Presbyterian Support Central - Brightwater Home

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	Presbyterian Support Central
Premises audited:	Brightwater Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 22 February 2024 End date: 23 February 2024

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: 50

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 tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

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

Presbyterian Support Central (PSC) Brightwater Home is owned and operated by the PSC organisation. Brightwater provides hospital, rest home, and dementia level care for up to 57 residents. On the day of the audit, there were a total of 50 residents.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Te Whatu Ora Health New Zealand - Mid Central. The audit processes included observations; a review of organisational documents and records, including staff records and the record of residents; interviews with residents and their family/whānau; and interviews with staff, management, and the general practitioner.

The 2023-2024 business plan of PSC Brightwater aligns with the overarching PSC Enliven strategic goals for 2020-2025, encompassing a dedication to embrace the Enliven philosophy and Māori wellbeing framework, Te Whare Tapa Whā. This plan, outlining specific objectives and values, undergoes regular review in quarterly Board meetings and additional evaluation during biannual planning days. Brightwater Home benefits from the presence of a kaumātua among its residents, who imparts training and advice to staff regarding Māori customs and practices.

The service has addressed the previous shortfalls in relation to care plan interventions, care plan evaluations, and implementation of staff training programme. One shortfall around dementia qualifications remains ongoing.

Ō tātou motika | Our rights

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

PSC Brightwater Home integrates Te Tiriti o Waitangi principles and recognises mana motuhake, with staff trained in Pepeha and Tikanga Māori to foster bicultural competence. The facility ensures a safe, respectful environment, adhering to the Code of Health and Disability Services Consumers' Rights, with specific policies and training on abuse, neglect, and maintaining professional boundaries. Survey results showed that residents feel secure and respected, with mechanisms in place for reporting and addressing complaints efficiently.

Hunga mahi me te hanganga | Workforce and structure

Includes five 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 medium or high risk and/or unattained and of low risk.

The quality and risk management programme emphasises rigorous quality and risk plan through structured meetings, including weekly senior staff and monthly clinical and general staff gatherings, to discuss quality metrics, health and safety, and other key issues, integrating insights from audits, and incident reports for continuous improvement.

Staffing levels are accurately managed across all shifts, with careful consideration of the residents' acuity levels to ensure sufficient staffing. Newly employed staff undergo comprehensive orientation, are provided with clear job descriptions, and participate in ongoing training. Staff education plan is implemented, and staff performance appraisals were completed annually.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.

On admission, each resident undergoes an assessment to ensure their care needs are accurately identified. The nursing team oversees this evaluation process, as well as the creation and periodic reassessment of personalised care plans. These plans are tailored to meet the specific needs of each resident, with interventions that are both relevant and promptly reassessed for efficacy.

A medication management system is fully implemented and staff administering medications are deemed competent in this area. The dietary service is designed to accommodate the individual preferences and nutritional needs of residents, including specific cultural requirements. Nutritional snacks are accessible around the clock.

When necessary, residents are referred or transferred to external health services to ensure they receive the comprehensive care they need.

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

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

The building has a current warrant of fitness, and the maintenance plan is implemented.

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

Includes five 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 infection control programme is appropriate for its size and complexity of the service. Annual reviews occurred and aligned with the organisation wide quality objectives. Infectious outbreaks are well managed.

Here taratahi | Restraint and seclusion

Includes four 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 clinical manager is the designated restraint coordinator, overseeing the facility's restraint practices. At the time of review, the facility proudly reported no instances of restraint use, reflecting its commitment to maintaining a restraint-free environment.

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	18	0	0	1	0	0
Criteria	0	48	0	0	1	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.

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Presbyterian Support Central (PSC) Brightwater Home has policies, procedures, and processes in place to embed and enact Te Tiriti o Waitangi in all aspects of its work and acknowledges mana motuhake. PSC has a Māori Health Plan which was developed in partnership with local Whanganui Kaumātua, whānau, residents, and staff. It incorporates the Māori Health Strategy and the Eden Alternative ten core principles. Staff complete the Oranga Kaumātua/Wellness map which is designed to gather information about activities, routines, and practices that are important to the individual. Care plans reviewed included the physical, spiritual, family/whānau, and psychological health of the residents. There are staff and residents that identify as Māori, including a resident who is the facility kaumātua. Interviews with seven staff (two registered nurses, three healthcare assistants, a kitchen staff, and a diversional therapist), confirmed that staff members have completed training in Pepeha, which focuses on introducing oneself in Māori, and they are encouraged to utilise this practice. Additionally, they have undergone training in Tikanga Māori, aimed at enhancing their proficiency in bicultural practices. This training is provided by the facility kaumātua.

Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Presbyterian Support Central (PSC) recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented as part of the cultural appropriate service policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights is available in Tongan and Samoan. The Pacific health plan outlines how PSC aims to enhance communication and input in partnership with Pacific communities in the lower North Island region. On the day of audit there were no residents or staff who identified as Pasifika.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Service Consumer Rights (the Code) was available and displayed in English and te reo Māori throughout the facility. Staff have received training on the Code as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. Interviews with one rest home and four hospital level care residents and six family/whānau (three hospital, two dementia, one rest home) affirm that the facility upholds residents' rights, treating them with dignity, respect, and kindness.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Residents have reported that they have neither observed nor suspected any instances of abuse or neglect, highlighting that staff consistently uphold professional boundaries. The orientation for new staff members encompasses training on maintaining these boundaries. Furthermore, staff have undergone training regarding the prevention of elder abuse. Residents feel empowered to voice any concerns to the management team as needed, with assurances of swift responses. Upon admission, residents' belongings are clearly labelled, ensuring respect for their property. For the safekeeping of personal funds, residents

		have access to a comfort account, managed by the administrator. The survey results indicate a high level of satisfaction among both residents and their relatives, with the overall services provided by the facility. Specifically, residents expressed a strong preference for staying at this home, with an average satisfaction score of 5 out of 5. Additionally, when it comes to recommending the facility to others, the average score was 4.80 out of 5.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resident interviews confirmed that they are provided with information and were involved in the consent processes. Where required, residents' legal representatives were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their legal representative sign on admission. Staff were observed to gain consent for daily cares.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality	FA	Brightwater Home has a complaints policy that describes the management of the complaints process and aligns with The Code of Health and Disability Services Consumers' Rights. Complaints forms are available and located in visible locations around the facility. Information about complaints is provided on admission. Interviews with residents and family/whānau confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints. The village manager manages complaints. A register is maintained. Four complaints were lodged in 2023 year to date, and all are closed off.

improvement.		Notably, one of these complaints was initially directed to the Health and Disability Commissioner, but was referred back to the facility for resolution without further action from the Commissioner. The complaints register documents each complaint's acknowledgment, follow-up correspondence, investigation, and the dates and actions related to its resolution. An examination of the register confirms that complaints are addressed promptly. Additionally, the process for handling complaints is integrated with the quality and risk management system. The village manager, articulate in Māori, along with the resident kaumātua, supports Māori residents, ensuring they experience a fair and equitable complaints process.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	PSC Brightwater Home is owned and operated by the PSC organisation. Enliven is the name for services for older people and people living with disability, provided by the seven Presbyterian Support organisations in New Zealand. Brightwater provides hospital, rest home, and dementia level care for up to 57 residents. All beds are dual purpose. There are no double/ shared rooms. On the day of the audit, there were a total of 50 residents: 26 hospital residents, three rest home residents, and 21 dementia level residents. Included in the total occupancy numbers were three residents who are under a contract with Mana Waikaha (two at hospital level and one at rest home level of care); two residents were underage of 65 (one at rest home level of care and one at dementia); one resident under respite care contract; and one resident was under ACC pathways. The remaining 43 residents were under the age-related residential care contract (ARRC). PSC Brightwater has a business plan (2023-2024) that aligns with PSC Enliven overarching strategic plan (2020-2025). Clear business goals are documented to support their Enliven philosophy. The model of care sits within the Enliven framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā. The business plan includes a purpose, values, and priority objectives with site specific goals. Business plan objectives are evaluated at least quarterly during Board meetings. Additionally, the Board

