

# The Lady Bug 2019 Limited - The Lady Bug

---

## 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:** The Lady Bug 2019 Limited

**Premises audited:** The Lady Bug

**Services audited:** Dementia care

**Dates of audit:** Start date: 1 November 2022 End date: 10 November 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:** 13

# 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 Lady Bug 2019 Limited - The Lady Bug, provides dementia level of care for up to 15 residents. Lady Bug is one of three aged care facilities owned by the director.

There is a new house manager/registered nurse at Lady Bug who is orientating. The quality manager started working in Kumeu Village in April 2022, and subsequently has been working in Lady Bug providing oversight of services since the previous house manager/registered nurse resigned in July 2022.

This unannounced surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with whānau/family members, the owner/director, managers and staff. The management team comprising the clinical nurse manager, the quality manager, the director human resources the lifestyle engagement/admission's manager and the quality and compliance manager (contracted in April 2022) work across all three services, and were interviewed during the audit.

The two improvements raised at the last audit related to dietitian review of the menu and assessment of residents post a fall have been addressed. This surveillance audit has identified two improvements are required in relation to ensuring interRAI assessments are undertaken as required to meet the providers contract with Te Whatu Ora, and ensure records are available to demonstrate there is someone on duty at all times with a current medication competency. Recommendations have been made in relation to timeliness of assessments and care planning and having an individualised activity plan for residents over a 24-hour period.

## 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.

Policy states a commitment to employ staff representative of the ethnic groupings of residents. Policies, procedures and a model of care will guide staff in the provision of culturally appropriate services for Pasifika residents as and when required.

The Māori Health plan guides staff practices to ensure the needs of residents who identify as Māori would be met in a manner that respects their cultural values and beliefs. Staff understood the principles of Te Tiriti o Waitangi and Māori mana Motuhake.

Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Whānau and legal representatives are involved in decision making that complies with the law. Consent is obtained where and when required.

Processes are in place to resolve complaints promptly and effectively with all parties involved.

## 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.

The quality and risk management systems are focused on improving service delivery and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory reporting obligations.

There is a minimum of one staff member on duty and another available on the premises at night, with additional staff on duty at other times.

Staff are given an appropriate orientation and participate in ongoing education. All employed and contracted registered health professionals maintain a current annual practicing certificate.

## 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.
---	--	--

Residents' assessments and care plans are completed by a registered nurse. The service works in partnership with the residents, their family/whānau or legal representatives to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

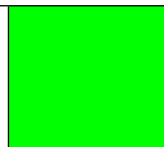
The planned activity programme promotes residents to maintain their links with the community and meets the health needs and aspirations of Māori and whānau where applicable.

A safe medication management system was implemented. Medicines are safely stored.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

## 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.



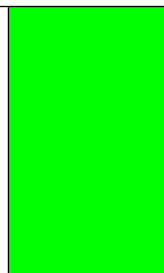
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and meet the needs of residents living in a secure dementia service.

The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Fire drills are conducted at least six monthly. Appropriate security is maintained and includes the use of security cameras.

## 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 and infectious disease response plan in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support the 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 were infection outbreaks reported since the previous audit that were managed effectively.

## 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.
--	--	--

The service has been restraint free since opening. The director advised restraint is not allowed to be used. This is supported by policies and procedures.

### 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	2	0	0
Criteria	0	43	0	0	2	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>Policy states a commitment to employ staff representative of the ethnic groupings of residents to better meet their cultural needs and provide culturally safe services through greater understanding and respect of cultural preferences and differences. The owner/director stated being committed to having Māori staff in a variety of roles; however, there are challenges recruiting staff at the time of audit, so ensuring there are sufficient staff to provide safe service delivery is the current priority. There is a senior staff member that identifies as Māori. Another external health professional is reported to be advocate for the needs of Māori if required. There are currently no residents that identify as Māori.</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</p>	FA	<p>A number of policies and procedures are available to guide staff in the care of Pacific peoples. This references the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and other documents that have been published. The provision of equitable services that are</p>



