

Henrikwest Management Limited - The Beachfront Home and Hospital

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 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: Henrikwest Management Limited

Premises audited: The Beachfront Home and Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 6 September 2022 End date: 7 September 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: 40



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 Beachfront Home and Hospital (Beachfront) provides rest home and hospital services for up to fifty-five residents. It is one of three aged care facilities owned and operated by Henrikwest Management Limited. A new clinical manager has recently commenced at this service.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, allied health professionals and a general practitioner.

Improvements are required in relation to staffing levels, short term care plans and care plan evaluation, food services, management of weight loss and aspects of the environment.

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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There is a commitment to ensure Te Tiriti is honoured with a strong organisational philosophy for any Māori resident to be provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Residents and whānau are informed of the complaint process and complaints are resolved in collaboration with all parties involved.

The Beachfront Home and Hospital is aware of the need to work collaboratively to support and encourage a Māori and Pacific peoples world view of health in service delivery. Progress towards this goal is in early stages.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents state they are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are able to be accessed as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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Two directors assume overall accountability for delivering a high-quality service at the Beachfront and are supported by five managers. There is a commitment to ensure Te Tiriti is honoured and any barriers to improve outcomes for Māori and people from other cultures or who have disabilities are reduced.

The purpose, values, direction, scope and goals for the organisation are defined within the strategic and quality management plans. Performance is monitored and reviewed at planned intervals.

Quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. A risk schedule includes actual and potential risks, includes mitigation strategies and is being regularly reviewed.

Adverse events are documented with corrective actions implemented.

A roster framework describes staffing levels and skill mix that are designed to meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. Ongoing staff education and training opportunities continue to be provided and cover mandatory and special interest topics, which include cultural safety.

Organisational information systems are being maintained to ensure currency of available information and accessibility to applicable people.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau prior to arrival.

The service works in partnership with the residents and their whānau to assess and plan care. Care plans are individualised, based on comprehensive information and accommodate new long-term problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

Food is safely managed.

Residents are referred for assessment if they require a different level of care.

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.

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

The facility is an older style building that is under progressive refurbishment. A current building warrant of fitness is on display and inspections of fire and compliance systems are ongoing to meet legislative requirements. Electrical and medical equipment are tested as required and hot water temperatures are safe. External areas are accessible and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements.

Response timeframes of the call bell system are monitored. Security systems are implemented and maintained.

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.


The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

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.		Subsections applicable to this service fully attained.
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The directors, managers and staff are committed to providing a restraint free environment. Relevant policies and procedures are available. There were three residents using a restraint at the time of audit. Comprehensive assessment, approval, monitoring and review processes are being maintained. Staff demonstrated a sound knowledge of restraint management processes and described how challenging behaviours are managed.

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	25	0	1	3	0	0
Criteria	0	146	0	1	3	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>	<p>FA</p>	<p>Beachfront rest home and hospital has policies, procedures and processes in place that recognise Māori, would enable Te Tiriti o Waitangi to be integrated into service provision and that promote Māori cultural safety. A specific Māori health plan has yet to be developed. There is respect for manu motuhake and there is a preparedness to become more Māori-centred; however, neither of these could be demonstrated as there are not currently any residents who identify as Māori and nor does the organisation currently work with local iwi or a Māori organisation.</p> <p>Staff have been provided with training opportunities in cultural safety, Māori tikanga and aspects of Te Tiriti o Waitangi. A range of cultures are represented among both staff and residents. Those interviewed expressed they feel culturally safe and were confident this would therefore also be expected for any new resident who identifies as Māori.</p> <p>Several staff working for this service identify as Māori and the</p>

