

# Bosnyak Lifecare Management Limited - Regency Home and Hospital

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## Introduction

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

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

<b>Legal entity:</b>	Bosnyak Lifecare Management Limited
<b>Premises audited:</b>	Regency Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 26 June 2024    End date: 27 June 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	83



# Executive summary of the audit

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## 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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	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
Red	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

Regency Home and Hospital provides hospital (geriatric and medical), rest home, and dementia level services for up to 92 residents. There were 83 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora - Waitematā. 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 facility manager is appropriately qualified and experienced and is supported by a clinical leader (registered nurse). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very 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.

This audit identified the service meets the standards.

## 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.
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Regency Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen to and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints are actively managed and documented.

## 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.
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Bosnyak Lifecare Limited has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan 2023-2024 informs the site-specific operational objectives which are reviewed on a regular basis. Regency Home and Hospital has a documented quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Regency Home and Hospital collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff

training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The facility manager and clinical lead efficiently manage the entry process to the service. Admissions are managed by the clinical lead, registered nurses, and the general practitioner. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The care plans demonstrated individualised care. The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines.

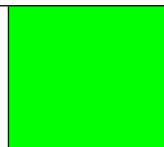
Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The paper-based medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## **Te aro ki te tangata me te taiao haumaruru | 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 warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of rooms with full ensuite and shared facilities. There are communal shower rooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents.

Security checks are performed by staff, security lights are installed externally throughout the facility and an external contractor provides security checks of the facility every night.

## 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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. The service has robust Covid-19 screening in place for residents, visitors, and staff. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There has been one Covid-19 outbreak since the previous audit in January 2023.

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



## 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical lead. The facility has residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation. A restraint register is maintained, and restraints are reviewed on a regular basis

### 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	29	0	0	0	0	0
Criteria	0	180	0	0	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
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Regency Home and Hospital is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga Māori in everyday practice.</p> <p>The facility manager confirmed that the service supports a Māori workforce through an equitable recruitment process that is responsive and inviting for Māori. The service currently has no staff who identify as Māori; however, they actively seek to employ more Māori staff members. The service encourages the use of te reo and tikanga Māori into everyday practice.</p> <p>There are established linkages with Māori providers; Te Puna Hauora and Care Association New Zealand (CANZ) provide guidance and support for staff and residents when needed. The service has provided training sessions to all staff on cultural safety/diversity in May 2024. Residents and family/whānau are involved in providing input into the resident's care planning, their activities. and their</p>

		dietary needs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, well known and respected in the industry who had input from their Pasifika community contacts. The service currently has residents who identify as Pasifika.</p> <p>On admission all residents state their ethnicity. Regency Home and Hospital has links with the Pacific providers to ensure connectivity within the region. At the time of the audit there were staff that identify as Pasifika. The service has links via staff members with Pacific Community Groups and churches.</p> <p>Interviews with 11 staff, (five caregivers one registered nurse (RN), one activities coordinator, one laundry assistant, one chef, one cleaner and one maintenance), and two managers (facility manager and clinical leader), and documentation reviewed identified that the service provides person centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details of the Code are included in the information that is provided to new residents and their family/whānau. The clinical leader and/or facility manager discuss aspects of the Code with residents and their family/whānau on admission. Residents receive information on the Code at residents' meetings. The service is recognising Māori mana motuhake through actively engaging residents and whanau in determining their own health goals. Regency Home and Hospital reviewed their policies and service delivery to ensure inclusiveness to reflect residents' voices, perceptions, understandings, and experiences. There are links to spiritual support</p>

		<p>documented in the spirituality policy.</p> <p>Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Five residents (three rest home and two hospital) and six family/whānau (two dementia, one rest home, and three hospital) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Regency Home and Hospital's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff to understand the key elements of self-determination and providing equity in care services. It was observed that residents are treated with dignity and respect. The annual resident and family/whānau survey results for 2023 and interviews with residents and family/whānau confirmed that they are treated with respect.</p> <p>A sexual safety policy is in place, with training provided as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships when required. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's</p>