<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>underpinned by the Pacific people’s worldview policy notes ‘to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and whānau’. Residents will be encouraged to participate in cultural activities in the community and community groups will be invited to share their culture and knowledge with the care home. There are currently no residents that identify as Pasifika. There are staff and managers that identify as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The service recognises Māori mana motuhake by involving residents’ family/ whānau or the enduring power of attorney (EPOA) for all residents in the assessment process to determine residents’ wishes and support needs. There were no residents who identify as Māori on the day of the audit. Interviewed staff understood the requirements to enable Māori mana Motuhake.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Staff have received education on Te Tiriti o Waitangi, and tikanga guidelines. To promote te reo Māori, Māori words were posted in the dining room and these words are changed weekly. The Code of Health and Disability Services Consumers’ Rights (the Code) posters in English and Māori languages were posted on notice boards around the facility. Interviewed staff understood the principles of the Te Tiriti o Waitangi and how these can be applied into daily practice. The clinical nurse manager (CNM) reported that the assessment plan for Māori residents will be utilised to plan for tāngata whaikaha needs and enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	FA	<p>The policy on abuse and neglect in use includes institutional abuse and racism. The policy and staff training provided guides staff practices. Whānau reported that they are free to express any concerns to the management team when required and these are</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>responded to promptly.</p> <p>The CNM stated that residents' assessments considering physical wellbeing (taha tinana), mental wellbeing (taha hinengaro), social wellbeing (taha whānau) and spiritual wellbeing (taha wairua) will be completed to ensure a strengths-based and holistic model of care to ensure wellbeing outcomes for Māori. Work is in progress at the organisational level to implement a system to monitor institutional and systemic racism.</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 informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Consent was obtained as part of the admission process with admission agreements and informed consent signed by the enduring power of attorney (EPOAs). EPOAs confirmed that staff seek consent as required. Signed consent forms were available in residents' files. Staff understood the tikanga best practice in relation to consent.</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>A fair, transparent and equitable complaint management system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Whānau understood their right to make a complaint and knew how to do so. They informed they feel free and comfortable about raising any issue of concern.</p> <p>There has been one complaint received since the last audit. Documentation showed the complaint has been acknowledged, investigated and followed up in a timely manner. There were no open complaints at audit. No complaints have been received via the Health</p>

		<p>and Disability Commissioner's (HDC) office, independent advocacy service, Te Whatu Ora (TWO) or the Ministry of Health (MoH) since the last audit.</p> <p>The quality manager is responsible for complaints management. There are no residents that identify as Māori. However, in the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter if this is required and will ask how the complainant wanted the complaint investigation and follow up process to work. The service is considering translating the complaints form into te reo Māori.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Lady Bug provides aged related residential care at secure dementia care level for women only. There are two directors, however only one is involved with the day-to-day management of the aged, related care services. This director was interviewed by phone the week following audit. Due to unforeseen circumstances, the interview was unable to be conducted prior.</p> <p>There is a new registered nurse/house manager (RN/HM) who is currently in the second week of orientation. The previous RN/HM resigned at the end of July 2022. In the interim the new Kumeu Village quality manager (employed in April 2022), who is also a registered nurse has taken responsibility for the oversight of services at the Lady Bug with the clinical nurse manager (CNM) on call after hours. A new quality and compliance manager was contracted in April 2022. The CNM, quality manager, director human resources and lifestyle and admissions manager work across all three facilities owned by the director. The HM/RN will also be responsible for the oversight of services provides at Kingfisher, the other standalone dementia care facility in this group. The RN/HM will work two to three days each week at the Lady Bug and Kingfisher and be on call during business hours for each facility. The CNM is currently on call for all three facilities afterhours and this will continue in the near future. The RN/HM has yet to complete interRAI training, with interRAI assessments currently being undertaken by the CNM.</p> <p>The management team and the director have regular meetings</p>

