

Agape Care Warkworth Limited - Bethany Hill Dementia Care

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 the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Agape Care Warkworth Limited

Premises audited: Bethany Hill Dementia Care

Services audited: Dementia care

Dates of audit: Start date: 28 June 2022 End date: 28 June 2022

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: 23

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

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

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

The service is owned by Agape Care Warkworth and trades as Bethany Hill Dementia Care providing secure dementia care for up to 30 residents. The service is managed by one of the owner/directors who is the manager/registered nurse. Two registered nurses support the manager. Families interviewed spoke highly of the care provided.

This unannounced surveillance audit was conducted against Ngā Paerewa NZS 8134:2021 and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with family, the manager, a registered nurse and a general practitioner (GP).

One area was identified as requiring improvement in relation to medication management. There were no areas to follow-up from the previous audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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The service works collaboratively with staff, residents and the local community to support and encourage a Māori world view of health in all aspects of service delivery. Three staff members identify as Māori. All staff receive in-service education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

There have never been any residents admitted who identify as Pasifika. There is a Pacific plan and related policies and procedures to guide staff in delivering pacific models of care.

Residents and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for service delivery. The quality and risk management systems are focused on improving service provision and care of residents. Families provide feedback and staff are involved in quality activities. An integrated approach includes collection and analyses of quality improvement data, identifies any trends and leads to improvements. Actual and potential risks are identified and mitigated. The manager is fully informed and complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. A systematic approach to identify and deliver learning, supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Bethany Hill Dementia Care policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. Registered Nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. Twenty-four-hour activity care plans are in place. In interviews, residents and family/whānau expressed satisfaction with the activities programme in place.

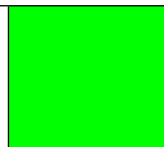
There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

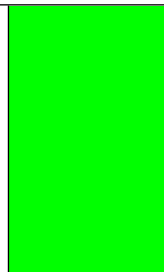


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and equipment requiring calibration has been tested as required. Staff, family and contractors understood security arrangements for this secure dementia service. Security is maintained. The service has an approved fire evacuation scheme.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

There is a pandemic preparedness plan in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak of Covid-19 in March 2022.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Standards applicable to this service fully attained.

The service aims for a restraint free environment due to the nature of the services provided. This is supported by the governing body and policies and procedures. There were no residents using a restraint at the time of the audit. Staff demonstrated a sound knowledge and understanding of de-escalation techniques and alternative interventions to be used as necessary for this dementia care service.

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	19	0	0	1	0	0
Criteria	0	44	0	0	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The manager is committed to employing and retaining a Māori Health workforce. Currently there are three staff employed at Bethany Hill Dementia Care who identify as Māori. There is a Māori resident in the facility.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	Not Applicable	<p>The quality consultant contracted to the service provider has developed a Pacific plan in partnership with Pacific communities underpinned by Pacific models of care. Supportive documentation is in place and is available to guide staff on all Pacific cultures to meet all needs such as for Samoan, Tongan, Niuean, Fijian and other Pacific peoples. However, the Pacific plan is yet to be implemented. There are currently no residents in this facility who identified as Pacific</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>people.</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>	<p>FA</p>	<p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. The Māori resident interviewed said that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring power of attorney (EPOA)/whānau/family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy when required for residents who identify as Māori.</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>The service's admission process ensures that residents and family/whanau are involved in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The manager reported that residents are supported to maintain their independence. Residents were able to move freely within and outside the facility.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff was observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> <p>Staff had not yet completed training on the Te Tiriti o Waitangi to</p>

