

Graceful Home Shoal Bay Limited - Shoal Bay Dementia

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: Graceful Home Shoal Bay Limited

Premises audited: Shoal Bay Dementia

Services audited: Dementia care

Dates of audit: Start date: 17 April 2023 End date: 17 April 2023

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: 24

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

Shoal Bay Dementia is one of three aged residential care facilities owned and operated by Graceful Home Shoal Bay Limited. The service provides secure dementia care services for up to 26 residents. The director was available and interviewed at this audit.

A facility manager (FM) covers this service supported by a registered nurse (RN) and two team leaders. The RN role has been vacant for one month, but a replacement has been appointed and was due to commence two days following the audit. The FM reports to the director regularly. The director is the Māori cultural advisor. All residents are cared for by three general practitioners from the same local medical practice. Families/whānau spoke highly of the care provided.

This unannounced surveillance audit was conducted against the Ngā paerewa Health and disability services standards 8134:2021. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, the general practitioner, family members, the management team and staff.

There were three areas requiring improvement from the previous audit which have all been addressed. Four areas for improvement have been identified from this audit in relation to models of care for Pacific people, cultural and equity training for care staff, the interRAI assessments and care plans which were not current and up-to-date, and one area related to expired medication.

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.

The Māori Health plan guides staff practices to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs when required. 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. Family/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. A complaints register was maintained.

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 low risk.

The quality and risk management systems were verified and clearly focused on improving service provision and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory obligations.

Staff are provided with orientation and participate in ongoing planned education annually. All employed and contracted health professionals maintain a current annual practising certificate. The facility manager and all care staff have a current first aid certificate. Staffing is managed effectively providing adequate cover. Strategies were in place using agency staff, until the recent employment of a registered nurse.

Ngā huarahi ki te ora | 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.	
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Residents' assessments and care plans were completed by suitably qualified personnel. The service works in partnership with the residents, their family/whānau and legal representatives to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were referred to specialist services and to other health services as required. Transfers and discharges were managed effectively.

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

A safe medication management system was implemented. Medicines were safely stored. Staff who administer medicines had current medication administration competency.

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

Te aro ki te tangata me te taiao haumarū | 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.

This secure dementia care facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment and calibration of equipment was verified. Internal and external areas are accessible, safe, and meet the needs of residents.

The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Fire drills are conducted at least six monthly. Appropriate security was maintained for residents, staff, family, and visitors.

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 outbreak management plan in place was regularly reviewed. Sufficient infection prevention resources, including personal protective equipment (PPE), were 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. An infection outbreak reported since the previous audit was managed effectively. Identified infections are communicated to family/whānau or legal representatives in a culturally safe manner.

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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There is a governance commitment to eliminate the use of restraint documented in policy. On the day of the audit no residents were using a restraint. Staff training on restraint management was provided at orientation and is part of the ongoing annual training programme. A register was maintained.

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	17	0	1	2	0	0
Criteria	0	49	0	1	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Shoal Bay Dementia has a cultural policy (reviewed March 2022). The owner/director interviewed ensures Māori applicants for positions advertised were always provided with equal opportunities for all roles. All applicants are acknowledged, and information would be recorded as part of human resource management processes. On the day of the audit there were residents who identified as Māori. The owner/director interviewed is Māori and stated 'that nothing has changed with the new Nga Paerewa Standards', as the directors and management have always worked collaboratively to provide high-quality, equitable and effective services for Māori, framed by Te Tiriti o Waitangi.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.	Not Applicable	On the day of the audit there were residents who identify as Pasifika. The recruitment policies are in place as for sub-section 1.1 and as evidenced by the employment of eight care staff who identify as Pasifika. However, there were no documented policies, procedures

