

Sunrise Healthcare Limited - West Harbour Gardens

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:	Sunrise Healthcare Limited
Premises audited:	West Harbour Gardens
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 15 June 2023 End date: 16 June 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	67



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

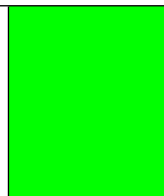
West Harbour Gardens is a privately owned facility certified to provide rest home level of care, hospital level care (medical and geriatric), dementia, and residential disability services (physical and intellectual) for up to 74 residents. There were 67 residents on the day of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora Health New Zealand - Waitematā. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is appropriately qualified and experienced. She is supported by a clinical manager (registered nurse), human resources manager, quality assurance manager, and a team of experienced care staff. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided.

This audit identified areas for improvement related to registered nurse staffing, initial assessments, and care plans.

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.

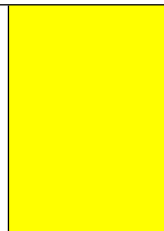
West Harbour Gardens provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

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



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

The 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data

were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure is established. Caregivers are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all caregivers.

The service ensures the collection, storage, and use of personal and health information of residents 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.		Some subsections applicable to this service partially attained and of low risk.
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The nursing team efficiently manages the entry process to the service. The clinical manager, registered nurses and the general practitioner assess residents on admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly and referred to specialist services and to other health services as required.


The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Activities developed cover a twenty-four-hour period for residents in the dementia wing.

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. Medicines were safely stored and administered by staff who are competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day. The service has an approved food control plan and current menu. Residents verified satisfaction with meals.

Transfers and discharges were managed in a safe manner.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Systems and supplies are in place for essential, emergency and security services.

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

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme are implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of West Harbour Gardens. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and there is adequate personal protective equipment and supplies. There have been three outbreaks since the previous audit.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring is appropriate for cleaning.

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 service has been restraint free since December 2022 and aims to maintain a restraint-free environment. This is supported by the governing body and policies and procedures. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	169	0	2	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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 and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, West Harbour Gardens acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. West Harbour Gardens are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and links in the community.</p> <p>The service had residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation, continues as a regular in-service topic, and includes a cultural competency assessment. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.</p>

		<p>The service supports increasing Māori capacity by employing more Māori applicants. At the time of the audit, there were Māori staff members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with eight residents (seven hospital – including three younger persons with disabilities, one rest home) and nine family members (seven hospital – including four related to younger persons with disabilities, one rest home, one dementia). The director, facility manager, clinical manager, quality assurance manager, human resources manager, and twelve staff interviewed (three caregivers, two registered nurses (RNs), one activities coordinator, one maintenance, one receptionist, one laundry, one cleaner, and two chefs) described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. The Pacific health plan has been written with Pacific input.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The management team described how they encourage and support any applicants during the interview process, who identify as Pasifika. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with the management team and staff confirmed the service puts people using the services and the local community at the heart of</p>

		their services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager or clinical manager discusses aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</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</p>	FA	<p>Staff interviewed described how they support residents in making their own choices. Residents interviewed confirmed this to be the case, and that they have control and choice over activities they participate in. Residents are supported to make decisions about whether they would like family members to be involved in their care.</p> <p>It was observed that residents are treated with dignity and respect.</p>

<p>experiences.</p>		<p>Resident/family satisfaction survey results confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Ten residents' files reviewed identified residents' 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. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p> <p>Younger residents and family/whānau interviewed by the consumer auditor stated they were overall treated with respect. All felt supported by staff to ensure their beliefs and identity are maintained.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. West Harbour Gardens' policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the management, registered</p>

		<p>nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident (electronic) forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This was also evidenced on the accident/incident forms.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents were able to speak and understand English; however, the service had well documented communication strategies that are able to be implemented by staff when and if required.</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 delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding the range of services available. Health professionals involved with the residents may include specialist services. The</p>