		managers informed that there is no cultural discrimination made when employing staff.
<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>The Beachfront rest home and hospital has a range of policies and procedures on cultural safety and on the cultural needs of Pasifika peoples. These reflect Pasifika worldviews, cultural, and spiritual beliefs.</p> <p>Managers are planning to consult with several identified Pasifika people to assist them to develop a specific Pacific plan. These links are also intended to assist the organisation to support culturally safe practices for any Pasifika people using the service and to better plan, support, and evaluate the health and wellbeing of Pasifika people to improve outcomes.</p> <p>There are not currently any Pasifika residents in this service. The managers informed that there is no cultural discrimination made when employing staff and Pasifika staff were employed.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights with onsite managers. The code of rights is visible on the wall in English and in te reo 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>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit by</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>knocking on doors, closing doors prior to provision of cares and using peoples preferred names when addressing them. All residents had a private ensuite. Shared rooms are occupied by people in a partnership only.</p> <p>Te reo Māori is promoted within the service by having on display the code of rights in te reo Māori. However, the Beachfront Home and Hospital managers demonstrated awareness of the need to work collaboratively to support and encourage a Māori and Pacific peoples world view of health in service delivery. Progress towards this goal is in early stages.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. Professional boundaries are maintained. The managers are now aware of potential risks around institutional and systemic racism and have a person to consult on how to enable their service to be more Māori centred.</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>Residents and whānau reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Allied health services were referred to as seen in the files. Staff knew how to access interpreter services, if required including the many languages spoken by current staff.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt</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>		<p>empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, are in the resident's record along with copies of the enduring power of attorney documents. Minimum evidence of understanding among the staff of the appropriate best practise tikanga guidelines in relation to consent were found. All documentation was in English, although the managers plan to seek advice to address this.</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 provider's complaint process that meets the requirements of the Code is described in policy and procedure documents. Residents and whānau are informed of their right to make a complaint on entry to the service and are provided with a copy of the complaint policy and form. Copies of these are also available near the front of the facility.</p> <p>Residents and whānau confirmed during interview that they understood their right to make a complaint and knew how to do so. There is a complaint register of formal written complaints and a separate folder of recorded verbal complaints. The documentation sighted showed that complainants of both written and verbal complaints had been informed of findings following investigation. All except those relating to some aspects of food for some residents (refer finding in 3.5.1) have led to improvements.</p> <p>Documentation related to a complaint received via the Health and Disability Commissioner in 2021 was viewed. This had been followed up and correspondence confirming that no further follow-up was required, was sighted. Some aspects had been referred to the District Health Board and were included in pre-audit documentation related to complaints received from Te Whatu Ora – Health New Zealand. All aspects were followed up during the audit, as requested. Where relevant, outstanding issues have been included in corrective actions</p>

		<p>in this report.</p> <p>Comparisons with the information provided and the service provider's complaint processes and quality and risk systems were made. Following investigation, it was evident that the service provider is managing some ongoing challenging situations related to the complaint issues in a satisfactory manner.</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 governing body of Henrikwest Management Limited consists of two directors and is responsible for the oversight of two other aged care facilities in Auckland as well as The Beachfront rest home and hospital. Five managers (a Group General Manager, a Group Business Manager, a Regional Manager, a Facility Nurse Manager (Facility Manager) and a Clinical Manager) support the directors and operate in close liaison with them. They assume overall accountability of quality services through:</p> <ul style="list-style-type: none"> • defining a governance and leadership structure, including for clinical governance that is appropriate to the size and complexity of the organisation • compliance with legislative, contractual, and regulatory requirements • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • appointing an experienced and suitably qualified person to manage the service • demonstrating leadership and commitment to quality and risk management • being focused on improving outcomes for people with disabilities • identifying and working to address barriers to equitable