		<p>together covering the three facilities.</p> <p>The director is available by phone or other messaging methods when not on site and confirms being informed of relevant quality and risk issues in a timely manner.</p> <p>The director has attended training on Te Tiriti, and cultural safety training, but is yet to do training on equity, and yet to review services to ensure that they improve outcomes and achieve equity for Māori, or identity and work to ensure service providers identify and work to address barriers to equitable service delivery. Work is expected to commence on this in the forthcoming months. The service has a focus of ensuring services for tāngata whaikaha, are undertaken to improve resident outcomes, and this is explicit within the business and strategic plan. This is in line with the Eden philosophy of care. The Director confirmed a continuing commitment to ensure that the residents receiving services and their whānau continue to actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised services/care.</p> <p>The service has Aged Related Residential Care (ARRC) contract with Te Whatu Ora for secure dementia level care. On the days of audit, 13 residents were receiving 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 specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal and external audit activities, monitoring of outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management. The RN/HM, CNM, and quality manager are responsible for implementation of the quality and risk system with the input of the director. The quality and compliance manager has an advisory/consultancy role.</p> <p>There are a range of internal audits, which are undertaken using template audit forms. Due to Covid 19 and staffing challenges, not all audits have been undertaken as scheduled. The service has prioritised those that related to key aspects of services and resident and staff safety. The results are reported to relevant staff and</p>

		<p>discussed with applicable managers. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Health and safety systems are being implemented according to the health and safety policy by the management team. There is a current hazardous substance register that was last reviewed in June 2022.</p> <p>A risk management plan is in place. The director confirmed changes or the identification of any new risk, including those related to individual resident's care, are brought to their attention promptly. There is a current hazard register. The Lady Bug has not yet included potential inequities in the organisational risk management plan.</p> <p>There are staff meeting's occurring using a template agenda. Relevant resident and facility quality and risk issues including hazards, training, staffing, adverse events, complaints / compliments, residents/whānau feedback and changes in process/systems including those related to Covid-19 management are discussed. Staff confirmed they feel well informed and well supported. While there is satisfaction with services provided there is not yet a critical analysis of organisational practices at the service/operations level aimed to improve health equity within The Lady Bug service. Care partners understood the Māori Constructs of Pae Ora and although there are no residents that identify as Māori, work with residents and families to ensure individual, resident culturally appropriate care. The Eden Philosophy includes assessing what is important to resident's and to help facilitate a meaningful purposeful and culturally appropriate life.</p> <p>The director, CNM and quality manager interviewed were familiar with essential notification reporting requirements. The events that have been notified included the change in clinical manager when the RN/HM resigned late July 2022, a cluster of staff and residents with Covid-19 was reported to Te Whatu Ora (April 2022) and an outbreak of gastroenteritis (September 2022). The CNM is responsible for essential notifications.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>There is a documented process for determining staffing levels and skill mix to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to</p>

<p>to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>resident numbers and level of care and when residents' needs change. Care staff confirmed there were adequate staff to complete the work allocated to them, with care partners coming from Kumeu Village (KV) as and if required. Residents and whānau interviewed supported this. An area for improvement is identified in relation to ensuring there is at least one staff member on duty with a medication competency (refer to 3.4.3). There are two care partners on duty on morning and afternoon shifts and a care partner on duty at night with another person available on site on call. Three care partners have completed an industry improved qualification in dementia care. The remaining are new staff required to complete this training within 18 months of employment. Enrolments for applicable staff to complete a dementia level qualification are in progress. The quality manager is currently at Lady Bug on Mondays and Thursdays and is on call during business hours. The CNM is on call 24/7 and is currently undertaking the interRAI assessments and care plans of residents until the new RN/HM can be trained. Some of these are overdue. Refer to 3.2.4 and 3.2.5.</p> <p>Catering services are provided by staff working from KV. The cleaners are also employed at KV and are on site three days a week, with two cleaning staff sharing the roster. Care partners undertaking laundry and spot cleaning throughout their shift as resident care allows. The pet partners who look after any pets and The Lady Bug farm animals (chickens, goats, and a miniature pony) are also based at KV. The maintenance personnel are also based at KV and a member visits The Lady Bug daily.</p> <p>There is an education programme in place that is relevant to the service setting and ARRC contract requirements. Staff are provided with relevant ongoing training applicable to their role and records of attendance are maintained. There is a care partner on duty at all times with a current first aid certificate.</p> <p>Staff have been provided with training on Te Tiriti and cultural safety. Work is yet to be undertaken to develop the competencies of healthcare and support workers to meet the needs of people equitably, to include high quality Māori health information in the education programme provided, and invest in the development of staff health equity expertise.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates.</p> <p>A comprehensive orientation and induction programme are implemented, and staff confirmed their usefulness and applicability and felt well supported. New care partners are 'buddied' to work with a senior care partner for orientation, and spend time with the quality manager. Additional time is provided as required. A workbook/checklist is completed.</p> <p>Staff ethnicity is being identified, along with the country of birth. There are staff from at least five different ethnicities employed. Ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements and kept securely.</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>Not Applicable</p>	<p>The service maintains a record of the enquiries and those declined entry. Work is in progress to implement a system to implement routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori.</p> <p>The service is in the process of developing partnership with local Māori communities and organisations to benefit Māori. The CNM reported that support will be provided in relation to Māori traditional medicines for residents and whānau who may benefit from these interventions when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	<p>PA Moderate</p>	<p>Admission assessments, care planning and care evaluation are completed by a registered nurse (RN). The Assessment tools that</p>