		<p>preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori to build knowledge and awareness about the importance of addressing accessibility barriers. Understanding of these topics are checked using a written cultural competency completed during orientation and on an ongoing basis annually. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An elder abuse and neglect policy is being implemented. Regency Home and Hospital policies prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are responsible for creating a positive, inclusive and a safe working environment. Staff interviewed understand the concept of institutional racism and received cultural awareness training to identify and recognise bias.</p> <p>Staff are supported to provide feedback through the annual staff engagement survey. Outcomes reviewed evidence a supportive team environment. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre-employment process. The</p>

		<p>service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions and the maintaining professional boundaries policy. Interviews with RNs and Caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff engagement results evidence a supportive working environment that promotes teamwork. Regency Home and Hospital promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>An information pack is provided to residents and family/whānau on admission. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes; this was confirmed through the interviews with family/whānau. Interpreter contact details are documented and available to staff. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak or understand English, and staff could demonstrate suitable communication strategies for interaction with this resident.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand - Waitematā specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services and this is placed on the residents' individual file. The clinical leader described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they</p>

		know what is happening within the facility through emails and resident and family/whānau meetings.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Ten resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains a complaints' register containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. There have been two complaints made since the last audit in January 2023. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to lodge a</p>

		<p>complaint or express a concern (e.g., verbally, in writing, through an advocate). Resident meetings are held and are another avenue to provide residents with the opportunity to voice their concerns. The managers have an open-door policy and encourage residents and family/whānau to discuss any concerns. This was observed during the audit. The complaints process is linked to the quality and risk management system. Staff meeting minutes cover discussions relating to any complaints lodged.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Regency Home and Hospital is an aged care facility located in Northcote, Auckland. There are 44 rest home, 18 secure dementia, and 30 hospital level beds. On the day of the audit there were 83 residents in total. There were 37 rest home level residents; including one resident on a younger person with disabilities (YPD) contract, and one on a long-term support- chronic health contract (LTS-CHC); 29 hospital level residents, including three residents on YPD contracts, and 17 dementia level care. All residents other than the four YPD and one LTS-CHC were on the age-related residential care (ARRC) contract. There were no double/shared rooms at the time of the audit.</p> <p>Regency Home and Hospital is the trading name of Bosnyak Lifecare Limited - a privately owned company with one director. Regency Home and Hospital has a well-established organisational structure, including the clinical leader (RN) who provides guidance to the director regarding clinical governance that is appropriate to the size and complexity of the organisation. A business plan and a quality and risk management plan are in place. The business plan identifies scope, direction, and goals of the service.</p> <p>The Director has input into operational management and attends the integrated management/quality meetings. They maintain almost daily contact with the facility manager. Regency Home and Hospital's current business plan 2023-2024 identifies annual goals and measures. The organisation structure, purpose, vision, values, mission statement, performance and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. The facility manager and clinical leader confirmed knowledge of the vision and</p>



		<p>values and were able to give examples of how these were implemented.</p> <p>The facility manager and director work with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery. The overall goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural needs of the residents that they serve to identify and address barriers to equitable service delivery. The director, facility manager and clinical leader have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending similar training as Regency Home and Hospital staff.</p> <p>The facility manager has been in post for over 20 years, and the clinical leader for 19 years. They are supported by a longstanding and experienced care team.</p> <p>The facility manager and clinical leader have completed more than eight hours of training related to managing an aged care facility, including cultural training, CANZ study days, infection control, restraint training, and ARRC integration programme.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>There is a quality and risk management programme in place which includes performance monitoring through internal audits and through the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to identify any potential inequities. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery and are being signed off when resolved and discussed at staff meetings. Quality data and trends in data are available to staff in a folder, located in the nurses' station. Corrective actions are discussed at the monthly meetings to ensure any outstanding matters are addressed with sign-off when completed. The service improves health equity through critical analysis of the organisation's practices through internal benchmarking and an ongoing review process of their mission, philosophy, and annual</p>