<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>		<p>and/or operational plans that included the organisation's approach to Pacific peoples or their models of care. There were no established links that had been developed with Pacific communities. Staff interviewed stated that staff could be consulted or provide advice if needed for any Pasifika residents admitted to this aged care service.</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>There were residents who identified as Māori at the time of the audit. The service recognises Māori mana motuhake by involving residents' family/whānau or legal representatives in the assessment and care planning process to ensure their wishes and cultural needs are identified, when required.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Te reo Māori and tikanga Māori were actively promoted in the service and incorporated through all their activities. Te reo Māori words and phrases were posted around the service to promote staff and residents' awareness. Residents, family/whānau and legal representatives expressed that staff acknowledge and respect residents' individual cultural needs. The service was planning to provide staff training on Te Tiriti o Waitangi.</p> <p>Tāngata whaikaha's needs were responded to as assessed and their participation in te ao Māori was enabled through cultural activities on the activities programme.</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</p>	FA	<p>Systems in place to safeguard residents against institutional and systemic racism include the complaints process and family/whānau meetings held regularly. The interviewed family/whānau confirmed that residents are treated fairly and opportunities to discuss any concerns were provided by the facility manager when required.</p>

safe and protected from abuse.		Te Whare Tapa Whā model of care was available for use to ensure wellbeing outcomes for residents who identify as Māori, when required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Staff were observed to seek consent from residents where applicable. Informed consent was obtained as part of the admission process with admission agreements and informed consent signed by the residents' legal representatives. Staff understood tikanga best practice in relation to consent. Residents' family/whānau confirmed being provided with information and being involved in making decisions about residents' care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. There was also a complaints flowchart developed and implemented for the management of complaints. The process complies with Right 10 of the 'Code' which is the right to complain, to be taken seriously respected and to receive a timely response.</p> <p>Staff and residents' whānau interviewed stated that they were fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family/whānau member. Family members commented that any issues were dealt with promptly and professionally.</p> <p>There have been four complaints, two written and two verbal complaints and one compliment received over the last year. The</p>

		<p>complaints register was sighted online; however, a hard copy was still being maintained by the facility manager. All complaints had been followed through, dated and signed off when resolved. The compliment was fed back to the staff at the quality meeting.</p> <p>No complaints have been received via the Health and Disability Commissioner's (HDC) office, independent advocacy service, Te Whatu Ora – Waitemata, or the Ministry of Health (MoH) since the previous audit. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter if needed. The service provider discussed getting the current complaints form translated into te reo Māori.</p> <p>An area identified for improvement in relation to complaints management from the previous audit (HDSS 2008 Criterion 1.1.13.3 - mapped to Nga Paerewa 1.8.3) has been addressed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Shoal Bay Dementia provides aged related residential secure dementia care services. The owner/director (director) was interviewed. The director owns and operates three aged care facilities supported by a facility manager at each site. A team leader was involved and present for the audit. The registered nurse who provided cover for this facility resigned one month ago and a new registered nurse has been appointed but has not yet commenced the role.</p> <p>The director stated that there was a special need for dementia care beds in this region. The director stated that, as a Māori it, was significantly important to ensure accountability for delivering a high-quality service for all residents including those that identified as Māori and Pacific people. The director stated that there were no identified barriers for Māori seeking care at this home. The service has a focus on ensuring services with tāngata whaikaha are provided to improve residents' outcomes, and this was documented in the business plan for Shoal Bay Dementia.</p> <p>The director is the Māori advisor to the service and was able to seek further expertise when required. The director ensures the facility manager and staff maintain a good relationship with all residents and</p>

		<p>extended families and the local community.</p> <p>Shoal Bay Dementia has Aged Residential Care (ARRC) contracts with Te Whatu Ora Waitemata for providing dementia level care, respite care and long-term support chronic health conditions (LTSCHC). On the day of the audit 22 residents were receiving dementia level care, one was receiving respite care and one resident was under a LTSCHC contract.</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>	FA	<p>The quality and risk programme were reviewed 20 January 2023. The programme reflects the principles of continuous improvement. This includes the management of incidents and complaints, internal and external activities, monitoring of outcomes, policies and procedures, health and safety reviews and clinical incident management. The facility manager (FM) is responsible for the implementation of the quality and risk system with input from the RN (when available) and the two team leaders. The FM reports to the director monthly and more frequently if needed. The policies and procedures for quality and risk are in transition from one contracted service provider to another. Critical analysis of organisational practices to improve health equity is still in progress (refer to 2.2.8).</p> <p>There were a range of internal audits planned for 2023, which are being undertaken as per the audit calendar. Results are collated monthly and action plans developed as needed. The service prioritises any findings related to key aspects of service delivery, resident and staff safety. The staff are informed of any results at the six weekly staff meetings. The management team consists of the director, FM, two team leaders, RN (when available) and the head chef, with meetings held three monthly. Minutes of meetings were reviewed.</p> <p>An annual 'Next of Kin and resident survey' was undertaken March 2023 with three families who have responded up to the date of the audit. Positive feedback was provided in 2022 and so far for this current survey. A staff survey is performed in August each year. Data gathered was measured and used for improving services as needed. The director ensures high-level care is provided for all residents,</p>

