Belmont Hospital Limited - Eversleigh Hospital

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:	Belmont Hospital Limited
Premises audited:	Eversleigh Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 May 2024 End date: 3 May 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: 36

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

Eversleigh Hospital is located in Belmont Auckland and provides rest home and hospital level of care (medical and geriatric) for up to 38 residents. There were 36 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora- Waitemata. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The CEO (registered nurse) is supported by an organisation clinical, quality manager clinical, clinical lead, registered nurse and a team of experienced healthcare assistants.

The facility is in phase one of implementing an electronic resident management system and introduced a new call bell system within the facility. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no corrective actions identified at the previous certification audit.

This surveillance audit identified areas for improvement related to the care plan review process.

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.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Eversleigh Hospital demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

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.		Subsections applicable to this service fully attained.

The CEO is overseeing the day-to-day operations of Eversleigh Hospital and governance of the organisation. The clinical governance is appropriate to the size and complexity of the service provided. The 2021-2024 business plan includes a mission

statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following up on adverse events, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

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

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident centred care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Cultural needs are incorporated into the menu.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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 holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved by the chief executive officer. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs between facilities. There had been no outbreaks recorded and reported on since the last audit.

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 business plan and restraint policy include a goal to eliminate restraint. The restraint coordinator is a registered nurse. The facility had residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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	The Māori health plan and cultural sensitivity policy provide guidelines for the safe provision of care in line with cultural safety and the Te Tiriti o Waitangi obligations. A list of local Māori health care providers is available to staff. Mana motuhake is recognised as part of the business strategy and recognised in the individual care plan, and aspects of service delivery. There were Māori residents at the time of the audit.
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	The Ola Manuia Pacific Health and Action Plan, and Te Mana Ola are the chosen models for the Pacific health plan. At the time of the audit, there were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Eversleigh Hospital. There is a holistic care plan for Pacific people that was developed with Pacific staff input and recognised cultural aspects to improve wellbeing. There were Pasifika residents at the time of the audit.

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 Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The CEO (interviewed) demonstrated how this is also provided in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Four residents (two rest home and two hospital) and six family/whānau (two rest home and four hospital) interviewed confirmed the service upholds the rights of the residents. Mana motuhake is recognised through the care planning process with goals that promote wellbeing and independence.
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	Eversleigh Hospital policies document guidelines for the prevention of any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and guidelines to respect resident's property, including an established process to manage and protect resident finances. All staff at Eversleigh Hospital are trained in and aware of professional boundaries and code of conduct, as evidenced in orientation documents and ongoing education records. Staff interviewed (six healthcare assistants (HCA), two registered nurses (RN), kitchen manager) demonstrated an understanding of what professional boundaries mean to them.
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	FA	There are organisational policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with family/whānau and residents confirmed their choices regarding decisions and their wellbeing is respected. All residents sign general informed consent forms at the time of admission for photographs, outings, students to be involved in the care setting, and release of health information when appropriate.

to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been 10 complaints made in 2023, and one in 2024 year to date. The trend identified was in relation to food. The CQM and CEO stated improvement around the food service has been implemented. The resident survey for 2024 supports higher satisfaction in relation to the food service. Complaints are monitored. The CEO meets regularly with families, and family/whānau interviewed stated the CEO is visible and approachable. Documentation including follow-up letters and resolution, demonstrates that complaints were being managed in accordance with guidelines set by the Health and Disability Commissioner. There was one complaint in January 2024 escalated to Health New Zealand Te Whatu Ora- Waitemata who investigated the complaint. The funder requested feedback in relation to the recommended improvements required in relation to the complaint at this audit. The corrective actions included: A review and update of the complaints policy and process by the CEO in February 2024 to ensure: a). Resolution letters linked to advocacy services, where it previously only linked to aged concern, and b). The complainants are informed of the status of the complaint if investigation is ongoing. Complaints, subsequent improvement plans and positive feedback are discussed at the management/quality (clinical governance) meetings and staff/quality meetings. Corrective actions have been implemented in relation to a complaint, including ensuring appropriate behaviour assessments, behaviour monitoring charts and behaviour care plans in place. All residents had a six-