		conducts biannual planning days, serving as an opportunity to assess the progress and attainment of these goals. The PSC Enliven strategic plan reflects the organisation's commitment to collaboration with Māori. This aligns with the Ministry of Health strategies and how it addresses barriers to equitable service delivery. PSC has a Board of nine directors which includes Pacific representation and a position for Māori. In the meantime, the Māori representation role is supported from the organisation's cultural advisor role, which includes providing advice to the Board in order to further explore and implement solutions on ways to achieve equity and positive outcomes for tāngata whaikaha. Within the Board there are two main subcommittees, these being Finance, Audit and Risk Committee and Property committee. There are two other committees which are the Social Services Continuum and the Aged Care Continuum. These two committees are made up of Board members and Senior Management team members. The Board receives a director's report monthly from the chief operating officer and clinical director. There are two regional managers, and two nurse consultants, a clinical director and consulting physiotherapist supporting the individual facilities. The Chief Operations Manager reported that the governance body is committed to the quality and risk management system. There is an appropriate clinical governance framework in place for the services provided. Review of monthly reports by the management team, interviews with chief operations officer and the clinical director revealed a variety of data and information used for performance monitoring.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.	FA	PSC Brightwater Home implements a comprehensive organisational quality and risk management programme, emphasising performance evaluation and improvement through internal audits, as well as gathering, organising, and analysing clinical indicator data for benchmarking purposes. The programme's structure includes weekly meetings with senior staff (village manager, clinical manager and care coordinators), along with monthly clinical and general staff meetings. These gatherings serve as platforms for discussing a variety of topics, including (but not

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.		limited to) quality metrics; health and safety measures; infection control; feedback and complaints; staffing issues; and educational initiatives. Insights from internal audits and incident reports are shared in the monthly clinical and staff meetings, where quality data is systematically compiled, documented, and reviewed. Additionally, any corrective measures identified from audits and data analysis are recorded and addressed during these meetings to facilitate service improvements. Quality updates and data trends are visibly displayed on noticeboards within the staffroom and nursing stations to keep everyone informed. The progress of corrective actions is regularly discussed across senior, clinical, and general staff meetings, ensuring comprehensive follow-through and formal closure upon completion. Enliven employs an in-house benchmarking tool that leverages data from electronic records to compare performance indicators across all Enliven Central homes. Should indicators suggest any area below the benchmark thresholds, the home initiates targeted improvement plans. Repetitive audits were conducted to ensure complete compliance in several key areas, including document management, medication handling, and clinical operations. These audits were part of a corrective action plan designed to ensure strict adherence and full compliance within these areas. PSC Brightwater Home successfully implemented a polypharmacy review programme, significantly enhancing medication management and safety for their residents. During an interview, the general practitioner (GP) mentioned that this effort is continuous, with a dedicated commitment to maintaining its effectiveness. Opportunities were given to residents and families/whānau to express their opinions and experiences openly. Resident and family/whānau feedback was gathered through ‘consumer surveys’ conducted in 2023, with an analysis of relatives' survey responses shared across the staff. A total of 11 family/whānau contributed to the survey, revealing a high level of satisfaction in key areas such as clinical and cultural care and support, food, and housekeeping standards. Additionally, resident surveys were carried out towards the end of 2023, and while the results are pending review, the feedback from 2022 indicates strong satisfaction with the services received. Furthermore, the 2022 responses suggest that residents hold the facility in high regard, enough to recommend it to others.

		The health and safety programme is guided by a commitment from the PSC CEO and senior management team ensuring a top-down emphasis on health and safety standards, as well active involvement of individual staff members at each facility. This programme is administered through an electronic system, allowing the central office to oversee and track hazards, accidents, or incidents as they happen. Health and safety topics are included in all meeting agendas. Staff members undergo a health and safety orientation and receive continuous training as part of their educational development. Additionally, the hazard register is consistently kept current. Staff document adverse and near-miss events. A sample of 10 incident forms reviewed showed that incidents were recorded, investigated, corrective action plans were developed, and followed up in a timely manner. The facility manager understood and has complied with essential notification reporting requirements. There have been three Section 31 notifications completed in 2023. These were related to pressure injuries.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	PA Moderate	PSC Enliven has a comprehensive three-year compulsory training programme for registered nurses and healthcare assistants. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. The training programme is fully implemented and exceeds eight hours annually. Therefore, required corrective action around implementation of annual staff training has been addressed; however, not all staff who work in the dementia unit have completed unit standards. This was a shortfall at the previous audit and remains open. There is a first aid trained member of staff on each shift, as well as medication-competent staff. Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment. A competency programme is in place. Core competencies have been completed, and a record of completion and register is maintained. Registered nurses completed training through the Enliven core competency training programme. There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care. There