		<p>service delivery, as evidenced by the diversity of disabilities and cultures of residents within this service.</p> <p>There is not currently meaningful Māori representation or advice available to the directors to honour Te Tiriti o Waitangi. The directors and managers described plans to approach a Māori person to help link them to local iwi to facilitate Māori input into organisational operational policies. Although there are no current Māori residents, there are also no systems in place that can determine whether services have improved outcomes and achieve equity for Māori.</p> <p>The directors/owners are receiving adequate information regarding performance of the services being provided. They not only attend the staff and management meetings, but also receive monthly reports on quality and risk management and key performance indicators.</p> <p>The facility manager is a registered nurse with 16 years of experience including within the aged care sector. They have knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. Ongoing professional development is occurring including around leadership and managerial skills.</p> <p>The service holds contracts to provide rest home (currently 21 residents) and hospital level care (currently 16 residents) under Aged Related Residential Care agreements with Te Whatu Ora (previously district health board). One other person receives rest home care under a Long-Term Support – Chronic Health Condition contract, another is funded by the Ministry of Health under a Young Person with Disabilities contract, and another is receiving rest home level short term/respice care.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints and incidents, internal audit activities, health and safety reviews, monitoring of outcomes including clinical, policies and procedures, clinical incidents including infections and restraint. Residents, whānau and staff contribute to quality improvement occurs through residents' and staff meetings,</p>

<p>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>compliance with policies and procedures, education uptake and involvement in surveys and feedback systems. Staff, resident and whānau satisfaction surveys are undertaken annually. Resident satisfaction surveys for 2022 were mostly positive, in particular in relation to service delivery, their rights and staff. However, they also reiterated previous dissatisfactions in relation to the quality of food. A corrective action was created but the interventions implemented were recent and have not had time to demonstrate change prior to the audit.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Follow-up actions are reviewed each month until they are resolved and closed out. Progress against quality improvement projects is being evaluated and documented. The most significant quality improvement project is in relation to staffing and the need for additional registered nurses.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Gaps identified in stage one audit were addressed.</p> <p>The facility nurse manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Reviews are ongoing and undertaken in consultation with the wider management team and reported to the directors as relevant.</p> <p>Staff document adverse and near miss events in line with the accident and incident report policy and procedure. The facility nurse manager has yet to become familiar with the specific requirements of the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The facility nurse manager understood and has complied with essential notification reporting requirements, excepting the ongoing reporting of non-availability of registered nurses (refer corrective</p>
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		<p>action 2.3.1). Public health services were advised of a norovirus outbreak and of Covid-19 earlier in 2022. There have been no other essential notifications required.</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>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A detailed framework is used as the basis for the roster. When applicable, the facility adjusts staffing levels to meet the changing needs of residents. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. Care staff, residents and whānau all reported inadequate staff numbers and this issue also featured in the complaint system. A corrective action has been raised as this issue of concern was also reported by the facility nurse manager and was evident in the review of three and a half weeks of roster and in the next one and a half weeks of roster.</p> <p>The regional manager is responsible for continuing education and professional development of staff. A three-year training calendar is currently being used and the topics cover mandatory training requirements and special interest topics. Despite the challenges presented from low staff levels and Covid-19 outbreaks, the training programme has been maintained. Related competencies are assessed and support equitable service delivery. Records sighted confirmed healthcare assistants have either completed or commenced a New Zealand Qualification Authority education programme. All staff are expected to undertake first aid, and where renewals of these are overdue this was reportedly the result of cancelled courses by the course provider due to Covid-19. Staff records reviewed demonstrated completion of the required training and competency assessments. Low attendance rates recorded in some training sessions were attributed to short staffing and the impact of Covid-19 in families and in the facility.</p> <p>High quality Māori health information is not currently being collected or shared. Also, there is no current training and/or support system in place that enables people and whānau receiving services to participate in the service. Managers are confident that the multi-</p>

		<p>cultural nature of the current staff, which is supplemented by training in Te Tiriti o Waitangi and cultural safety training, is supporting health equity expertise within the organisation.</p> <p>Staff reported feeling well supported and safe in the workplace, including culturally. Examples of support provided are access to counsellors, including from hospice services for grief counselling, anger management courses and typing courses for computer use and pastoral care.</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 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>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Signed position descriptions that describe the skills and knowledge required of the relevant position, the outcomes, accountability, responsibilities, authority, and functions to be achieved were in the staff files reviewed. Similarly, there are copies of professional qualifications and training records in staff files. Annual practising certificates of all attending health professionals are checked, and a record is retained of their currency. Staff performance is reviewed and discussed at regular intervals, with staff interviewed at the end of their orientation phase, three months later and annually thereafter. Checklists for orientation and induction programmes for each position are available and copies of completed versions were in staff files reviewed. Healthcare assistants and registered nurses have specific competencies to be completed during their orientation and records of these are retained.</p> <p>Staff records are considered to be confidential and stored in a locked cupboard in the office, which is in a small on site building separate from the care facility. Ethnicity data is recorded. As noted in subsection 2.3, staff have access to a range of support systems to ensure their wellbeing. These include access to managers for debriefs following an incident, or staff being supported to contact an external support person if that is their preference.</p>
Subsection 2.5: Information	FA	Information systems are progressively becoming increasingly electronic and relevant security systems are being implemented.