		monthly care plan review and appropriate risk assessments completed where an interRAI could not be completed within the required contractual timeframe (link 3.2.5). Residents had been assessed by needs assessor service coordination (NASC) team and the mental health services for older people (MHSOP) team. The GP interviewed stated they are satisfied with the management of residents with behaviours that challenge. Discussions with residents and family/whānau members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori (if any) in the complaints process. Interpreters contact details are available. The CEO acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.
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	MA Healthcare Limited have owned and operated Eversleigh Hospital since November 2021. The service provides rest home and hospital level (geriatric and medical) care for up to 38 residents, which includes three beds in serviced apartments. All beds including the serviced apartments are dual purpose beds. All other residents were under the age-related residential care (ARRC) agreement. There is one shared room and there were two residents at hospital level care sharing the room. At the time of the audit there were 37 residents in total: seven rest home level residents, including one resident on an ACC respite care contract and one resident in the serviced apartment; and 29 hospital level (including one resident on a long term support-chronic health contract [LTS-CHC]). MA Healthcare Limited has a long history of owning and operating aged care facilities and owns another three aged care facilities within the region. The Governance Body of MA Healthcare Limited is headed by the Chief Executive Officer (CEO) and the members are one Clinical & Quality Manager (CQM), the three Business & Care Managers (BCM), two Assistant Business & Care Managers (ABCM) and the two Clinical Leads. The CEO is based at Eversleigh Hospital and is a registered nurse (RN) with an annual practising certificate (APC) and assumes accountability for day-to-day operations at Eversleigh Hospital. The BCM and their assistants work

		autonomously in running the day-to-day operation of their facilities. The Clinical Lead provides support to the BCM. The CEO provides organisational governance and organisational clinical governance is provided by a CQM with support from clinical leads (RN) at each facility. All Business and Care Managers report weekly to the CEO. Clinical leads report monthly to the CQM on their quality indicator data, analysis and identified trends. A quarterly organisational report is completed of all the compiled data and include comparisons between the four facilities related to antimicrobial stewardship (AMS) and infections; falls; restraint; skin tears; behaviour; medication errors/management; and care planning /interRAI reports. Resident demographics including ethnicity and sex are collated and reviewed annually by the CEO. The business plan for 2021- 2023 has been reviewed January 2024. A new business plan and organisational plan has been documented for 2024. The business plan demonstrates a commitment to quality and risk management, ensuring there are no barriers for tāngata whaikaha and that service delivery is fair and equitable for Māori. The group philosophy, strategic direction and policies and procedures demonstrate various ways that meaningful inclusion of Māori and honouring Te Tiriti occurs in all aspects of service delivery. The organisation's mission, vision and values are documented. Service monitoring and review of organisational performance occurs and is documented quarterly. The CEO confirmed he collaborates with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori. The CEO and CQM is involved in all aspects of service delivery and a sample of the monthly reports' reviewed evidence performance monitoring (business and quality). The reports include (but not limited to): focus for the month; health and safety (including incident and accidents); infection events; complaints/compliments; changes in residents and staff; staff training and education; internal audit results; staffing; and service achievements/works completed. The CEO has 10 years' experience in management of aged care facilities and healthcare auditing. The CEO confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field by attending local Health New Zealand Waitemata forums, cultural training, and a recent attendance of an external management /leadership day. The CEO, clinical and quality manager (CQM) risk quality clinical lead,

		and the other registered nurses meet regularly to analyse clinical indicators, resident's response to care, and adherence to best known nursing practice.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Eversleigh Hospital implements a quality and risk management programme. The quality and risk management system include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, wounds including pressure injuries, medication errors, restraint) is collected and analysed. Quarterly benchmarking occurs between facilities. Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints/concerns received; staffing; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Resident/family satisfaction surveys were completed in 2024, and evidence an improvement in overall satisfaction from 89% to 92%. Results have been communicated to residents in the quarterly resident and family/whānau meetings. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and graphs are displayed in the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Quality improvement activities include improvement of the food service, introduction of a new call bell system and improvement of the complaints documentation. Progress on quality improvement activities are documented. Eversleigh Hospital has organisational policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed by the CEO and CQM and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was reviewed (sighted). In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff are kept informed on health and safety issues in handovers, meetings, and huddles.