<p>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>include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. The CNM stated that tikanga guidelines will be utilised to ensure kaupapa Māori perspectives permeate the assessment and care planning process where required. Staff have received cultural safety training and the RNs complete the cultural assessments on admission.</p> <p>Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga are included in the Māori cultural policy. The CNM reported that if family/ whānau are unable to provide cultural support, a kaumatua will be contacted to provide support. A range of clinical assessments, including interRAI, referral information, observation, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. InterRAI assessment outcome scores have supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of concern. Known triggers, warning signs and risks were documented in the behaviour management plans. Staff were observed on the day of the audit inviting and supporting residents to attend to activities of choice. The CNM reported that tāngata whaikaha are supported in making decisions about their care as verified in residents' records. Family/whānau or EPOAs confirmed their involvement in the assessment and care planning processes.</p> <p>The completed care plans reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Appropriate strategies to maintain and promote residents' independence and wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring. The accident and incident forms reviewed evidenced that neurological monitoring post unwitnessed falls were completed consistently as per organisational policy. The previous finding in relation to monitoring of neuro-observations has been addressed. Any family/whānau goals and aspirations identified were addressed in the care plans. However, in three out of five files sampled for review, routine six-monthly interRAI reassessments and care plan evaluations were overdue. This is an area requiring improvement. Two new admissions had incomplete initial admission assessments including initial interRAI assessment completed. A recommendation has been made in relation to incomplete admission</p>
--	---



