Senior Care Investments Limited - Fraser Manor Rest 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 The DAA Group Limited, 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:	Senior Care Investments Limited
Premises audited:	Fraser Manor Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 May 2024 End date: 7 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: 33

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Fraser Manor Rest Home (Fraser Manor) is certified to provide rest home level care for up to 41 residents.

One bedroom has been removed from Bellbird Suite C since the last audit, resulting in this now being a two-bedroom unit. One of the two remaining bedrooms in unit C can be used for the care of two residents (a couple). The management team has not changed, with the exception of a new position established in February 2024 that has been internally appointed.

This surveillance audit was carried out against Ngā Paerewa Health and Disability Sector Standard NZS 8134:2021 and the provider's contract with Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty (Te Whatu Ora Bay of Plenty). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, and whānau.

At the last audit, one area for improvement was raised in relation to staffing. This has been addressed. At this audit, two areas for improvements are required in relation to evidencing discussion with staff on aspects of quality and risk, and overdue staff appraisals.

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 are fully attained.

Fraser Manor Rest Home, works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Processes are in place to ensure Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Person-centred services that align with the Code of Health and Disability Services Consumers' Rights (the Code) are provided. There are appropriate systems and procedures for reporting and recording any allegation of, or suspected, abuse and neglect. Residents' property and finances are protected, and professional boundaries maintained.

Consent was obtained where and when required. Family/whānau and legal representatives are involved in consent processes that comply with the law. Residents and family/whānau members confirmed that they were always treated with dignity and respect.

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

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 are partially attained and of low risk.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Actual and potential risks are identified and mitigated.

Adverse events/incidents are being reported. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme.

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 are fully attained.

Residents' assessments and person-centred care plans were completed by suitably qualified personnel in a timely manner. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly both by the registered nurses and the general practitioner and referred to specialist services and to other health services as required. Transfer to other health services and discharges were managed in an appropriate manner.

The medicine management system in use is appropriate for the size of the service. Medicines were safely stored, and administered by staff who had current medication administration competency.

A holistic approach to menu development was adopted ensuring food preferences, dietary needs, intolerances, allergies, and cultural preferences are undertaken in consultation with residents and family/whānau where appropriate. The food control plan is in place. Residents verified satisfaction with meals.

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 are fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required. Clinical equipment has current performance monitoring/calibration.

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 are fully attained.

The clinical nurse manager oversees the implementation of the infection prevention programme (IP), which is linked to the quality and risk management system. The IP was approved by the director.

Staff receive infection prevention education during the orientation period and annually.

Surveillance of health care-associated infections is undertaken, and results shared with staff. Follow-up action was taken as and when required and any trends identified were addressed. An outbreak reported earlier this year was managed effectively. Appropriate processes were implemented to prevent the spread of infection. Infection rates and significant events are reported to management.

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 are fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	16	0	2	0	0	0
Criteria	0	47	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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	Fraser Manor Rest Home (Fraser Manor) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. A local kuia is available to support service integration, planning, equity approaches, and support for Māori as required. There were Māori residents at the time of audit. Residents interviewed were satisfied their cultural needs were being met.
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	Polices and processes are in place to ensure Fraser Manor can provide services that are underpinned by Pacific worldviews and using a Pasifika model of care. There were no Pasifika residents receiving care. Staff interviewed could detail how they would ensure Pasifika residents' worldview, and cultural and spiritual beliefs would be embraced.

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	All staff receive training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and in ongoing mandatory staff training, as was verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and te reo Māori and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed at the reception area and on notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.
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	Professional boundaries, misconduct, and code of conduct information is included in the staff employment agreement. The employee handbook has information in relation to discrimination, abuse and neglect. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of exploitation. Resident' property is labelled on admission. Residents' money was kept securely in the manager's office and residents confirmed they can access their money whenever they want. Residents expressed that they were treated fairly, they felt safe, and protected from abuse or neglect. There are three young persons with a disability (YPD) who are respected by staff and they are encouraged to maintain their independence. There were monitoring systems in place, such as residents' satisfactory surveys, to monitor the effectiveness of the processes in place to safeguard residents.
Subsection 1.7: I am informed and able to make choices	FA	Staff understood the principles and practice of informed consent. Permissions granted and general consent are part of the residents'