		<p>support the provision of culturally inclusive of care. Bethany Hill has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures sighted had been updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. Residents and whānau reported that their values, beliefs and language is respected in the care planning process.</p> <p>The service responds to residents' needs including those with a disability and supports and encourages participation in 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>	FA	<p>The manager stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the code of conduct.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. This was reiterated in family/whānau interviews conducted. A Māori health model is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	FA	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The manager stated that additional advice can be accessed from the local cultural advisors or DHB if required. Staff reported that they are encouraged to refer to the Māori Health Policy on tikanga best practice.</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</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>	<p>FA</p>	<p>The complaint/compliment policy and procedure is clearly defined. The process complies with right 10 of the Code of health and Disability Services Consumers' Rights (the Code) which is the right to complain and to be taken seriously and to receive a timely response. The manager is responsible for complaints management at Bethany Hill Dementia Care. All complaints received are upheld and actions taken as needed. Staff interviewed understood the complaints process. The manager is working towards ensuring the complaints/compliment procedure, pamphlets and forms are available in te reo Māori. There have been no health and disability commissioner (HDC) complaints received or any other external or internal complaints since the previous audit.</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 high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The service provider is working towards improving outcomes and equity for Māori residents and those with disabilities, but this was not documented into policy reviewed. The manager interviewed, felt that there were currently no barriers for Māori to enter and to receive services at this dementia care facility. Cultural competencies for staff are part of orientation/induction for all staff and cultural education is documented on the training programme for this year. No training for management and staff has been provided on the Tiriti o Waitangi and te reo.</p> <p>The service holds contracts with the Waitemata District Health Board (WDHB) for respite care, secure level dementia care, under 65 years of age, long term support chronic health conditions (LTSCHC) and day care (dementia care). On the day of the audit 23 residents were receiving services under the contract. The maximum beds are 30. There were no residents under the respite care or day stay contracts. Twenty-two (22) residents were under the secure dementia care contract and one resident under 65 years of age long term support chronic health condition contract.</p>
<p>Subsection 2.2: Quality and risk</p>	<p>FA</p>	<p>The quality and risk system reflects the principles of quality improvement and was understood by staff interviewed. This includes</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>management and review of incidents, complaints and audit activities, monitoring of outcomes, clinical incidents, such as any wounds, medication errors, health and safety issues, maintenance issues, falls and any infection prevention outcomes of surveillance. Relevant corrective actions are developed and implemented as necessary and demonstrated a continuous process of quality improvement occurring. Meeting minutes reviewed confirmed adequate reporting occurs on quality matters but does not meet the requirements. The organisation is working on ways to evidence this aspect of service delivery.</p> <p>Policies and procedures described essential notification reporting requirements. The manager interviewed has good knowledge and is fully informed about essential reporting obligations. There have been no Section 31 Notices reported since the previous audit. The manager is working towards planning, improving and meeting any health inequities for Māori as identified and as needed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mixes in order to provide clinically safe services. The facility adjusts staffing levels to meet the changing needs of residents. An after-hours on call roster is in place with registered nurse cover. The caregivers interviewed reported that good access to advice is available when needed. The caregivers also stated that there is adequate staff available and that they were able to complete the work allocated to them. This was further supported by family interviewed. Review of the rosters for one month sampled during the audit confirmed adequate staff cover has been provided.</p> <p>All staff complete competencies at the commencement of employment and annually. The training calendar for 2022 was reviewed. Online training is also encouraged by the manager, and staff can complete this at their own pace. Topics covered are relevant to the caregiver role in a dementia service and meet the service agreement obligations. The registered nurses have completed training requirements for maintaining their annual practising certificate with the Nursing Council New Zealand (NCNZ). Staff have completed first aid training. The manager interviewed will further consult with the contracted quality consultant to ensure how to improve on collecting</p>

		and sharing high-quality Māori information when required. In addition to this advice will be sought on how to invest in the development of organisational, healthcare and caregiver health equity and expertise.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>The manager is responsible for the employment of staff. A system is in place for the verifying of all health professionals practising certificates annually. A sample of staff records reviewed confirmed records are systematically maintained. Records are stored securely, safely and confidentiality is maintained.</p> <p>All newly employed staff receive full orientation. Staff orientation includes all necessary components to the role. Staff interviewed reported that the orientation process prepared them well for their role and included support from a 'buddy' through their initial orientation period. Competencies are completed.</p> <p>Performance reviews are completed annually.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a 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>	Not Applicable	<p>An admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form. The manager interviewed reported routine analysis to show entry and decline rates will be considered to comply with the requirements of the new standards. Specific data for entry and decline rates for Māori will be included where applicable. There were Māori resident(s) and staff members at the time of audit.</p> <p>The service is actively making contacts to work in partnership with local Māori communities and organisations. The manager stated that Māori health practitioners and traditional Māori healers for residents and whānau who may benefit from these interventions will be consulted when required.</p>
Subsection 3.2: My pathway to wellbeing	FA	All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the

<p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>required time frames. Both a paper-based and electronic (interRAI) record management systems is used. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the manager and care staff. InterRAI assessments were completed within 21 days of admission and based on this assessment and the staff's observation of the resident. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Long-term care plans were also developed. These were completed within the required time frames as per the contract. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement is encouraged. Twenty-four-hour behaviour management plans were completed and regularly reviewed to reflect residents' changing needs.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The manager reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>All residents, including YPD residents' care, was evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the manager and this was evidenced in the records sampled. Interviews</p>
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		<p>verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health Care Plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Residents' principles are included within the Māori Health Care Plan. Any barriers that prevent residents and whānau from independently accessing information or services would be identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by the diversional therapist (DT) who qualified in this role in 2021. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile is completed for each resident within two weeks of admission in consultation with the family.</p> <p>The activity programme is formulated by the DT in consultation with the manager, nursing team, EPOAs, residents and care staff. The activities are varied and appropriate for people living with dementia. YPD residents are involved in activities of choice both onsite and offsite. One resident was observed using a personal mobile phone, reading magazines and enjoying cat therapy. Residents' activities</p>

