities and community involvement. One younger resident leads the fundraising and wishing tree appeal with the salvation army, and another younger resident is a team leader for hospice fundraising. The activity staff member described how they work with the younger residents (and family/whānau as needed) to develop activities suitable for them. Two residents who did not know how to read and write had now passed their goals of reading and writing simple words. The activities are varied and appropriate for people assessed as requiring YPD care, rest-home, and hospital level of care. Activity progress notes and activity attendance checklists were written daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives, for all residents (as appropriate). Resident</p>

		<p>meetings (monthly) provide a forum for feedback relating to activities.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week. The activities coordinators' policy sighted was comprehensive and included Kaupapa Māori recreational programmes. The activities coordinators reported that a variety of activities are aimed at helping to stimulate or strengthen the wairua, hinengaro, tinana, and whānau concepts of well-being.</p> <p>EPOA and family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The NP completed three-monthly medication reviews.</p> <p>A total of 16 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was documented.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were</p>

		<p>reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures are being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The registered nurse was observed administering medications safely and correctly in one of the wings. Medications were stored safely and securely in the trolley, locked treatment rooms and cupboards. There were no residents self-administering medications. There is a self-medication policy in place when required. There were no standing orders in use.</p> <p>The medication policy clearly outlines residents, including Māori residents and their whānau, are supported to understand their medications. The CM reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the CC, CGA, registered nurses, and Māori residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking is prepared and cooked on-site. The kitchen is managed by the kitchen manager. The service employs two chefs and kitchen hands. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 3 July 2023. The menu was reviewed by a registered dietitian on 5 May 2023. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with</p>

		<p>current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, freezers, and dishwasher are maintained, and these are recorded on the electronic record management system. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori also, 'boil ups', hāngi, and pork were included on the menu, and these are offered to Māori residents when required.</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>	<p>FA</p>	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CM and CC reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent NP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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>There was a current building warrant of fitness displayed. 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 at the facility. Quiet spaces for residents and their whānau to utilise are available.</p> <p>There is a full-time maintenance officer who, carries out the 52-week planned maintenance programme. The FM and maintenance officer are also on call after hours for urgent matters. 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.</p> <p>Brittany House is continuing its process of refurbishing and upgrading the facility; the building has two storeys. There is a lift between the ground and the first floor. This is large enough to accommodate beds/stretchers if required. There is a large proportion of the senior management team who identify as Māori and are involved in the design and refurbishments of the facility.</p> <p>There is a total of eight double rooms and 46 single rooms including 36 ensembles and 12 rooms with no ensembles across the service. Communal toilet and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free flowing soap and paper towels in the toilet areas. There are several large and small lounges at the facility. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining rooms are spacious. There is a hairdressing salon on site.</p> <p>Communal areas include a spacious lounge, seating areas, dining</p>

		<p>rooms, and a library. There is a gym area for use by both residents and staff. There is a designated Doctors surgery and wellness clinic room for consultations and examinations. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the resident group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Residents' rooms are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There is a designated smoking area for residents who smoke.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>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 was not verified on the audit days. A trial evacuation drill was performed on 31 March 2023. The drills are conducted every six-months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>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, continence products, and a gas BBQ meet the requirements for 62 residents including rostered staff. There is a small generator on site and an extra generator can be hired when required. Emergency lighting is available and is regularly tested. The registered nurses, and a selection of care staff hold current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p>

		<p>The service has a call bell system in place that is used by the residents, whānau, 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.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times. 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 and wear masks within the facility all the time</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control (IC) and antimicrobial stewardship (AMS) programmes are led by the CM. Infection control and antimicrobial stewardship policies and procedures have been recently reviewed and are appropriate for the service. The IC and AMS programme and policies and procedures link to the quality improvement system and are reviewed and reported regularly. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the quality and risk programme. This includes reporting on significant infection events.</p> <p>Expertise and advice are sought from the nurse practitioner, Te Whatu Ora – Te Matau a Māui Hawke's Bay infection control team and experts from the local public health unit as and when required. The CM discusses and presents infection control issues at the management and staff/quality meetings.</p> <p>A pandemic/infectious diseases response plan is documented. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The CM oversees and coordinates the implementation of the IC programme. The Infection control coordinators role, responsibilities and reporting requirements are defined in the infection control</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>coordinator’s job description. The CM has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented IC programme implemented that was developed with input from external IC services. The IC programme was reviewed for 2022 and is linked to the quality improvement programme. Infection control policies were developed by an external consultant and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IC resources including personal protective equipment (PPE) were available on the days of the audit. Infection control 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 IC 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’ committee meetings. This included reminders about hand hygiene and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator liaises with the FM and consultant CGA on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora – Te Matau a Māui Hawke's Bay. The FM stated they involved the CM in the consultation process for any environmental changes to the existing facility.</p> <p>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</p>
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		<p>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 different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices related to IC observed, and thus acknowledge the spirit of Te Tiriti. The CM reported that residents who identify as Māori are consulted on IC requirements and cultural considerations. In interviews, staff acknowledged that IC considerations were included within their cultural training. The service has resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>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 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 NP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IC 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.</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</p>	FA	<p>Infection surveillance is part of the IC programme and 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. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed including cleaning,</p>