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.		admission agreement which the resident and/or their enduring power of attorney (EPOA) sign on admission. Consent for specific procedures had been gained appropriately. Advance directives were documented where applicable. 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 improvement.	FA	A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. Complainants are asked if they are satisfied with the complaint's response. The service assures the process works equitably for Māori by including ethnicity data in complaints analysis. The facility manager stated that the residents' whānau would be included in the complaint resolution process when consented to/requested by the complainant. Interpreters would be accessed if required. A complaint was received via the Health and Disability Commissioner in January 2023. This was closed without formal investigation. There have been no other complaints received from external sources since the previous audit.
Subsection 2.1: Governance	FA	Fraser Manor has two owners and directors, who are the chief executive officer (CEO) and facility manager. They have owned the care home

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.		since 4 July 2018. The CEO is responsible for business planning, financial oversight, oversight of the building and equipment (in conjunction with the facility services manager), and development and maintenance of information technology systems. The facility manager is appropriately experienced and is responsible for ensuring the day-to-day care needs of the residents are being met, human resources and quality and risk activities. The two owners assume accountability for delivering a high-quality service to the resident communities served. Organisation policies and procedures were developed by an external consultant who sought input from Māori. The CEO has a governance representative available that can be consulted on if additional advice or support is required. The owners have completed training on Te Tiriti, health equity and cultural safety. The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation. The facility manager has competed eight hours of education in the past 12 months related to managing an age-related residential care (ARCC) service. An experienced clinical nurse manager (CNM) supports the facility manager in ensuring the day-to-day care needs of the residents are being met. The facility services manager (FSM) is responsible for the day-to-day maintenance of the facility, grounds and equipment management. The assistant manager position was developed in February 2024 and is responsible for administration, staff rostering, new staff orientation and other delegated activities. The person in this role has worked at Fraser Manor for five years in other roles. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through the quality and risk programme activities and the facility manager working on site for at least four days a week. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed. Equipment has been purchased in the last 12 months to enable provision of bariatric care to residents. The CEO has made recent changes to the rest home website to more clearly detail a commitment to ensuring residents' cultural needs are identified and met. A commitment to the quality and risk management system was evident.

		The owner interviewed felt well informed on progress and risks. The owners advise they have processes in place to ensure compliance with legislative, contractual and regulatory requirements and examples of this were discussed. People receiving services and their whānau participate in planning and evaluation of services through existing care planning meetings. The facility manager has an open-door policy for residents, staff and whānau and this was sighted. The service has Age-Related Residential Care (ARRC) contracts with Te Whatu Ora for rest home level of care, short-term residential respite (nine categories), and long-term care - chronic health conditions (LTC-CHC) at 'residential' level of care. The service is also registered with the Accident Compensation Corporation (ACC) and occasionally provides services to applicable residents under an individual funding contract. On the first day of audit there were 33 residents receiving care. This included 30 residents receiving long-term care ARRC care under the ARRC contract. There were also three residents who were under the age of 65 years of age under the LTC-CHC contract. There were no residents receiving short term care or ACC funded services. There are five bedrooms that can accommodate two residents who are a couple. When there are no couples present, the maximum bed occupancy is 36 residents.
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	PA Low	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident satisfaction survey, eliminating restraint, having policies and procedures available for staff, and resident infections. A resident satisfaction survey is undertaken with new residents approximately six weeks after admission to get the residents' feedback on services. An annual satisfaction survey was undertaken in January 2024. There was satisfaction with most aspects of service. The management team has been working to address feedback from

systems meet the needs of people using the services and our health care and support workers.		residents. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. These were developed by an external consultant and reviewed and localised for Fraser Manor. These documents were available to staff electronically. The CEO and the facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff documented adverse and near-miss adverse events. The incident management process does not currently include severity assessment coded (SAC) rating. The SAC rating process will be added to the forms and incident management policy updated prior to 1 July 2024 in order to comply with the National Adverse Events Reporting Policy. The FM has received the most recent sector update. A sample of incidents forms reviewed showed these were completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Staff meetings are held. Minutes sighted did not always include sufficient discussion on quality and risk issues, incidents, IP data and/or any trends, and this was identified as an area of improvement. The facility manager understood and has complied with essential notification reporting requirements. Notifications have been made in relation to a missing resident, power outage, a building damaged by a vehicle and a challenging behaviour event. There have been no police investigations or resident deaths that have requiring reporting to the coroner 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	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing

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.		levels to meet the changing needs of residents. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and medication competency. There are currently no staff vacancies. In the event of unplanned absences replacement staff are usually found. On rare occasions external agency health care assistants are used. The shortfall from the last audit has been addressed. There are three RNs available including the CNM. The CNM and one other RN have current interRAI competencies. The general practitioner has been providing services for approximately five years and was not available to be interviewed during audit. The FM advised the contracted podiatrist has just ceased services. A new contractor is being sought. There were sufficient staff rostered on duty for maintenance, food services, laundry, cleaning and to facilitate the activities programme. Staff are rostered to work in Bellbird Suites. There are currently only four residents in the three units (with a maximum occupancy of nine residents). Residents must be able to mobilise with minimal assistance and be able to walk across the carpark to the main rest home building independently or with staff assistance in order to be admitted to Bellbird Suites. The call bells of residents in Bellbird Suites alert to care staff wrist watches. There is a minimum of three care staff on duty, more in the daytime and afternoon. At night, staff are not based in Bellbird Suites but rather do at least two hourly 'rounding' of residents and sign that this is done on a designated checklist. The external doors of Bellbird suite are alarmed so staff are alerted if an external door is opened in Bellbird Suite afterhours. In the event a resident in Bellbird Suite is unwell, they are either temporarily relocated into an empty bedroom in the main rest home building or a staff member is allocated to stay in Bellbird Suite. These arrangements were discussed with the local portfolio manager at Te Whatu Ora during audit, who was satisfied with the staffing strategy and the risk management process in place. In the event there is full occupancy, then Bellbird staffing will be revisited as verified with the CEO and facility manager interviewed. The employment process, which includes a job description defining the

		skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. Continuing education is planned on a biannual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. Care staff are encouraged to complete a New Zealand Qualification Authority education programme.
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.	PA Low	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable). Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Some staff are overdue annual performance appraisals.
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	The registered nurses (RNs) complete admission assessments, care plans and care plan evaluations. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. Assessments were completed in a timely manner. Staff have completed appropriate cultural safety training. Te Whare Tapa Whā model of care is utilised for all residents. Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga were included in the person-centred care plans for Māori residents. Relevant interRAI outcome scores have supported care plan goals and interventions. The care plans reflected residents' strengths, goals and aspirations, aligned with their individual values and

		beliefs. Early warning signs and risks that may affect a resident's wellbeing were documented where applicable. Management of specific medical conditions were well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Identified family/whānau goals and aspirations were addressed in the care plans where applicable. Residents' care was evaluated on each shift and reported in the progress notes. Changes noted were reported to the RN, as verified in the records sampled. Long-term care plans were reviewed six-monthly following the interRAI assessments. Short-term care plans were completed for any acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Care evaluations included the residents' degree of progress towards achieving their agreed goals. Where progress was different from expected, the service, in collaboration with the resident, family/whānau, responded by initiating changes to the care plan. Additional records were reviewed for the YPD residents and all need identified were effectively met. Residents' records, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required. The general practitioner (GP), who has covered this service for five years, was not available on the day of audit. Discharge and or transfer to other service providers occurs as needed.
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 medication management system implemented is appropriate to the scope of the service. An electronic medication management system was used. All staff who administer medicines had a current medication administration competency. A senior health care assistant was observed administering medicines in an appropriate manner. Medicine allergies and sensitivities were documented on the resident's record where applicable. There were no standing orders. The service uses pre-packaged medication packs. The medication and associated documentations were stored safely. Medication reconciliation occurs as required. The contracted pharmacist completed six-monthly