		<p>business planning. Resident and family/whānau satisfaction surveys are completed annually. The surveys completed in 2023 reflect overall satisfaction of the service. No corrective actions were required.</p> <p>Regency Home and Hospital has a suite of policies and procedures which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with Ngā Paerewa NZ 8134: 2021. New policies or changes to a policy are communicated to staff. The clinical leader and RNs evaluate interventions for individual residents. Each incident/accident is documented in hard copy. Twelve accident/incident forms reviewed indicated that the forms are completed in full, signed off by the clinical leader and documented opportunities to minimise risk. Incident and accident data is collated monthly and reported in the staff meetings. Health and safety meetings occur as part of the integrated management/quality meetings. Hazard identification forms are completed in hard copy, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via memos. Staff complete education related to hazard management and health and safety at orientation and annually. The service has provided training, health literature resources and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p> <p>Discussions with the facility manager and clinical leader evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT of historical registered nurse shortages. There had been one outbreak documented since the last audit in November 2023. This were appropriately notified, managed, reported to Public Health Authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally</p>	FA	<p>There is a staffing policy that describes the required skill mix and changes required to respond to increase or change in acuity of the residents. The RNs, a selection of caregivers and the activities team hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The clinical leader, and facility manager are</p>

<p>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.</p>		<p>available to staff for advice after hours. Interviews with caregivers and RNs confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; this has been fully implemented for 2023 and being implemented for 2024 which covers all mandatory training as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-six caregivers are employed; 15 caregivers have achieved a level 4, three have completed level 3 and eight have achieved level 2 NZQA qualification. Ten caregivers work in the dementia unit with four having completed their dementia unit standards. Six are in progress of completing their dementia unit standards. All six staff are within the required 18-month timescale for completion.</p> <p>All staff are required to completed competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration (if medication competent), cultural competency and moving and handling. A record of completion is maintained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Additional RN specific competencies include male catheterisation, syringe driver and an interRAI assessment competency. There are six RNs and three are interRAI trained. Staff wellness is encouraged through participation in health and wellbeing activities. The staff and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of</p>	<p>FA</p>	<p>There are human resources policies in place to guide recruitment, selection, orientation and staff training and development.</p> <p>Eight staff files reviewed (one facility manager, one clinical leader,</p>

<p>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.</p>		<p>one RN, three Caregivers, one laundry, and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The learning and development policy covers the requirement for performance appraisals/monitoring; and this is implemented. 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 programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>
<p>Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes.  Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.  As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a policy in place to guide archiving and storage. Resident files and the information associated with residents and staff are retained and secure. Electronic information is regularly backed-up and password protected. There is a documented emergency management and civil defence plan that include a business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and archived. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry  The people: Service providers clearly communicate access,</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information</p>

<p>timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>Ten admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical lead are available to answer any questions regarding the admission process. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>The facility has established links with a local Māori health organisation who provide cultural advice and training for staff. The facility manager has links available to support Māori and whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. Regency home and hospital are committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, and Kotahitanga.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	<p>FA</p>	<p>Ten files were reviewed for this audit: five hospital residents (including one resident on a younger person with a disability (YPD) contract, and one resident on a long-term chronic health contract (LTCHC), two rest home residents, and three dementia level residents. The clinical lead and the registered nurses (RNs) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>family/whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments completed in a timely manner. The long-term care plan includes interventions to guide care delivery, and interventions were inclusive of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and updated as care needs changed. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised, and interventions were transferred to the long-term care plan in a timely manner.</p> <p>The contracted General Practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The GP provides on-call service for after hours and on the weekend. The clinical lead provides after hours support for clinical advice and decision making as required. When interviewed, the GP was very complimentary regarding the standard of care and quality of nursing proficiency at Regency home and hospital. The GP was complimentary of the clinical assessment skills as well as quality of referrals received from the RNs after hours.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for four hours a week. A podiatrist visits six to eight -weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurses are available as required.</p>
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	<p>Caregivers and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were exceeded and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were six residents with wounds the day of audit. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations including photographs to show healing progression. The wound care specialist had input to chronic wounds and any pressure injuries. There were no pressure injuries at time of audit.</p> <p>The caregivers and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; repositioning and restraint monitoring. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>A Māori health plan and cultural awareness policy is in place to</p>
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		ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one diversional therapist and one activities coordinator who provide activities across five days per week. They have current first aid certificates. The programme is supported by the caregivers, and various community and cultural groups. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The activities programme is available throughout the facility on noticeboards within the communal areas and hand delivered to residents' bedrooms. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents.</p> <p>Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and technology-based activities are offered. There are several lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; housie; happy hour; and cooking. There are weekly van drives for outings, and regular entertainers visiting the residents.</p> <p>There are resident meetings planned two monthly. Family/whānau are welcome to attend these. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on</p>