		<p>including Māori residents.</p> <p>Health and safety systems were implemented. There was a current up-to-date hazard and hazardous chemical register.</p> <p>The director and FM were fully informed and comply with statutory and regulatory obligations in relation to essential notification reporting. Two Section 31 notifications have been completed since the previous audit for Shoal Bay Dementia regarding notifications of changes of FM. Acknowledgement letters from HealthCERT for both notifications were sighted.</p> <p>The service was transitioning from one contracted quality control service provider to another at the time of the audit.</p> <p>The director has an open-door policy and will talk to staff or management if they have any issues.</p> <p>An area identified in the previous audit in relation to maintaining records of discussions, surveys outcomes and audits has been addressed. (HDSS: 2008 1.2.3.6 - mapped to Nga Paerewa 2.2.2 and 2.2.3)</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally 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>	PA Low	<p>Rosters are adjusted in response to resident numbers and the level of care required and when residents' needs change. Care staff confirmed that there were adequate staff to complete the work allocated to them. Family interviewed supported this. The RN vacancy (one month) has been covered by the team leaders and bureau as needed. The days to be covered by the RN are Tuesday, Wednesday, Friday, Saturday and Sunday (40 hours per week). The interRAI assessments and care plans were not current for all residents (refer to criterion 3.2.3), due to this vacancy.</p> <p>Twenty health care assistants (HCAs), including casual staff, are employed for the service, plus the chef and activities coordinator (the previous diversional therapist (DT) resigned one month prior to the audit). The director is advertising currently for a diversional therapist (Level 4). Cleaning and laundry duties are completed by staff as needed.</p>

		<p>Care staff have completed first aid training and one staff member on each shift was a 'first aider' and this was documented on the rosters reviewed. In addition to this, staff have completed medication, infection prevention and control and restraint competencies. Other mandatory and elective educational topics have included wound care, pain management, open disclosure and communication. The training meets the obligations with the service providers agreement with Te Whatu Ora Waitemata. An education calendar was reviewed for 2023. There are records maintained of care staff achievements including completion of recognised New Zealand Qualification Authority (NZQA) aged related care training. All staff have completed a recognised dementia care limited credit programme (LCP). In addition to the dementia care training, one HCA has completed NZQA level four qualifications, six level three (with four of six currently completing level four) and three have completed level two. The enrolments for care staff were reviewed for this current year (2023).</p> <p>There was an area requiring improvement identified in the previous audit which related to all care staff completing an industry approved qualification in dementia care within 18 months of employment and this has been fully addressed. (HDSS: 2008 criterion 1.2.7.5 – mapping to Nga Paerewa 2.3.4)</p> <p>An activities coordinator was employed Monday to Friday and the activities programme was reviewed and covered the 24-hour timeframe required, due to the nature of this dementia level care service. Activities were provided that are suitable to meet the residents' needs. Resources are readily available.</p> <p>Training has been provided on aspects of the Te Tiriti. Work is yet to be undertaken to ensure staff meet the needs of residents equitably, and to include high quality Māori health information in the education programme provided.</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>	FA	<p>Human resource 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. The director and FM are responsible for the</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. 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>recruitment of staff. The director stated that any staff that identify as Māori can, if they wish, have their orientation and education translated into te reo Māori. Performance reviews were completed annually. A system was in place to ensure the appraisals are recorded annually.</p> <p>An orientation/induction programme has been implemented and staff confirmed its usefulness, applicability and felt supported. New care staff are 'buddied' to work with a senior caregiver/team leader for orientation. Additional time was provided as required. A checklist was completed and filed in the individual staff records reviewed.</p> <p>Staff ethnicity was being identified, along with country of birth. There are staff of different nationalities employed. Ethnicity data was collected, recorded and use 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>	FA	<p>Residents' ethnicity was included on the admission form. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. The service has developed partnerships with Māori communities and organisations to benefit Māori residents and whānau. The director of the service is the Māori health advisor for the organisation.</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</p>	PA Moderate	<p>Te Whare Tapa Whā model of care supports kaupapa Māori perspectives to permeate the assessment and care planning process, whānau ora and pae ora where applicable. Staff have received training on aspects of Te Tiriti o Waitangi. The facility manager reported that where the resident's family/whānau are unable to provide cultural support, a kaumatua will be contacted to provide</p>