		<p>management team could describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> <p>The consumer auditor interview with younger residents and their family/whānau confirmed that at times communication was challenging due to language of different staff; however, overall the staff did their best to ensure residents understand.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The ten resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required, and for all residents in the secure dementia unit. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</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</p>	FA	<p>The complaints procedure is provided to residents and families/whānau on entry to the service and is available in te reo Māori. The facility manager is responsible for maintaining the complaints register. There have been three internal complaints received since the previous audit, one of which has not been resolved to the satisfaction of the complainant and has gone on to the Health and Disability Commissioner (HDC). The service has provided all</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>required documentation to HDC and await further correspondence. The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Te Whatu Ora – Waitematā has received an anonymous complaint from an ex-staff member and asked this audit to review facility practices related to dementia unit staffing, cleaning services, and maintenance. This audit has not highlighted any items of concern in relation to these alleged issues.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints, with complaints forms and advocacy brochures being available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held monthly and are another avenue to provide residents with the opportunity to voice their concerns. The management and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures.</p> <p>Residents/family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</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>FA</p>	<p>West Harbour Gardens, located in West Harbour, Auckland, provides dementia care, rest home level of care, hospital level care, and residential disability services – physical and intellectual, for up to 74 residents. On the day of the audit, there were 67 residents: 18 rest home, 41 hospital, and 8 dementia level. Within these numbers were two respite residents (hospital), thirteen residential disability (hospital-physical) and six (one rest home, one hospital) under the long-term support chronic health contract (LTS-CHC), with the remaining</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>residents being under the age-related residential care contract (ARRC). There were no residents under the certification type residential disability- intellectual.</p> <p>West Harbour Gardens is the trading name of Sunrise Healthcare Limited - a privately owned company with two directors. There is a facility manager (non-clinical), supported by a clinical manager (registered nurse), quality assurance manager (RN), human resources manager, and an experienced care team. The facility manager (also a director) meets at least weekly with the other director to facilitate the link between management and governance. The 2022 business plan has been reviewed and the 2023 plan is documented. A mission, philosophy and objectives are documented for the service. The regular meetings provide an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The facility manager, clinical manager and the quality assurance manager meet regularly to analyse the quality data and provides clinical oversight of the facility. The facility manager, quality assurance manager, and director analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. The Board has Māori representation. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with governance, staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The directors, and management team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the facility staff members.</p> <p>The facility manager has been in the role for two years and has extensive experience in the aged care sector. The clinical manager has been in the role for two months and has eight years aged care experience. The management team regularly attends aged care conferences, and the facility manager has maintained over eight hours of professional development per year relating to their role and responsibilities.</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>West Harbour Gardens has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the Board. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with management and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home, hospital, and residential disability levels of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse events and is collated and analysed. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified.</p> <p>Resident meetings are held monthly. Both residents and families/whānau have provided feedback via annual satisfaction surveys. The 2023 resident survey indicates that residents are very satisfied with the services received. No corrective actions were raised, and the results show a significant improvement in all areas from the 2022 survey results. Results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Board members and staff are kept informed, evidenced in management and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p>

		<p>The management team are aware of situations that require essential notifications. Section 31 reports have been submitted related to registered nurse shortages, a change in clinical manager, a resident-on-resident assault, and pressure injuries.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</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>	<p>PA Low</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (some afternoon and night shifts), for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), and senior caregivers acting as night shift duty leads on site, in addition to having experienced registered nurses on-call.</p> <p>The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager, and clinical manager are available Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Interviews with caregivers, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</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. Education specific to the care of younger adults is part of the education schedule and was last undertaken in January 2023 (supporting a younger person's wellbeing). Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety, and moving and handling. A record of</p>

		<p>completion is maintained.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 35 caregivers, 26 have achieved a level 3 NZQA qualification or higher. There are 26 caregivers who work in the dementia area, all of whom (except one still in progress) have achieved the required dementia specific unit standards.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Four RNs (including the clinical manager) are interRAI trained. Staff participate in learning opportunities that provide them 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. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, including cultural days and shared meals at meetings.</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. Eight staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually.</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. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for caregivers supports them to provide a culturally safe environment to Māori.</p>