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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>Access varies according to requirements. Organisational policies and procedures are available to all staff electronically, although one set of hard copy versions is still available to staff. These are overseen by one manager. Individual health records are integrated and although currently still in hard copy, there are plans for the provider to commence using an electronic system in coming months. Confidentiality of records is maintained.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The Beachfront rest home and hospital does not have responsibility for National Health Index registration of people receiving services.</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>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Costs are available prior to admission. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are not systems in place to collect and analysis this data as this occurs for levels of care not provided. This includes ethnicity. As no Māori currently resides at The Beachfront Home and Hospital, unable to ascertain if meaningful partnerships were developed prior to their arrival. However, The Beachfront Home and Hospital Managers demonstrated awareness of the need to work collaboratively to support and encourage a Māori world view of health in service delivery. Progress towards this goal is in early stages.</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>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring but without regular documented evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability. Other forms of communication are used to ensure distance whānau are included as appropriate.</p> <p>An initial assessment of the resident is undertaken by the registered nurse on duty and an initial care plan developed within 24 hours of an admission. Long-term care plans are developed within three weeks of admission. These are based on a range of clinical assessments, including interRAI, referral information, resident and family input and the NASC assessments. A medical assessment is undertaken within two to five days of admission and reviewed as a resident's condition changes, or monthly for residents receiving hospital level care and three monthly for rest home level care.</p> <p>Members of the multidisciplinary team are able to be accessed, including physiotherapist and podiatrist, however, there was no evidence of referrals to Dietitian services. This was verified by sampling residents' records, interviews and observation. Care plans sampled have all been generated within the last six-months, however evidence of evaluation of the long-term cares plans was found in only</p>
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		<p>one of those files sampled. Short term care plans are generated for any change in needs or care; however, they are not closed off with dates, nor have person centred goals and evidence of evaluations.</p> <p>Registered nurses are responsible for all assessments and care planning. Each resident's long-term care plan details strategies to maintain and promote the resident's independence, wellbeing and, where appropriate, their community involvement. Plans evidenced integration of relevant information, including interRAI assessments outcomes, and resident/family input. Management of any specific medical conditions were well documented with evidence of systematic monitoring but without clear evaluations.</p> <p>Systems are in place to promote continuity of care, such as detailed progress notes, a verbal handover at the start of each shift, and written handover sheets with clear areas for changes that have occurred in the previous shift. Examples were sighted of referrals made to the general practitioner when a resident's needs changed, but no referrals to dietitian or other nutritional service.</p> <p>There are plans to develop policies and procedures that ensure tāngata whaikaha and whānau participate in service development to remove any barriers. Similarly, a consultation process is planned to enable the organisation to improve their understanding of Māori constructs of oranga and implement a process that would support Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Interviews, observation and documentation verified residents and family were happy with the care provided and their involvement in care planning and evaluation.</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</p>	<p>FA</p>	<p>The trained diversional therapist with assistance from healthcare assistants, provide an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identify individual interests and</p>