<p>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>support as appropriate.</p> <p>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. However, some of the interRAI assessments, initial care plans and long-term care plans were not completed in a timely manner in the files sampled (refer to 3.2.3). Behaviour assessment and management plans were completed for identified behaviours of concern. Tāngata whaikaha were supported in making decisions about their care as verified in residents' records. Residents, family/whānau and legal representatives expressed satisfaction with the level of involvement in planning care.</p> <p>Medical assessments were completed by the GP in a timely manner. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evident in sampled records. Staff understood the process to support residents and family/whānau when required. The GP expressed satisfaction with care being provided to residents.</p> <p>Residents' care was evaluated on each shift in the progress notes by the healthcare assistants. Changes noted were reported to the facility manager and to the general practitioner (GP) where required. Completed care plans identified residents' strengths, goals and aspirations aligned with their values and beliefs (refer to 3.2.3). 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. Identified family/whānau goals and aspirations were addressed in the care plans. Six monthly care plan evaluations were completed in consultation with the residents' family/whānau or legal representatives. Residents' progress towards the achievement of desired goals was documented and changes were made to the plan of care where the desired goal was not achieved.</p> <p>Service integration with other healthcare providers including specialist services, medical and allied health professionals was evident in residents' clinical files. Changes in residents' health were escalated to the general practitioner (GP) or specialist services. Referrals to relevant specialist services were consented for by the residents' legal</p>
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		<p>representatives.</p> <p>Residents' progress notes, observations, and interviews verified that care provided to residents was consistent with their assessed needs. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The residents' family/whānau and legal representatives confirmed satisfaction with the care being provided.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is overseen by the diversional therapist from the sister facility owned by the same director. Opportunities for Māori residents when applicable, to participate in te ao Māori include celebration of Waitangi Day, Matariki and Kapa haka performances watched on the television. Staff were observed greeting residents who identify as Māori in te reo Māori. Twenty-four-hour activity plans were completed for all residents. Residents had access to the secure garden and were observed accessing the secure garden independently.</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>	PA Moderate	<p>An electronic medication management system was in use. A healthcare assistant was observed administering medicines. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. However, some of the eyedrops in use had passed their expiry dates. All staff who administer medicines had a current medication administration competency.</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. All requirements for 'as required' (PRN) medicines were completed appropriately. 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. Standing</p>

		<p>orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication cupboard sampled were within the recommended range. There were no controlled drugs kept onsite. Facilities for secure storage of controlled drugs were available for use when required.</p> <p>There were no residents who were self-administering medicines at the time of the audit. Residents and their family/whānau are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be accessed. 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>	Not Applicable	<p>Residents' diet requirements are assessed on admission to the service in consultation with the residents and family/whānau where applicable. The diet profile identifies residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The summer menu in use was reviewed by a qualified dietitian on 18 June 2021. The service was working towards including culturally specific food options for Māori on the menu. Family/whānau are welcome to bring culturally specific food for their relatives if desired.</p> <p>The interviewed residents and family/whānau expressed satisfaction with the food service. Snacks and drinks are provided for residents on a twenty-four hourly basis.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the