		are eight registered nurses. Seven RNs, the clinical manager, and clinical coordinators maintain interRAI competency. The facility manager oversees two facilities: Willard (rest home only) and Brightwater. The facility manager alternates one morning and one afternoon rotation in each facility, splitting their time 50/50 or as required. The clinical manager works Monday to Friday. Additionally, two full-time clinical coordinators ensure coverage seven days a week, taking their days off on different days to maintain continuous support. One of the clinical coordinators oversees the dementia unit. There is one RN on duty 24 hours a day/seven days a week. Interviews with staff, families/whānau, and residents confirmed that overall staffing is adequate to meet the needs of the residents.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Eight staff files reviewed (the clinical manager, a clinical coordinator, one RN, two healthcare assistants, a cleaner, the chef, and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, police checking, training records and completed orientation records. Annual performance appraisals were conducted and documentation supporting this was found in seven out of eight personnel files reviewed. The remaining file, where an appraisal was not yet conducted, belonged to a recently employed staff, for whom the appraisal was not due at the time of review. Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio. All registered health professionals, whether contracted or employed, maintain a valid annual practising certificate, which is confirmed during the employment and contracting stages and subsequently checked on a yearly basis. An orientation programme is fully implemented. New employees are paired with experienced staff for several shifts as part of their integration process. Feedback from staff indicates that the orientation programme is effective,

		offering the necessary support and preparation for their roles, responsibilities, and addressing the unique care needs of residents.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Six electronic resident files were reviewed: three hospital files, one rest home file on a contract with Mana Whaikaha, and two in the dementia unit. The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Initial care plans were established for each resident, highlighting their specific needs and preferences. For all residents in long-term care, interRAI assessments were completed, with no overdue assessments noted upon review of the interRAI dashboard. Residents under ACC pathways, respite care and under the age of 65 did not require interRAI assessments. Care plans are comprehensive and designed in accordance with the principles of the Eden Alternative care model, addressing the whole person. For immediate concerns such as infections, wounds, or weight changes, short-term care plans were developed. Care plan interventions were comprehensive, encompassing the management of any specific medical conditions. Behaviour management plans are in place for any behaviours of concern. Behaviour management plans included triggers and management strategies to manage these. One file reviewed was a resident with insulin-dependent diabetes. Review of the care plan showed detailed planning for the management of hypoglycaemia or hyperglycaemia, blood glucose monitoring frequencies, and target ranges. The resident's blood sugar records demonstrate effective management. The previous shortfall (#3.2.3) has been addressed. The effectiveness of resident care is reviewed on a daily basis, with significant findings communicated during handovers and documented in progress notes. Should any changes in a resident's condition be observed, they are promptly reported to an RN. Long-term care plans undergo formal review at least every six months, coinciding with interRAI reassessments and in their absence, other nursing assessments, or upon a significant change in the resident's health status. Care plan evaluations shows progress towards achieving set goals and desired outcomes. All aspects of the care plan interventions were evaluated. Therefore, the required corrective action (3.2.5) from the previous audit around care plan evaluations has been addressed. Residents and family/whānau interviews

		confirmed their involvement in care planning process. On the day of audit, there were 10 wounds, including one unstageable sacral pressure injury, two abrasions, four minor skin tears, and three infected lesions. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed. Wound dressings were being changed appropriately and a wound register is maintained. Advice is sought from the wound care specialist nurse or district health nurse as required. Registered nurses and healthcare assistant interviews confirmed the provision of sufficient clinical materials and equipment, including those necessary for wound care and pressure injury prevention. There is currently one pressure injury (unstageable) which is improving. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Registered nurses and healthcare assistants complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Healthcare assistants interviewed knew to report appetite changes and food and fluid intake of residents to registered nurses, who acknowledge this protocol. Neurological observations are completed for unwitnessed falls, or where there is a head injury. All incident reports reviewed evidenced timely follow up by an RN. Care plans reflect the required health monitoring interventions for individual residents. Progress notes reviewed were reflective of the resident's journey and include evidence of follow up on advice and instructions, and family/whānau communication. Brightwater Home is serviced by a general practitioner (GP), who is part of a medical team comprising of two nurse practitioners and four additional GPs. These team members provide coverage for the home in the primary GP's absence. During an interview, the GP expressed a high level of confidence in the team, highlighting a foundation of mutual trust and respect. The GP commended the clinical staff's expertise and their ability to implement planned interventions effectively.

Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medicine management system is appropriate for the scope of the service aligning with recommended guidelines. Registered nurses, an enrolled nurse and medicine competent healthcare assistants administer medications. Annual competencies were completed, including training on safe medication practices. Registered nurses have completed training for operating syringe drivers. Observations confirmed that staff administered medications safely, and those involved in medication dispensing were knowledgeable about their responsibilities. Medications were delivered to the facility monthly. Upon receipt, all medications are verified against the prescription chart, with any inconsistencies reported to the pharmacy. Medications are securely stored, and daily monitoring of the medication fridge and room ensures temperatures remain within safe limits. Monthly checks of all medications are conducted. A review of twelve electronic medication charts revealed that GPs review resident medication profiles every three months. Drug allergies were documented, photo identification was current, and medication charts are reviewed at least three-monthly. There is a policy and procedure documented in relation to residents self-administering medications. There were no residents self-administering their medications on the day of the audit. Brightwater do not utilise standing orders in use.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The food services are managed by a chef, with all food, including baked goods, prepared and cooked on site. Staff involved in food preparation have undergone food safety training. The Food Control Plan was valid until 23 January 2024 and an external audit is scheduled for 27 February 2024. A dietitian has approved and reviewed the five-weekly rotating summer and winter menus on 27 October 2023, and recommendations were followed up. The dinner menu offers two choices, including one vegetarian option. The chef, upon interview, mentioned using a report from the electronic resident management system to monitor residents' dietary needs and is promptly informed of any changes to their diets. Upon admission, a nutritional profile for each resident is created, detailing their dietary needs, preferences, allergies, and specific requirements. Any issues with

		swallowing are documented in the resident's care plan. The facility accommodates various dietary needs, including texture-modified diets, finger foods, gluten free meals, dairy free meals, and vegetarian meals among others, and provides specialised utensils and lip plates when needed. Snacks are readily available on demand throughout the facility.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Evidence of this process was observed in a resident's file related to the local hospital admission and confirmed through interviews with the clinical manager and RNs.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The service has a valid building warrant of fitness, set to expire on April 7, 2024. A full-time maintenance staff covers two locations and is also available on-call for any urgent needs. At the reception, there is a logbook dedicated to recording requests for repairs and maintenance, which is regularly reviewed and marked upon completion of the necessary work. The maintenance schedule is implemented. For critical needs, essential services like plumbing and electrical work are ensured to be accessible around the clock. Staff interviews confirmed adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents. Since the last audit, the dining lounge area of the dementia unit has undergone floor replacement, and there are plans to completely replace the carpeting throughout this unit. The facility fosters an environment that respects and embraces cultural

		diversity and cultural practices. Residents have the freedom to decorate their rooms according to their personal tastes. Additionally, a Māori carving donated by a local Māori organisation, is prominently displayed at the entrance, symbolising Brightwater Home's valued role in the community.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control programme is appropriate for its size and complexity of the service. Annual reviews occurred and aligned with the organisation wide quality objectives. The service maintains low infection rates. Infection stats are reported on quarterly to the continuous quality improvement committee which the CEO attends. The CEO reports on infection data and outbreaks to the Board. The organisation is a member of Bug Control NZ and maintains up-to-date policies and procedures. The infection control coordinator (registered nurse) provides an infection control report to the facility manager. The report is discussed at quality/staff and registered nurse meetings. The report is forwarded to the Enliven office. The infection control coordinator was not available on both days of the audit. The infection control coordinator has completed the annual Enliven infection control and prevention study day. Staff education around infection control commences at induction to the facility, with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Training on infection control was conducted amidst outbreaks, with debrief sessions following each incident. Information pertaining to infection control was a regular part of staff handovers. On the second day of the audit, a resident tested positive for Covid-19 after exhibiting symptoms of illness. Promptly all staff, whether on-site or off-site, were informed, as were family members and visitors upon entry. All staff began to wear surgical masks immediately, and those working in the affected wing wore N95 masks. The response to this situation was efficiently managed. During both days of audit, staff adherence to infection control policies observed and interviews with staff confirmed their understanding of standard precautions.
Subsection 5.4: Surveillance of health care-associated	FA	An infection control surveillance programme is implemented and linked to the quality and risk management system. The infection control nurse