<p>an equity focus.</p>		<p>laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit 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. Data and graphs are available to staff and posted on quality noticeboards.</p> <p>Residents were advised of any infections identified and family/whānau involved where required. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been one outbreak reported in November 2022 (Covid-19 outbreak) and the FM stated the implementation the Covid response plan was successful.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. 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. Enough PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaners (housekeepers). 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 housekeepers have attended training appropriate to their roles. The infection control committee 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.</p> <p>There is a spacious laundry on site and operational seven days a week. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing</p>

		<p>temperatures are monitored and maintained to meet safe hygiene requirements. All laundry personnel and care staff have received training in laundry practices and documented guidelines are available. The effectiveness of laundry processes is monitored through the internal audit programme. The laundry personnel, care staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the CC, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility has two hospital residents on restraint at the time of the audit (side rails).</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation. The reporting process to the FM includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the documentation of the resident requiring restraint, included a process and resources for assessment, consent, restraint care plan monitoring, and evaluation. The restraint approval process includes the resident (if competent), NP, restraint coordinator, registered nurse and family/whānau approval. The restraint approval committee meets six monthly; however, reporting occurs monthly to the staff/quality meeting.</p> <p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of eliminating restraint use. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour. Staff complete a restraint competency annually. The service demonstrated they are actively working towards</p>

		eliminating restraint.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>A restraint register is maintained by the restraint coordinator. A restraint policy documents the requirements of safe restraint use and the type of restraints approved.</p> <p>Two (hospital) residents' files was reviewed. The restraint assessments reviewed, address alternatives to restraint use before restraint was initiated and include discussions with family/whānau, falls prevention strategies and management of behaviours. Cultural considerations are included in the restraint assessments. Restraint is put in place only as a last resort. Written consent was obtained by the residents' EPOAs following a comprehensive discussion. The use of the restraints, alternatives considered, and risk associated with restraint use and frequency for monitoring were stated in the resident's care plan. The care plan addresses the resident's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (where applicable).</p> <p>Monitoring forms are completed as per the monitoring frequencies stated in the restraint policy. Each episode of restraint is documented and includes any observations when side rails are in use, when the side rail was applied and when it was taken off. Any comments related to restraint use is recorded on the electronic form and in progress notes.</p> <p>There is a process of approval of emergency restraint practices and the CC and CM is responsible for discussions with family/whānau and debriefing. Any accident or incident that occurred as a result of restraint use are monitored. There were no incidents reported around the use of restraints since the last audit.</p> <p>Residents using restraints are reviewed three-monthly. Restraint use is discussed in the monthly staff/quality meetings, RN meetings and at handover.</p>
<p>Subsection 6.3: Quality review of restraint</p>	FA	The restraint committee endorsed the review of the restraint

<p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>programme.</p> <p>The restraint programme is reviewed annually with support from the external consultant responsible for the review of clinical policies and the consultant CGA. Monthly reporting includes extent of restraint usage, any trends, audit outcomes related to compliance of restraint related documentation and care plans, alternatives considered as well as evaluation of the staff restraint education programme.</p> <p>Meeting minutes reflect discussions on how to progress to minimise the use of restraint. Only approved restraint is used when clinically indicated and when all other alternatives have been tried. Clinical data reviewed evidenced no reported incidents related to restraint use since the last audit. A quality improvement project is being implemented to reduce restraints.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	The FM stated that the fire evacuation plan was approved in 1966 and was in the process of being updated; however, the service could not provide evidence of the old fire evacuation plan. The FM and the visiting fire safety officer reported that they are in the process of updating the current fire system to meet current requirements.	Current fire evacuation plan was not verified on the audit days.	<p>Provide evidence of an approved fire evacuation plan.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.