		<p>activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications.</p> <p>Registered nurses and caregivers interviewed could describe their role regarding medication administration. Regency Home and Hospital uses plastic medication sachets for medication for regular use and 'as required' medications are provided in blister packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the hospital and rest home. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the paper-based medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.</p> <p>Twenty paper-based medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified.</p> <p>There were no residents self-medicating on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications.</p>

		<p>As required medications are administered as prescribed, with effectiveness documented on the paper-based medication system. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The clinical lead described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 2 July 2025. Dry ingredients were decanted into containers for ease of access with the date and/or expiry date visible. The four-weekly seasonal menu has been reviewed by a dietitian. The chef is supported by two part-time cooks and kitchen hands. All kitchen staff have completed safe food handling. There is a food services manual available in the kitchen.</p> <p>The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.</p> <p>Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen hands complete daily records which include fridge and freezer temperatures recordings. Food temperatures are checked at</p>

		<p>different stages of the preparation process. These are all within safe limits.</p> <p>Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>Food services staff have all completed food safety and hygiene courses. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures are documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p> <p>The clinical lead explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	<p>The building holds a current warrant of fitness, which expires 15 March 2025. A maintenance person (interviewed) addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed April 2024). Resident</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned (last completed May 2024).</p> <p>The building is a single level building with easy access to the garden. A part time contracted gardener maintains gardens and grounds. There are outdoor ramps with handrails, outdoor seating, and shaded areas. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans.</p> <p>There are adequate number of toilet and showering facilities. The rest home area has with 44 rooms with a mixture of en-suites and shared bathrooms. The hospital area has 30 bedrooms with communal toilets. The dementia wing comprises of communal toilets. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>There was a visual verification at the time of this audit to confirm that the 44 rest home rooms and 30 rooms in the hospital are suitable for hospital level of care, including sufficient room for the use of hospital equipment (i.e. hoists), hospital beds and wheelchairs.</p> <p>Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. General living areas are heated by wall and ceiling heaters. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated</p>
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		<p>they were happy with the temperature of the facility.</p> <p>The facility manager reported that there is no planned development for the building, however, should this change, the provider would ensure current linkages in place with Māori would be consulted and a co-design approach of the environments, would occur to ensure that the aspirations and identity of Māori would be reflected.</p> <p>The secure dementia wing is separated from the rest/hospital wings. Residents have safe access to the outdoors allowing for a walking pathway that loops around the courtyard. There are areas provided for residents to have a quiet space if they don't wish to partake in the activities in the main lounge. Cues for bathrooms and toilets provide clear visibility. Residents' personal spaces are identifiable and have been personalised. Fences around the perimeter prevent residents climbing over with specific plants and landscaping providing distraction from the fences. Staff can summons assistance by activating a call bell and using their pagers. On days of audit the dementia wing residents were observed to be enjoying an activity within the main lounge which provided a homely space.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 07/07/2004). Fire evacuation drills are held six-monthly and was last completed March 2024.</p> <p>Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators from a local provider who has Regency Home and Hospital nominated as a priority facility. Gas cooking is available (BBQ). There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency. The provider has bottled water supplies</p>