infection (HAI) The people: My health and progress are monitored as part of the 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.		utilises surveillance data to identify the need for infection control measures, resource allocation, and educational initiatives within the service. Infection data is gathered monthly for all cases using established definitions, symptoms, signs, and reporting protocols. This data is recorded in the infection register within the electronic risk management system. It undergoes regular monthly and annual reviews to monitor, evaluate, and identify any trends. When trends are spotted, appropriate corrective measures are taken. These actions, along with their outcomes, are reviewed during clinical meetings and staff meetings. Summaries of these discussions, including minutes and infection control data, are accessible to all staff members. Infection control data, including ethnicity-specific insights, is analysed, as evidenced in monthly infection control reports, as well as organisation wide. The service conducts internal infection control audits to identify and rectify areas needing improvement. Information about new infections is communicated to staff during shift handovers, through progress notes, and in clinical records. Individualised care plans are developed for residents with infections, detailing necessary care protocols, including isolation procedures when needed. PSC Brightwater had effectively managed two Covid-19 outbreaks in September 2023 and December 2023, in collaboration with the Public Health Services and Te Whatu Ora - Mid Central. In February 2023, the facility experienced a scabies outbreak; the insights from which were shared with the staff. During interviews, staff members expressed the challenges they faced during this outbreak and conveyed to the auditor the lessons they learned from managing it.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the	FA	The service is dedicated to delivering care to its residents while minimising the reliance on restraints; striving for their non-use wherever achievable. According to the restraint policy, any contemplation or use of restraints must involve collaborative decision-making with the residents' families or whānau, ensuring the selection of the least restrictive option available. The service is committed to engaging with Māori partners to ensure that the provision of services upholds and enhances mana, demonstrating respect and empowerment.

use of restraint in the context of aiming for elimination.		The clinical manager is the designated restraint coordinator, overseeing the facility's restraint practices. At the time of review, the facility proudly reported no instances of restraint use, reflecting its commitment to maintaining a restraint-free environment. Should the need for restraint arise, it would be thoroughly documented and reviewed during clinical, staff/quality meetings, and reported to the PSC office. The restraint coordinator emphasized their determined efforts toward the eradication of restraint use. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.
Subsection 6.2: Safe restraint 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. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	The service actively reviews restraint as part of the internal audit and reporting cycle. The restraint coordinator monitors restraint usage and relevant incidents/accidents. Annual organisational restraint meetings and reviews are documented. Restraint monitoring is required at least two hourly when restraint is in use. There was a previous audit finding around documentation not reflecting required monitoring. With no restraint in place, the auditor considered that the previous finding around restraint monitoring has been addressed. Noting this cannot be fully reviewed as part of this audit.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.3.2 Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.	PA Moderate	PSC Enliven offers an extensive three-year mandatory training programme for RNs and healthcare assistants. This programme is well-organised, featuring the separate RN training schedule and various training materials. The training calendar details mandatory sessions (enliven essentials and clinical subjects), encompassing cultural awareness training. Staff complete specific competencies that are integrated with the training programme, with annual training hours exceeding eight hours. Not all staff who work in the dementia unit completed required unit standards. Several staff members qualified in dementia care unit standards are currently working in the hospital wing, rather than being transferred to the dementia unit. The village manager	The dementia unit is supported by 13 healthcare assistants, out of which 3 are currently enrolled in the required unit standards programme; however, they have not yet completed it. All three have been employed for over 18 months. This matter was highlighted in the previous audit and remains unresolved.	Ensure that staff working in the dementia unit have completed required unit standards within 18 months of employment. 60 days

		clarified that the staff selected to work in the dementia unit were chosen for their proven experience and exceptional skills in caring for residents with dementia. These three staff members have now been enrolled in the relevant unit standards programme and are expected to complete their studies within the next six months.		

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.