<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>residents' family/whānau or legal representatives where applicable. Family/whānau reported being kept well informed during the transfer of their relative. Residents were transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation was evident in residents' transfer records 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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose.</p> <p>There was a current building warrant of fitness which expires 6 September 2023, and calibration of equipment was current and up to date. Biomedical equipment and resources were checked last on the 22 August 2022. A verification report was available.</p> <p>Family interviewed were pleased with the environment being suitable for their family member's needs. There are well maintained garden areas central to the facility which are mostly on level ground. There is a ramp to access the main building. A shade house with appropriate seating was accessible for residents. This designated area outside provides sun, privacy and quietness. The outside courtyard provides an area for purposeful walking for residents.</p> <p>The business plan includes a commitment to ensure the environment reflects the identity and aspirations of Māori. There was some cultural artwork displayed around the facility. One bathroom is currently being renovated. Residents have their own individual rooms. There is one main dining room and lounge which is spacious for activities, functions and to accommodate the residents for mealtime and recreation.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	FA	<p>There is a fire evacuation plan in place approved by the Fire and Emergency New Zealand (FENZ) on 10 October 2013. A fire evacuation drill was last conducted on 18 February 2023. Fire safety</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>training occurs at orientation for staff and was provided as part of the ongoing emergency management training.</p> <p>Security was managed by the staff by checking all doors and windows on the afternoon and night shifts. There are close circuit television security cameras (CCTV) and signage is in place. The CCTV was connected to the FM's mobile phone. There was a code to access the facility being a secure dementia care service. Family and staff are aware and well informed of the code. A bell was placed at the entrance to the facility for visitors to ring on arrival. A sign in/out system was in place for visitors and contractors. Back-up for the security computer system is in place. Staff wear badges for identification.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The outbreak management plan in place was last reviewed on 20 January 2023. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), was available. The IP resources were readily accessible to support the outbreak management plan if required.</p> <p>Culturally safe practices in IP to acknowledge the spirit of Te Tiriti were included in the infection prevention programme. In interviews, staff understood these requirements. The service was working towards providing educational resources in te reo Māori.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with</p>	FA	<p>Infections were recorded on the infection record form electronically. Infection data was collated and analysed to identify any significant trends or common possible causative factors monthly, and action plans were implemented. There were standardised surveillance definitions used. Ethnicity was included in surveillance data. The interviewed family/whānau expressed satisfaction with the communication provided. There has been one infection outbreak since the previous audit that was managed effectively with appropriate notification completed.</p>

an equity focus.		
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>There is a commitment from governance, documented in the restraint policy, toward eliminating restraint. There were no residents using a restraint on the day of the audit. No restraint has ever been used at this facility and this was verified in the restraint register. Restraint was not used at Shoal Bay Dementia due to the nature of this service being a secure dementia care service. Education was provided to staff during orientation and as part of the ongoing education programme. The RN was the restraint coordinator, and the newly appointed RN will continue this responsibility. A job description was available.</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 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	Care staff have completed mandatory and elective planned education as per the education calendar reviewed. However, there was no records of staff completing relevant training on equity and/or cultural competencies.	Care staff have not yet completed cultural competencies or education on equity.	<p>Ensure the service implements systems to determine and develop the competencies of health care assistants to meet the needs of people equitably.</p> <p>180 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or</p>	PA Moderate	Residents' lived experiences, cultural needs, values, and beliefs were assessed through the diversional therapy assessment and cultural needs assessment. The activities coordinator completed the diversional therapy assessments. Healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga are included	Two out of five residents' files sampled did not have an initial care plan completed. Three out of five residents' files sampled for review did not have initial interRAI assessments and long-term care plans completed.	Ensure interRAI assessments and long-term care plans are completed and evaluated in the timeframes required by the aged related residential care contract.

<p>support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>in the cultural assessment tool for Māori residents that is used when required. Residents, family/whānau and legal representatives were involved in the assessment and care planning process.</p> <p>Behaviour management plans identified known triggers, warning signs and risks to residents. Strategies to manage the behaviours of concern were documented. Behaviours of concern and residents' health issues were notified to the general practitioner and family/whānau as required. Staff were observed on the day of the audit inviting and supporting residents to attend to activities of choice.</p> <p>There was no qualified registered health professional to complete interRAI assessments and develop or update care plans on the day of the audit. As a result, interRAI assessments were overdue in three out of five files sampled for review. The previous RN had resigned and there was a month's gap without an RN on site. The service was receiving support for clinical issues from an RN from the sister facility owned by the same director. Some initial care plans and long-term care plans were not completed as a follow-on effect of overdue interRAI assessments and no registered nurse to complete these. The facility manager stated that newly employed RN was to start their orientation a day after the audit.</p>	<p>The interRAI assessment summary report evidenced that 19 routine six-monthly interRAI reassessments were overdue with an interval of between 86 and 207 days.</p> <p>One file was overdue for six-monthly care plan evaluation.</p>	90 days
Criterion 3.4.1	PA	The implemented medicine management system is appropriate for the scope of the	Four opened eyedrops in use	Ensure all eyedrops in use are within the current

A medication management system shall be implemented appropriate to the scope of the service.	Moderate	service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. All medicines in the medicine cupboard were within current use by dates. However, eyedrops in use were past current use by dates.	were past use by dates.	'use by' dates. 90 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, these 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.