		Each incident/accident is documented in the resident file. Ten accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, pressure injuries, medication error and challenging behaviour) indicated that the forms are completed in full and are signed off by the RN or clinical lead. Incident and accident data is collated monthly, analysed, and summarised. Results are discussed in the staff meetings. Opportunities for improvement are identified and responded to. Discussions with the CEO and CQM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be completed since the last audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing policy that describes rostering requirements. The roster was reviewed. There are sufficient number of HCAs on duty at all times to provide culturally and clinically safe services; this was confirmed by interviews and resident meeting minutes. There is a RN on duty 24/7 and a clinical lead three times a week (24 hours). The CEO confirmed that there are new RNs employed. The facility went without additional interRAI nurses for approximately six months and it was difficult to get interRAI competency assessment placements at the time; this issue has had an impact on their care planning documentation (link 3.2.5). There is a person with a current first aid certificate on each shift. The staff reported excellent teamwork amongst staff, and this was confirmed by a 99% satisfaction outcome of the 2024 staff survey. Residents and family/ whānau interviewed said they were satisfied with the number of staff available at all times. The CEO is based at Eversleigh and work full-time Monday to Friday. There is an on-call policy. The CEO and clinical lead are on call when not available on site. Staff interviews confirmed that the CEO and clinical lead are both supportive and available when needed. The GP provides 24/7 on-call services and is contacted by the CEO or clinical lead after hours when required. There is separate administration (assistant BCM), kitchen, maintenance, activities, cleaning, and laundry staff. Healthcare assistants have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the

		requirements of the provider's agreement with Health New Zealand-Waitemata. Of the 18 HCAs employed, 17 have achieved either level three or level four qualification (Certificate of Health and Wellbeing) on the NZQA framework. Three of eight registered nurses (three are casual nurses) have interRAI competencies. Staff competencies are completed at orientation and then repeated annually (chemical safety, medication, fire evacuation, health and safety, restraint, infection control, personal care of residents, skin care, nutrition and hydration and manual handling). Staff completed education in cultural training; diversity and tikanga principles; person centred care; prevention of abuse and neglect; respect and communication; sexuality; infection prevention related to Covid 19; including donning and doffing of personal protective equipment (PPE). Training sessions are delivered as in-service monthly sessions. Other topics covered include (but are not limited to) fire safety; first aid; chemical safety; continence; pain management; palliative care; wound care; Code of Rights; infection control/hand hygiene; food safety; documentation; observation; and reporting.
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	Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment for Māori. All staff who have been employed for a year or more, have a current performance appraisal on file.

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.	PA Low	Six resident files were reviewed: three rest home residents and three hospital residents, including one resident on a LTS-CHC contract. One respite resident on Accident Compensation Corporation funding file was reviewed for the sole purpose of reviewing the timely completion of the initial care plan. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs; continence assessment; mobility; pressure injury; falls risk; pain assessment; social history; and information from pre-entry assessments. Initial assessments and resident centred care plan (RCCP). were completed for residents, detailing medical needs, and preferences; one respite resident had a short stay nursing assessment and care plan completed within 24 hours of admission. The individualised RCCPs are developed with information gathered during the initial assessments and the interRAI assessment. All RCCPs and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and care reflect the initial interRAI triggers, scores and outcomes. Interventions were completed to provide guidance to care staff in the delivery of care. InterRAI reassessments were not always completed within the required timeframe; however, where an interRAI reassessment could not be completed, a suite of risk assessments were completed. Care plans were not always updated when healthcare needs change, did not include the risk assessment outcomes and evaluations did not always document residents' progression towards their goals. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The

		service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services. Residents who require behaviour assessments and behaviour plans had this in place and the associated risks and supports needed, including strategies for managing/diversion of behaviours, were documented. The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits weekly and as required. Medical documentation and records reviewed were current. The RNs have received education in recognising deterioration of health, use ISBAR to communicate, and use the Stop and Watch early warning sign tool. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The contracted GP is also available on call after hours for the facility. A physiotherapist visits daily. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist, psychiatrist, community mental health nurse, and medical specialists are available as required through Health New Zealand- Waitemata. An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that most wounds were assessed in a timely manner and reviewed at appropriate intervals. There were 10 wounds managed, including a stage I pressure injury and a surgical wound. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. The progress notes are recorded and maintained on the new electronic resident management system. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure and weight monitoring, bowel records, restraint monitoring and repositioning chart. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have

		access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.
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	There are policies documented for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. There are two RNs with syringe driver competencies. Staff were observed to be safely administering medications. The registered nurses and medication competent team coordinators (senior HCAs) interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular medication and blister pack for controlled drugs and short course and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops are dated on opening. Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications; however, there are policies in place should a resident wish to self-administer their medications. No vaccines are kept on site and no standing orders are used. There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.