<p>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>		<p>consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are being considered.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs. Consideration of continued participation in the wider community is supported for residents of a younger age. Spiritual and cultural needs are included in the planning of the calendar as well as intellectual needs. There are readings, pet therapy, Māori entertainment, church services and regular visiting hairdresser. Activities that may historically be considered gendered based are able to be attended by all.</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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored in a fridge were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication was not occurring at time of the audit. Residents are supported to understand their medications. Residents, including Māori residents and their whānau, are supported to understand their medications. Additional advice to enable the provider to know the needs of any resident who identifies as Māori is</p>

		being sought.
<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>	PA Moderate	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years with confirmation of this provided immediately post audit. Recommendations made from the previously reviewed menu had been implemented.</p> <p>During mealtimes, soft appropriate music is played, tables are set, and people are encouraged to sit with friends within the service. Dessert is not bought out at the same time as the main meal, and delivery is delayed to ensure a better dining experience and an adequate intake of nutrition.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. The food control plan was issued 19 August 2021 and expires on 3 February 2023. This was issued by a suitable Auckland based company.</p> <p>Each resident has a nutritional assessment on admission to the facility. Managers informed the personal food preferences, any special diets, any cultural consideration and modified texture requirements are accommodated in the daily meal plan. Food items are available to the staff for use after hours.</p> <p>A corrective action in relation to there being no planned interventions for people with significant weight loss and repeated reports about the poor quality of food.</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,</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Whānau reported being kept well informed during the transfer of their relative.</p>

<p>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>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>PA Low</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose and meet legislative requirements. There is a current building warrant of fitness (expires 22 May 2023), medical, personal and mobility equipment is being checked, electrical equipment test and tagging is up to date and a maintenance schedule is in place. Two lifts were functioning, one of which is very small and older style and could not take larger equipment. Only rest home level care residents are in the rooms on the upper level of this wing until the lift is replaced. A refurbishment process, including the installation of a new lift to replace the older one has commenced and the work to date is looking clean and fresh. However, this process has not progressed as planned due to the impact of the Covid-19 epidemic and the recent unavailability of contractors. A corrective action has been raised as some aspects of the environment presently have the potential to pose health and safety risks.</p> <p>The environment was comfortable and accessible. Panel and electric heaters of various types were in use throughout the facility on the day of audit. All were safe with no exposed elements. Windows are openable for ventilation. Personalised equipment was available for residents with disabilities to meet their needs. Internal and external spaces were culturally inclusive and suited the needs of the resident groups with beach access only a short distance away.</p> <p>All residents' rooms except one, which is currently being used as a visitors' room, have their own ensuite and there is an additional bathroom and toilet facility for resident use if required. A sample of hot water temperatures are being checked each month and a bypass system has now been installed to prevent the need for the hot water system to be reset after power cuts. The owner provided assurance</p>

		<p>that there is always hot water and that if it did malfunction in a person's room, then the spare shower and toilet facility could be used as it is on a different system.</p> <p>Residents and whānau were happy with the environment, including heating, ventilation and privacy. The directors do not plan to add onto, or significantly modify, this facility; however, they are aware of the need to consult and co-design any new environments with residents and whānau, to ensure that they reflect the aspirations and identity of Māori.</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>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff receive annual updates in fire evacuation and emergency management training. The fire evacuation plan has been approved by the New Zealand Fire Service and a letter dated 22 May 2002 confirmed this. Six monthly fire evacuation drills are undertaken with the last being August 2022. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region and are checked monthly. There is a large 1000 litre water tank. Emergency lighting is installed.</p> <p>Call bells alert staff to residents requiring assistance. There were conflicting responses from residents about staff response times. Although electronic monitoring of response timeframes is not available in this system, there is an escalation system where an unanswered call bell will come up as an alert on the registered nurses' pagers. Call bell audits are undertaken six monthly and the last one included a corrective action, which documentation sighted showed is being followed up each month.</p> <p>Appropriate security arrangements are in place and include security cameras in strategic positions. Security lighting is in place, doors are locked, and windows are closed at appropriate times. Residents were familiar with emergency and security arrangements.</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>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the managers and the directors, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>Although occurring, there is not currently a documented pathway for IP and AMS issues, and the escalation of significant incidents, to be reported to the directors and managers at defined intervals.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. Risk assessment has been consistently used for the management of the Covid-19 epidemic within the facility and this was reflected in the visitor policy. Following a manager's consultation with external expertise during the audit, the visitor policy was amended to more accurately reflect the current environment.</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>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPCC although new to the role is well supported by an experienced facility nurse manager with many years' experience and appropriate training, who has appropriate skills, knowledge for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery and policies.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. These were last reviewed early in 2022. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs and although resources in te reo Māori have yet to be accessed, the managers are aware of where they can be obtained from. A person willing to assist the organisation with this process has been identified and will also work in partnership with them for the</p>