		medication audits. There were no expired medications in the medication storage cupboard. The records of temperatures for the medication fridge and medication room sampled were within the recommended range. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly checks and accurate entries. Three residents were self-administering eye drops. Appropriate processes were in place to support self-medication administration for competent residents. Staff understood the requirements.
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	Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identified residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A dietary preference form was completed and shared with the kitchen manager interviewed, and staff, and any requirements are accommodated in daily meal plans. Individual dietary preferences or special diets are documented on the kitchen whiteboard. The service operates with an approved food safety plan and the certificate of registration sighted expires 16 March 2025. Interviewed residents expressed satisfaction with the food options.
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	FA	A documented transfer and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Residents' current needs and risk management strategies were documented, where applicable. Residents' family/whānau reported being kept well informed during the transfer of their relative.

provide and coordinate a supported transition of care or support.		
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	Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current Building Warrant of Fitness (BWoF), and electrical and bio-medical testing and calibration of clinical equipment. The FM and FSM advised the three units comprising Bellbird Suites are not included in the BWoF as they are on a separate title and that a BWoF is not required for Bellbird suites due to the size and maximum occupancy. Since the last audit, one bedroom has been removed from Suite C in Bellbird Suites. There are now two bedrooms in each of the three suites. One bedroom in each suite can accommodate a couple. There are two other bedrooms that can be used for couples. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.
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	Evidence: The infection prevention (IP) programme is led by the RN who is the nominated infection prevention and control coordinator. The policies, procedures and programme were reviewed in March 2024. Staff have received relevant IP education as per the training records reviewed, at orientation and through annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings. Hand hygiene posters were posted around the facility.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of	FA	Surveillance of health care-associated infections (HAIs) is appropriate for the size and nature of the service. It is in line with priorities defined in the infection prevention surveillance programme. Surveillance information

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.		includes ethnicity data. Infection prevention audits were completed, with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes and/or trends identified at staff meetings and through complied reports, as confirmed in interviews with staff. New infections were discussed at staff handovers between shifts, for early interventions to be implemented. All IP is reported to governance monthly. Infection outbreaks reported since the previous audit were managed effectively, with appropriate notifications completed. The last outbreak occurred in January 2024.
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	The aim of the service is to maintain a restraint-free environment, as detailed in the organisation's policy. This was verified during an interview with the facility manager, who stated that restraint has not been used since before the last audit. At the time of audit there was no restraint used. Any use of restraint is required to be reported via the incident management systems and discussed with the resident, whānau, GP and the facility manager. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.

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 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	Regular staff meetings are held. There is a template agenda which includes incidents, complaints, staffing, training, infection surveillance data and other topics. New or significantly changed policies are also discussed. The staff meeting minutes for November 2023 included more information on the number and types of incidents/adverse events that are reported per month and infections. This information was not sufficiently detailed in the meeting minutes sighted for 2024. The falls information sighted did not include analysis/detail on the time of the day residents fell, whether there are residents who have had multiple falls in the time period, and what the resident was doing when they fell (if known). While actions are taken to address individual	There is a template for staff meeting minutes which includes discussion on key quality and risk activities, including incidents and infection data and themes and trends. Discussion is not consistently documented in the 2024 meeting minutes sighted to demonstrate systems focus and improvement.	Ensure staff meeting minutes are sufficiently detailed to demonstrate the discussions with staff on incidents and infections and analysis of themes and trends and opportunities for systems improvement. 180 days

		incidents/events, a wider system improvement focus was not evident in sampled minutes. Infection surveillance data is discussed as verified during staff interview. The meeting minutes are not sufficiently documented to detail analysis of themes and trends. This links with subsection 5.4.		
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	Opportunities to discuss and review performance are planned to occur annually for staff. This is not consistently occurring. Nine staff are overdue annual performance reviews, including two staff who have been employed since November 2020 and have yet to have an appraisal completed. The FM has a register of when staff appraisals were last completed and are next due.	Some staff are overdue annual performance appraisals.	Ensure performance appraisals are consistently undertaken for all staff at least annually. 180 days

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.