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 menu is reviewed by a registered dietitian (15 February 2024). Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager interviewed reported they accommodate residents' requests. Nutritious snacks were available 24/7 in all units. There is a verified food control plan expiring 26 May 2024. The food control plan was verified a day prior to the audit with good outcomes. The residents and family/whānau interviewed stated the food service improved.
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 discharge or transfer of residents are planned and coordinated. A handover occurs between providers and the facility uses the `yellow envelope` transfer documentation system to ensure the receiving provider have all the documentation required. Family/whānau are communicated with in a timely manner when transfers are planned.
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	FA	The buildings, plant, and equipment are fit for purpose at Eversleigh Hospital and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building warrant is current (expires 1 June 2024). There is a maintenance request book for repair and maintenance requests located at the front desk. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes

freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.
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	There is an infection prevention and antimicrobial programme and procedure that includes the pandemic plan. This links to the overarching quality programme and is reviewed, evaluated, and reported on annually. The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Education includes monitoring of infection prevention and control, including transmission-based precautions, hand hygiene, correct use of personal protective equipment, cleaning and laundry processes, prevention of urinary tract infections, skin and wound management.
Subsection 5.4: Surveillance of health care-associated 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.	FA	Infection surveillance is an integral part of the infection control programme and is described in the MA Healthcare infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the 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. Benchmarking occurs with other MA Healthcare facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at manager/quality meetings and staff/quality meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand-Waitematā. Infections, including outbreaks, are reported, and reviewed, so

		improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of infection prevention and control, including transmission-based precautions, cleaning and laundry processes, prevention of urinary tract infections, skin and wound management. There have been no outbreaks since the previous audit.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Restraint elimination is the aim of the service. Policies and procedures meet the requirements of the standards. The designated restraint coordinator is the CEO (a registered nurse) who is responsible for the coordination of the approval of the use of restraints and the restraint processes at Eversleigh Hospital. The managers/quality meeting is the forum where the MA Healthcare restraint elimination strategy is discussed, and restraint use is monitored in the organisation. At the time of the audit, there were eleven residents using restraint; all hospital level care residents with bedrails. Six files were reviewed, all documentation including assessments, monitoring, three-monthly reviews, and care plans were in place for the records reviewed. When restraint is used, this is a last resort when all alternatives have been explored. Training for all staff occurs at orientation and annually as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually for all staff.

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 3.2.5 Planned review of a person’s care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the	PA Low	Six resident files were reviewed. Short-term care plans are developed, evaluated and signed off or transferred to the RCCP if ongoing. All evaluations of the RCCP are completed by an RN in partnership with residents and family/whānau. The ARRC contract D16.4 stated `You must ensure that each Resident’s Care Plan is evaluated, reviewed and amended (such process to be informed by interRAI) either when clinically indicated by a change in the Resident’s condition or at least every six months, whichever is the earlier.’ Three (one rest home and two hospital) files reviewed had interRAI reassessments that were not completed within the required timeframe. Two rest home residents’ care plans were not updated to reflect a change in their	(i). Two (hospital) interRAI reassessments had 270 days between the reassessments and one (rest home) with 10 months between the previous two reassessments and current reassessment out by 30 days. (ii). Two rest home residents care plans were not updated when their health changed and did not include the change in risk assessment tools and outcomes to reflect a change in weight parameters and BMI, a change in the falls risk score and change in continence; and (iii). Where evaluation of the care plans has occurred, the evaluation did not always reflect the resident’s	(i). Ensure interRAI reassessments occur six-monthly. (ii). Ensure care plans are updated whenever health care needs change and risk assessment tools outcomes/ scores are updated in the care plan. (iii). Ensure evaluations evidence resident’s progression towards meeting their goals. 90 days

ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		health. Where interRAI reassessments could not be completed within the required timeframe, a suite of risk assessment tools were utilised to evaluate the care plan; however, the risk assessment tool outcomes were not always updated in the care plan and evaluation of the care plan did not always evidence residents progression towards meeting their goal. There is a policy that guides the assessment, care planning development and review process.	progression towards meeting their goal.	

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.