		protection of culturally safe practice in IP. There is a current, pandemic response plan available to all staff. Sufficient supplies of personal protective equipment (PPE) are available to support this plan if it is activated. There is a clear policy indicating which equipment is single use and the staff follow this. Cleaning of medical devices follows best practise standards. Infection control processes are included in the quality auditing process and are completed by the facility manager.
<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	Responsible use of antimicrobials is promoted in practise and in policy. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. This monitoring is reported through all levels of the company through meetings and monthly reports. Staff have direct access to appropriate medical evidence-based antimicrobial prescribing guidance and expertise (which includes restrictions and approval processes where necessary and access to laboratory diagnostic testing).
<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 methods specified in the infection prevention programme, and with an equity focus.</p>	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff and management. A summary report for a recent gastrointestinal infection outbreak and COVID outbreak were reviewed and demonstrated a thorough process for investigation and follow up. Learnings from the event have now been incorporated into practice.
Subsection 5.5: Environment	FA	A clean and hygienic environment supports prevention of infection

<p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>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.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</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 Beachfront rest home and hospital aims to maintain a restraint free environment. The directors and senior managers demonstrated a commitment toward eliminating restraint via the service's values, policy and procedure sign off and funding relevant training. At the time of audit three residents were using bedrails as a restraint, two of which is as a last resort after alternatives have been explored. Examples of alternatives tried were described. The third is for a new resident who is still being formally assessed.</p> <p>Policies and procedures meet the requirements of the standards and include a role description for the restraint coordinator. The facility nurse manager is the restraint coordinator, provides support and oversight for restraint management and reports on its use to the company directors. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA and the general practitioner were involved in decision making.</p>
<p>Subsection 6.2: Safe restraint</p>	<p>FA</p>	<p>Alternatives including lowered beds, sensor mats and falls mats were</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>		<p>tried prior to the bedrails being used.</p> <p>A pre-assessment form is completed prior to use of a restraint, and these were completed for all residents using a restraint. A consent form is completed by relatives/EPOA in consultation with the resident's general practitioner, followed by completion of a risk questionnaire.</p> <p>The bedrails are authorised for use when the residents are in bed at night. Forms for two hourly monitoring are being used and are regularly reviewed by the restraint coordinator. Examples of reminders to staff when incorrectly filled out, or when there have been gaps in recordings, were evident. Access to advocacy is facilitated, if necessary, although this has not yet been required for this purpose.</p> <p>A restraint register is maintained and reviewed at each six-monthly restraint approval group meeting. This register contains enough information to provide an auditable record and sits alongside copies of the completed forms for each person. The restraint coordinator described how ongoing assessment is occurring for the third person using bedrails who has been at the facility for less than a month and alternatives have not yet been fully explored.</p> <p>There has not been any emergency restraint use, therefore 6.2.5 and 6.2.6 could not be audited.</p>
<p>Subsection 6.3: Quality review of restraint</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>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the staff meeting and to the managers and directors. Any changes to policies, guidelines, education and processes are implemented if indicated.</p> <p>Use of restraint in this facility has been reduced by around 50% over the past two years as people have been reassessed and no longer found to need it. Only one recent admission has been added since.</p>

data and implementing improvement activities.		
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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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The facility nurse manager is responsible for development of the two weekly rosters, and these are discussed with the group general manager. Review of the roster confirmed reports of insufficient staff on some shifts from residents, whānau and staff interviewed.</p> <p>Five of seven registered nurse night shifts, two of seven (weekends) and five of seven evening 6pm to 12 midnight) are not currently being filled. The facility nurse manager understood that Section 31 notifications were no longer required and has therefore not been completing them. There were reports that there have been multiple discussions and requests for assistance from Te Whatu Ora, without success. Efforts to contract bureau staff (registered nurse and healthcare</p>	<p>There are insufficient registered nurse and health care assistants to cover all shifts on the fortnightly roster for the provision of culturally and clinically safe services.</p> <p>Notifications to the Ministry of Health regarding insufficient cover of registered nurses are not occurring.</p>	<p>Ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p> <p>The Ministry of Health is informed in a Section 31 notification of each shift a registered nurse is not available in hospital care areas.</p> <p>90 days</p>