		<p>assessments and documentation. The interRAI summary report evidenced that eight of the resident's routine six-monthly reassessments were overdue.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the general practitioner (GP) or specialist services. Referrals made to the GP when a resident's needs changed, and referrals to relevant specialist services as indicated were evidenced in the residents' files reviewed.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. The staff confirmed they understood the process to support residents and family/whānau when required. The GP was not available for interview.</p>
<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities on the programme support community initiatives that meet the health needs and aspirations of Māori and whānau. Other te ao Māori activities celebrated include celebration of Waitangi Day, Matariki day and Māori language week. These activities were evidenced on the activities plan for the previous months reviewed. The diversional therapist stated that when required, residents will be supported to attend specific cultural activities.</p>
<p><b>Subsection 3.4: My medication</b></p> <p>The people: I receive my medication and blood products in a safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	<p>PA  Moderate</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. A care partner was observed administering medicines correctly. They demonstrated good</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>knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. Medication administration competency assessment records were not available for all applicable staff and this is required.</p> <p>Medicines were prescribed by the GP and over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' or 'pro re nata' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. There are documented standing orders that are reviewed annually by the GP. Self-medication is not allowed as this is a secure dementia care service.</p> <p>There were no controlled drugs stored onsite on the day of the audit. Secure storage in accordance with requirements is available for use when required. Residents and their family are supported to understand their medications when required. The CNM stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be provided through the GP. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents, family/ whānau and EPOAs. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences. The menu in use was reviewed by a qualified dietitian on 17 April 2021. The previous finding in relation to not having the menu signed off by a qualified dietitian has been addressed.</p> <p>The CNM stated that culturally specific to te ao Māori food will be catered for per individual requests when required. Family/whānau are welcome to bring culturally specific food for their relatives.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident, family/whānau and EPOAs. Whānau/family and EPOA reported being kept well informed during the transfer of their relative. An escort is provided for residents, where required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose</p> <p>There is a current building warrant of fitness (expiry 14 June 2023). Electrical test and tagging is due 2 June 2025. Clinical equipment has a current performance monitoring and clinical validation done on 10 October 2022. The quality of the water in the water tanks was last tested on 2 August 2022 and complies with safe drinking standards.</p> <p>Whānau were happy with the environment being suitable for their family member's needs. There are secure garden areas for the residents. The new draft business plan includes a commitment to ensuring the environment reflects the identity and aspirations of Māori. Each resident has their own bedroom. There are multiple lounge or resident rest areas. There is appropriate signage and cultural artwork.</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>FA</p>	<p>There is a fire evacuation plan in place that has been approved by Fire and Emergency New Zealand (FENZ) on 12 April 2020. A fire evacuation drill was last conducted on 8 August 2022. There is a list of current residents and their individual abilities/needs in the event of</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>a fire or other civil defence emergency.</p> <p>Security cameras are located on site monitoring the external and internal environment. Cameras present in resident bedrooms are only used with prior consent of whānau and archived images are only accessible by authorised managers. Information on the use of cameras is included in admission information pack and via external signage. The images display in a secure area, and can be checked in real time by staff without having to disturb the resident by entering their bedroom. Security arrangements are appropriate for a secure dementia care unit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The pandemic and outbreak management plan in place is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The Māori cultural policy has guidance in culturally safe practices in IP to acknowledge the spirit of Te Tiriti. The CNM reported that Māori residents will be consulted on IP requirements where applicable to ensure cultural recognition. In interviews, staff understood these requirements. The CNM and the quality manager stated that educational resources in te reo Māori were available at the sister facility and these will be provided to residents and family/whānau when required.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with</p>	FA	<p>All infections are recorded on the infection record form electronically. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. The service is working towards including ethnicity in surveillance data. The responsibility of the infection control officer is documented in the infection control policy. The CNM reported that culturally safe processes for communication will be provided when required. The interviewed family/whānau expressed satisfaction with the</p>

<p>an equity focus.</p>		<p>communication provided. There have been two infection outbreaks since the previous audit that were managed effectively with appropriate notification completed.</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 director, clinical nurse manager, quality manager, director of human resources, RN/house manager and care staff advised restraint is not used at the Lady Bug. The director confirmed this is a key organisation priority in line with the Eden Philosophy and as an alternative staff work to engage residents in meaningful activities. The director confirmed this is explicitly detailed in policy (sighted), and is communicated to staff during orientation and as part of the ongoing education programme. The director takes responsibility for ensuring the restraint free focus is maintained. There has been no restraint used since opening. Processes to report on and analyse restraint data is not applicable for this 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 3.2.5</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 collaboratively through the</p>	<p>PA</p> <p>Moderate</p>	<p>Residents’ care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs as confirmed in the records sampled. The long-term care plans and interRAI reassessments in three residents’ files were overdue for six-monthly evaluation. Short-term care plans were completed for acute conditions and reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents’ degree of progress towards their agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident’s family/whānau or EPOA responded by initiating changes to the care plan.</p>	<p>In three out of five files reviewed, routine interRAI reassessments and six-monthly care plan evaluations were overdue.</p> <p>The interRAI summary report evidenced that eight interRAI reassessments were overdue with an interval of 26 days to 119 days.</p>	<p>Ensure routine six-monthly interRAI reassessments and long-term care plans are reviewed in the timeframes required by the aged related residential care contract.</p> <p>90 days</p>

<p>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 3.4.3 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 Moderate</p>	<p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RN when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>The quality manager was confident that care partners who are responsible for administering medicines were competent. However, records to evidence this were not available. Competency records were not available for a staff member on duty between four and five shifts per week.</p>	<p>Medication administration competency assessment records were not available for a staff member on duty between four and five shifts per week.</p>	<p>Ensure all staff who administer medicines have a currently competency assessment available, and that a competent staff member is on duty every shift.</p> <p>90 days</p>

## 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.