		<p>Education specific to the care of younger adults is part of the education schedule and was last undertaken in January 2023 (supporting a younger person’s wellbeing).</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are 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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are kept securely electronically, and in hard copy.</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’ archived paper documents are securely stored in a locked room, and electronic records are held securely in the cloud. Both are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>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</p>	<p>FA</p>	<p>The information pack has accurate information about the services provided. The entry criteria is clearly communicated to people, family/whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry. Information about the services provided is explained and discussed with the enquirer as required.</p> <p>Residents enter the service when their required level of care has been assessed and confirmed by the local needs’ assessment and service coordination (NASC). Residents assessed as requiring dementia level</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>of care, were admitted with consent from the enduring power of attorneys (EPOAs) and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted. Signed admission agreements and consent forms were sighted in the records reviewed. Family/whānau and EPOAs interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>Residents' information is kept confidential and in password protected electronic files. The clinical manager (CM) stated that any delay to entry to service will be discussed with the resident or family/whānau as required. The CM reported that entry to service can be declined if the prospective resident does not meet the entry criteria or there is no vacancy. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The service maintains a record of the enquiries and of those declined entry. The pre-admission information form includes ethnicity data. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented. The general practitioner (GP) stated that Māori health practitioners and traditional Māori healers can be accessed if required for the benefit of Māori residents and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Nine residents' files were sampled for review: two rest home (inclusive one respite/ACC); five hospital (2 YPD, 1 LTS-CHC, 2 ARRC); and two dementia level of care. The CM/RN completes an initial assessment and care plan on admission, including relevant risk assessment tools and initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments (except one LTS-CHC, one YPD and one respite/ACC residents) and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident care plans. The interRAI assessment links effectively to the long-term care plan.</p>

		<p>Interventions recorded in the long-term care plan to address medical and non-medical needs were comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed were resident focused and individualised. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds, weight loss, or recent falls are documented and signed off when resolved. The resident funded by LTS-CHC, one YPD and one respite/ACC had initial assessments, and a long-term care plan in place. One hospital (YPD) resident did not have an initial assessment or nursing care plan or support plan completed within 21 days of admission.</p> <p>Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months. Residents and family/whānau interviewed confirmed that they participate in the care planning process and review. The RN interviewed described working in partnership with the resident and family/whānau to develop initial and long-term care plans. Younger residents and their family/whānau interviewed by the consumer auditor stated they were supported and enabled to access family, community, friends, and health facilities. Transport is available and offered by the service for consumer use. Family/whānau stated that they could visit at any time and were welcomed by staff and management. All stated that they were aware of their care plan, it was person-centred, and they had input as well as periodic reviews and changes. All stated that they had freedom of choice to participate in activities, education and community events.</p> <p>The CM/RN interviewed had a good knowledge of care being delivered based on the four cornerstones of Māori health 'Te Whare Tapa Whā.' The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for residents in the dementia unit or other residents having the same concerns. Triggers were identified and</p>
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		<p>strategies to manage these were documented.</p> <p>Monitoring charts included (but not limited to) weights, vital signs, turning schedules and fluid balance recordings and charts were implemented according to the care plan. Behaviours that challenge were monitored and recorded on the behaviour monitoring charts. Incident reports reviewed reflected a clinical assessment and a timely follow up by a RN. Neurological observations were undertaken for all unwitnessed falls and those where a head injury was suspected. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager, in consultation with RNs and caregivers.</p> <p>The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori health care plan was developed in consultation with a cultural advisor. The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as rongoā and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training.</p> <p>There were eighteen active wounds at the time of the audit and one resident with two pressure injuries (both stage IV). Wound management plans were implemented with regular evaluation completed. Wound management policies and procedures were in place. Adequate dressing supplies were sighted in treatment cupboards.</p> <p>The contracted GPs visits the service twice weekly and is accessible 24/7 by phone. Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed in a timely manner. More frequent reviews were completed if required, as determined by the resident's needs.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activity programme is led by an experienced activities coordinator and supported by the caregivers. The activities programme covers seven days a week. The weekly activities programme is posted on noticeboards around the facility. Residents are invited to the activities on the programme each day by the activities team.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. Activities plans were developed as part of the long-term care plans. The activities were varied and appropriate for people assessed as requiring rest-home, hospital, and dementia level of care and YPD residents. YPD residents' activities included one on one</p>