		<p>assistants) have also been unsuccessful.</p> <p>Rosters also showed that although not all shifts had the full contingent of healthcare assistants, Staff overall are working as a team to assist: they are working 12-hour shifts, working additional shifts from their employment hours, some casual staff are working full time and the facility nurse manager who is on call 24/7 is working excessive hours to improve coverage and ensure the safety of residents. The facility care manager commenced a quality improvement project in January 2022 regarding registered nurse and healthcare assistant shortages. Level four caregivers are being upskilled to complement the work of registered nurses.</p>		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed</p>	<p>PA Moderate</p>	<p>Person-centred goals, evaluation stages and resolution dates were absent from the short-term care plans in the six files reviewed.</p> <p>In all five of the six files reviewed, there was no evidence of an evaluation occurring in the long-term care plans. Care plans are created following the completion of the assessment tool, interRAI. The information from interRAI can be clearly seen throughout the care plan.</p>	<p>Person-centred goals and evaluation stages with resolution dates are not documented within short term care plans and long-term care plans are without evaluations.</p>	<p>Person centred goals and ongoing evaluation of the problem are included in short term care plans.</p> <p>The interventions in long term care plans will be clearly evaluated at the six-monthly review or more often as the resident's conditions indicates.</p> <p>90 days</p>

<p>collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.5.1 Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	<p>PA Moderate</p>	<p>There was a loss of 3.5 kg and 2.4kgs over one month without planned intervention or referral for specialist input. There was a gain of 3.3 kgs without documentation of goal or interventions.</p> <p>There were widespread expressions of dissatisfaction with the quality of meals and not all meals described were of good nutritional value. This was evident in satisfaction survey feedback, residents' meeting minutes, the complaints system, complaints in feedback from the funder and in verbal feedback from residents interviewed during the audit.</p>	<p>Residents with weight loss of two and three kilograms has not been followed up for relevant specialist input.</p> <p>There were widespread expressions of dissatisfaction with the quality of meals.</p>	<p>All significant loss or gain of weight each month will be documented with appropriate interventions and referral for specialist input.</p> <p>The quality of meals is further reviewed towards elimination of the current widespread dissatisfaction.</p> <p>90 days</p>
<p>Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>A visual inspection of the facility was undertaken. The building was previously a motel, and some hallways are quite narrow. A refurbishment process is underway but has been hampered by the unavailability of contractors over many months. Areas already completed have been finished to a</p>	<p>There are aspects of the facility that pose potential health and safety and/or infection risks. These include multiple scraped corners and surfaces, the lift curtain, replacement of the small lift, broken skirting, clutter and</p>	<p>The ongoing maintenance schedule ensures the physical internal and external environments are safe</p>

		<p>high standard. There is still evidence of water damage in ceilings from previous water leaks, worn carpets and damaged surfaces. Examples of areas not yet renovated that are posing potential health and safety, including infection risks are as follow:</p> <ul style="list-style-type: none"> - Corners of walls in hallways have chipped plaster - A lift curtain shows signs of significant wear and tear - The small lift requires replacement to ensure suitability for hospital level care residents (corrective action remains open from prior audit) - Corners of hallway skirtings are broken in several places - There are multiple areas where wood and paint have been scraped by equipment etc. - Clutter in narrow hallways is creating risks for people manoeuvring hoists and wheelchairs etc. - An external stairway has an anti-slip strip that is lifting and creating a trip hazard. 	bulging anti-slip strip.	180 days
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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.