		<p>available and is installing two water tanks to enhance current water supplies on site and ensure enough water supplies to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. All care staff carry pagers which highlight all call bells activated within the entire facility. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night and a contracted company provides security patrols every night. Family/whānau are informed of emergency procedures as part of the admission process for their relative. The audit team were advised of the process to follow should an emergency event occur during the period of the audit.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>There is an infection control programme and antimicrobial stewardship (AMS) policy documented for Regency Home and Hospital. Expertise in infection control and AMS can be accessed through a microbiologist, Public Health, and Health New Zealand Te Whatu Ora- Waitematā. Infection control and AMS resources are accessible. The infection control programme is reviewed annually in consultation with the infection control coordinator (registered nurse).</p> <p>Infection rates are presented and discussed at all staff and quality meetings. Benchmarking is conducted internally. Infection control information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, management team, GP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the clinical leader. The owner knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seeks additional support where</p>

		<p>needed to fulfil these responsibilities. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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.</p>	<p>FA</p>	<p>The infection control coordinator (registered nurse) oversees and coordinates the implementation of the infection control programme. Infection control coordinator role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator has completed infection prevention and control training via Health New Zealand and the Ministry of Health. There is a defined and documented infection control programme, and the programme was developed by an external consultant, well known, and respected in the industry. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Policies are available to staff.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual education sessions. Education with residents was on an individual basis and as a group in residents' meetings, and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection control coordinator liaises with the clinical leader on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand Te Whatu Ora- Waitematā. The facility manager stated that the infection control coordinator would be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p>

		<p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a policy to guide staff in decontamination and disinfection of surfaces and equipment. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility.</p> <p>The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti. The infection control coordinator reported that residents who identify as Māori are consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the senior team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are</p>



<p>surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers, management, and staff meetings for early interventions to be implemented. Benchmarking is completed internally.</p> <p>Residents were advised of any infections identified and family/whānau where required, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been one outbreak reported since the last audit (Covid-19 in November 2023); this was reported and well managed. Outbreak meetings occurred to discuss lessons learned.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.  Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.  As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers.</p> <p>Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other</p>

		<p>personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>There are designated cleaners. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits.</p> <p>Personal clothing is laundered on site, and laundry of linen is outsourced. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machine and dryer are checked and serviced regularly.</p> <p>The infection control coordinator oversees the implementation of the cleaning and laundry audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau/EPOA, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau/EPOA to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical lead. There are four hospital level care residents listed on the restraint register as using a restraint. All residents were using a bed rail to provide assistance with bed mobility and repositioning. The use of restraint is reviewed monthly by the restraint coordinator and reported at the clinical, staff and quality meetings. The resident and/or family/whānau</p>

		<p>are consulted on the restraint procedures, as part of the restraint review processes, as required.</p> <p>The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Seclusion is not used at Regency Home and Hospital.</p>
<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>A restraint register is maintained by the restraint coordinator. The files of the four residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g., falls prevention strategies, managing behaviours). All four residents were using bedrails. All residents were using restraint as a last resort and/or at the insistence of them or their family/whānau or their activated EPOA. Written consent was obtained from each resident and/or their EPOA.</p> <p>The use of restraint is approved by the GP and reviewed annually. No emergency restraints have been required. Monitoring forms are completed for each resident using restraint. Restraints are scheduled to be monitored two to three-hourly or more frequently should the risk assessment indicate this is required. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses Wairuatanga. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place six-monthly.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing</p>	FA	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit, review of restraint use, restraint incidents (should they occur) and education needs are provided by the restraint coordinator and discussed at staff meetings. Each resident utilising restraint and/or their EPOA has input into the review process. The restraint coordinator described how learnings and changes to care plans</p>

data and implementing improvement activities.		culminated from the analysis of the restraint data
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.