	<p>outings in the van to shop or have lunch/coffee at the local restaurants. Activities for residents in the dementia unit cover a twenty-four-hour period and reflected residents' preferred activities of choice. These were evaluated every six months or as necessary.</p> <p>The activities programme is regularly reviewed through satisfaction surveys, residents' meetings, and one-on-one conversations with residents to help formulate an activities programme that is meaningful to the residents. Resident's activity needs were evaluated as part of the formal six-monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled and confirmed in interviews with the activities team, residents and EPOAs for residents at the facility.</p> <p>Individual, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities on the programme include exercises; van trips; puzzles; quiz; walks; happy hour; walks on wheels; movie; church services; story-time; and birthday celebrations and a visit from a voluntary group at the Corban Art Centre. International days celebrated include King's birthday and St Patrick's Day. Cultural events that facilitate opportunities for Māori to participate in te ao Māori include Waitangi celebrations, Matariki, and kapa haka performances from local schools. Te reo Māori week was observed. The facility manager attends the Anglican church in Manukau and Fiji church in Botany and can access Pacific and Māori advisors for guidance. Daily activities attendance records are maintained.</p> <p>Activities for residents in the dementia unit cover a twenty-four-hour period and reflected residents' preferred activities of choice. Day activities included daily walks; singing; van outings; art & craft; church services; watching TV and movies; and one-on-one and group activities were conducted as per programme.</p> <p>Residents were observed participating in a variety of activities on the days of the audit. Competent residents in the rest home and hospital wings are supported to access community events and have the independence of going out on their own, as desired/if able. Residents, family/whānau and EPOAs interviewed confirmed they find the</p>
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		programme satisfactory.
<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>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. 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 GP completed three-monthly medication reviews.</p> <p>A total of 18 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Eye drops were dated on opening. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly by the maintenance team. Records were sighted.</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.</p> <p>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 reviewed the audit. The RN was observed administering medications safely and correctly in the hospital wing. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards. There were two residents self-administering medications who had been appropriately assessed, regularly reviewed by the GP, and had safe storage within</p>

		<p>their room. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP 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 CM, registered nurses and family/whānau and the residents who identify as Māori.</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>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder. All food and baking are prepared and cooked on site by a contracted service and was in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns in a four-weekly cycle. The menu was reviewed by a qualified dietitian on 28 August 2022. The chef plates and serves the meals directly into the dining room via a bain marie.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by Ministry of Primary Industries. The current food control plan will expire in May 2024. Food, freezer, and fridge temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Residents’ weight was monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where</p>

		<p>required. The two chefs (one identified as Māori) stated that if any residents request for culturally specific food, including menu options culturally specific to te ao Māori, this is offered as requested. Residents who identify as Māori and their family/whānau were satisfied with the food services. Whānau are welcome to bring culturally specific food for their family/whānau.</p> <p>Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meals in an unhurried fashion. Residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Family/whānau and residents expressed satisfaction with meals. This was verified in satisfaction surveys and residents' meeting minutes.</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>The transfer and discharge policy guide staff on transfer, exit and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, their family/whānau, and the GP. A standard transfer form is used to transfer residents to acute services. The CM reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for the transfer was documented on the transfer letter and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure the safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. The CM reported that social support or Kaupapa Māori agencies, where indicated or requested, are provided. Referrals to seek specialist input for non-urgent services are completed by the GP or the clinical team. Examples of referrals completed were in residents' files sampled. The resident and family/whānau (including EPOAs for residents in the dementia unit) were kept informed of the referral process, reason for transition,</p>

		transfer, or discharge, as confirmed by documentation and interviews.
<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>	FA	<p>The building has a current building systems status report issued in lieu of a building warrant of fitness. 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 in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the courtyard.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, resident equipment checks (this was last completed on 16 December 2022), and calibrations of the weighing scales and clinical equipment. Hot water temperatures have been tested and recorded in every resident room, laundry, and kitchen monthly. All hot water temperatures were within safe recommended ranges. Reactive maintenance is carried out by the maintenance supervisor, supported by two maintenance officers and certified tradespeople where required. The service employs one maintenance person who works from Monday to Friday and is on-call 24 hours a day when required. The service contract gardening services. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes. The vehicle which is used to transport residents had a current warrant of fitness and registration.</p> <p>The service is divided into three different wings, rest/hospital, and dementia wing. These are all connected via a central service area which includes a large lounge/dining area, reception, kitchen, nurses' station, medication room and laundry. All rooms are single occupancy with hand basin, apart from two rooms which could each accommodate two residents. There is a call bell system throughout the facility. Security cameras monitor the corridors, and the facility is secured overnight.</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing</p>