		<p>care plans were evaluated every six months or when there was any significant change. Van trips are conducted once a week except under Covid-19 national restrictions.</p> <p>Twenty-four-hour behaviour management plans reflected residents' preferred activities of choice and are evaluated every six months or as necessary. Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days. The physiotherapist can be contracted when needed. The DT reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and whānau interviewed felt supported in accessing community activities. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated.</p> <p>Family/ whānau and residents reported overall satisfaction with the level and variety of activities provided.</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>PA Moderate</p>	<p>The medication management policy identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. The service uses an electronic management system for medication prescribing, dispensing, administration, review, and reconciliation.</p> <p>Indications for use are noted on all prescribed pro re nata (PRN) medications including, over the counter medications and supplements. Allergies were indicated, and all photos uploaded in the electronic medication management system were current.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The RN checks medicines against the prescription and these were updated in the electronic medication management system. The GP completes three monthly reviews. Medication competencies were current and these were completed in the last 12 months for all staff administering medication.</p>

		<p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy in a timely manner. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>There were no residents self-administering medications. Self-administration of medication is not encouraged due to the residents' impaired cognitive state. There were no standing orders in use.</p> <p>Administration records are maintained, and drug incident forms are completed in the event of any drug errors. The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Nine out of 10 medication charts reviewed had no evidence of evaluation of effectiveness for the administered pro re nata (PRN) medication.</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>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and EPOA/whānau/family. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The menu was due for review. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. The cook stated that menu options are culturally specific to te ao Māori and these are offered to Māori residents when required. EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with the food options.</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</p>	FA	<p>There is a documented process for the management of transfers and discharges. A standard transfer notification form from the DHB is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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> <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>FA</p>	<p>The building warrant of fitness dated 22 February 2022 was displayed at reception.</p> <p>A process for visitors and contractors to the facility is displayed which complies with all legislative requirements. The environment is safe and appropriate for the needs of the residents at this dementia care service. Independence is encouraged within the three secure areas of the service.</p> <p>There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. All testing and calibration of bio-medical equipment was current and confirmed in documentation reviewed.</p> <p>The environment is conducive to the range of activities undertaken in the areas. The environment was hazard free and provides areas that encourage purposeful walking, this includes easy access to safe outdoor decks.</p> <p>Currently no additional facility development work is being completed at this facility; however, should this occur, consultation will be sought to further enhance peoples' cultures and support cultural practices as needed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on 15 January 2007. A fire evacuation drill was last held</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>on the 08 February 2022.</p> <p>The facility is a secure dementia service and security is well maintained and safe for the residents. Double security gates with key-pad access is available outside the facility. Staff have responsibilities to check the home day and night at required intervals. Wander trackers are used on residents who may have the ability to climb until they are more settled into the facility after admission. Close circuit television cameras (CCTV) are installed outside of the facility. Signage is available.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic preparedness plan was in place, and this is reviewed at regular intervals. There was an infection outbreak of Covid-19 in March 2022, and eight residents were affected. Residents and the service were managed according to Ministry of Health guidelines and requirements. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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 surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>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</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The manager reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>prescribed for all diagnosed infections. There was an infection outbreak in March 2022 which was managed according to policy and MOH requirements. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections</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>	<p>FA</p>	<p>The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using a restraint at the time of the audit. The registered nurse, interviewed by phone, is the restraint coordinator for this service. A comprehensive assessment, approval, and monitoring process, with regular reviews is in place for any restraint use. Restraint is not used as this is a secure dementia care service. Staff interviewed demonstrated a sound knowledge and understanding of de-escalation techniques and alternative interventions to be used as necessary for this rest home dementia/memory loss care service.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA</p> <p>Moderate</p>	<p>The caregiver was observed administering medicines following the required medication protocol guidelines and legislative requirements. The service had no residents prescribed controlled drugs. Previous entries evidenced that weekly and six-monthly stock takes were conducted.</p> <p>Monitoring of medicine fridge and room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Medications were stored safely and securely in the trolley and locked treatment room.</p> <p>Ten medication charts were sampled, and these were signed when either medication is administered or not administered, refused, and withheld. However, nine medication charts had no documented evaluations of administered PRN medications. These include pain relief, laxatives, and anti-anxiety medicines. The manager reported</p>	<p>Outcomes of PRN medicines administered were not being consistently documented in all medication charts sampled.</p>	<p>Ensure administered PRN medicine outcomes are documented for effectiveness.</p> <p>90 days</p>

		that this had been identified in the internal medication audit and corrective actions were currently being implemented by the RNs and all medication competent care staff.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.