		<p>soap and paper towels in the toilet areas. There are adequate numbers of shared showers and toilets in proximity to resident areas.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the large hospital lounge and dementia wing respectively.</p> <p>Residents' rooms were personalised according to the residents' preferences. Shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating. Caregivers interviewed stated they had adequate equipment for the safe delivery of care, including weighing scales; pressure prevention mattresses; hoists; electric beds with high-pressure rating mattresses; and lazy boy chairs on wheels.</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 one outdoor area where residents smoke. All other areas are smoke free.</p> <p>The dementia wing is secure and has eleven beds, a lounge and dining room area, and adequate space for storage. There is adequate space for residents to wander. The secure dementia unit has a, enclosed walking courtyard and garden area where residents can mobilise freely, with seating and shade.</p> <p>The facility manager reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>Interviews with younger residents and family/whānau confirmed that all aspects and features of the facility met their needs. Including ease of access, spacious for wheelchair and bed movement, rooms were warm, appropriate ventilation, privacy, dining and lounge spaces, and outdoor shelter. They all stated that the facility was secure and safe for them.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by 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 in place was approved by the New Zealand Fire Service on 4 August 2015. A trial evacuation drill was performed on 8 June 2023. The drills are conducted every six months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continent products, gas, and BBQ. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance staff. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Security camera surveillance is installed in corridors. The dementia unit is secure. 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 always sign in and out of visitors' registers and wear masks within the facility.</p> <p>The needs of the YPD residents is taken into consideration in the emergency plan and this is conveyed to the individuals.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical manager (registered nurse) oversees infection control and prevention across the service. The infection control coordinator job description outlines the responsibility of the role. The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for West Harbour Gardens. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. Infection prevention and control matters are discussed as part of the staff meetings. Infection prevention and control is included in the business and quality plans. The coordinator is able to access advice from Te Whatu Ora - Waitematā infection prevention and control specialist, an external consultant, and the GP. The Board are informed of any infections through the manager's report and are informed of any outbreaks immediately.</p> <p>West Harbour Gardens has a process in place to mitigate their risk around pandemics, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations. All staff and most residents are vaccinated for Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator has undertaken recent online education in infection prevention and control and has peer support from the quality assurance manager (registered nurse). There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the management team and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eye protection, blood pressure equipment, and hoists are appropriately disinfected between resident use. Single use items (eg,</p>

		<p>wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The clinical manager, in collaboration with the facility manager, is responsible for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Te Whatu Ora - Waitematā for advice if required.</p> <p>The service provides te reo Māori information around infection control for Māori residents. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that West Harbour Gardens is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antimicrobial use policy and procedure that requires monitoring of antimicrobial use. The policy states this is done through the evaluation and monitoring of medication charts, laboratory results and medical notes. The GP and infection control coordinator monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</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</p>	FA	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Three-monthly benchmarking via an external consultant also occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. West Harbour Gardens receives regular notifications and alerts from Te Whatu Ora Health - Waitematā for any community concerns. There have been three outbreaks reported since the previous audit (Gastro in January 2023, Covid-19 in January and May 2023).</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. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>West Harbour Gardens has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There are sluice rooms with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>All laundry is processed on site by dedicated laundry assistants seven days per week. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Laundry chemicals are within closed systems, and material safety data sheets were evidenced in the area. The numerous linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The cleaning trolleys were always attended and locked away when not in use. All chemicals on the cleaning trolleys were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing</p>

		system. The staff interviewed demonstrated their understanding of the systems and processes.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The restraint approval process is described in the restraint policy and procedures and meets the requirements of the restraint minimisation and safe practice standards to provide guidance on the safe use of restraints. The CM is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the facilities commitment to restraint minimisation. They are conversant with restraint policies and procedures. The facility has had no residents on restraint since December 2022. Restraint minimisation training for staff, begins during their orientation, and continues annually.</p> <p>The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, a review of the records for residents requiring restraint would cover the restraint assessment, consent, monitoring, and evaluation.</p> <p>Family/whānau approval would be sought should any resident be unable to consent to the use of restraint. Any impact on family/whānau would also be considered.</p> <p>Restraint is discussed at the staff meetings and monthly quality meetings. A representative family member is consulted on the restraint procedures, as part of the restraint review processes, as required.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	As per the ARC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to always have at least one registered nurse on duty; however, the service has been unable to provide a registered nurse on some afternoon and night shifts for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), and senior caregivers acting as night shift duty leads on site, in addition to having experienced registered nurses on-call.	The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services</p>	PA Low	The individualised long-term care plans are developed with information gathered during initial assessment. One hospital (YPD) resident did not	One resident did not have initial assessments completed 21 days post	(i). Ensure residents have initial assessments

<p>to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>		<p>have an initial assessment or nursing care plan completed within 21 days of admission.</p>	<p>admission. One resident did not have a long -term care plan completed within 21 days.</p>	<p>completed within 21 days of admission. (ii) Ensure long-term care plans are completed within the 21- day timeframe. 90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.