

Graceful Home No.2 Limited - Shelly Beach 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 No.2 Limited

Premises audited: Shelly Beach Dementia

Services audited: Dementia care

Dates of audit: Start date: 12 July 2023 End date: 12 July 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: 7

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

Shelly Beach Dementia provides dementia care for up to 13 residents. The facility is operated by Graceful Home No.2 Limited and is managed by a facility manager (FM) and is supported by a registered nurse (RN). The director was available and interviewed at this audit.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard 8134:2021 and the provider's contract with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, a business care manager, staff and a general practitioner.

Three of six areas requiring improvement from the previous certification audit in 2020 and surveillance audit in 2022 remain open and relate to statutory reporting, training records, the interRAI assessments and care plans which were not current and up to date. The three areas of improvement now closed relate to RN cover, ensuring a staff member on each shift has a current first aid and medication competency, GP medication reviews were not current and records being available to show staff required have an up-to-date medication competency. There are a further four areas for improvement that have been identified from this audit in relation to complaints, internal audits, orientation, performance appraisals, job descriptions, and the environment.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Some subsections applicable to this service partially attained and of low risk.
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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. 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.

Policies and procedures are in place to resolve complaints promptly and effectively.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The newly appointed facility manager with the support of the director/owner assumes accountability for delivering a high-quality service.

The service was transitioning from one contracted quality control service provider to another at the time of the audit. Policies, procedures and supporting templates are currently being implemented into the management system with the focus on continuing to improve service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. Actual and potential risks and hazards are identified and mitigated.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Policies and procedures support staff appointed, orientated, and managed using current good practice and includes a systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Staffing levels and skill mix meet the cultural and clinical needs of residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents, their family/whānau or legal representatives to assess, plan and evaluate care. The care plans demonstrated individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Discharges and transfers to other healthcare services are managed effectively, with an escort provided where required.

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

A safe medication management system was implemented. Medicines are safely stored. Residents are referred to other health care providers when required.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There was a current building warrant of fitness. The service has an approved evacuation scheme and fire drills are completed regularly. Security is maintained.

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

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

Subsections applicable to this service fully attained.

There is an outbreak/pandemic management plan in place. Sufficient infection prevention resources including personal protective equipment (PPE) were available and readily accessible to support the plan.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There had been no infection outbreak reported since the previous audit. 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.

The service aims for a restraint free environment. This is supported by the governing body, policies and procedures. There were no residents using restraint at the time of audit.

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	15	0	1	5	0	0
Criteria	0	45	0	2	5	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>Shelly Beach Dementia has a cultural policy (reviewed March 2022). The owner/director interviewed ensures Māori applicants for positions advertised are always provided with equal opportunities for all roles. All applicants are acknowledged, and information is recorded as part of human resource management processes.</p> <p>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 Ngā 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.</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>	Not Applicable	<p>On the day of the audit there were no residents who identified as Pasifika. The recruitment policies are in place as for sub-section 1.1. There were no documented policies, procedures and/or operational plans that included the organisation’s approach to Pacific peoples or</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>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>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and Māori throughout the facility. The service recognises Māori mana motuhake by involving residents' family/whānau or legal representatives in the assessment and care planning process to ensure residents' wishes and cultural needs are identified. Family/whānau of residents who identify as Māori confirmed that Māori mana motuhake was recognised, and they expressed satisfaction with the cultural responsiveness of the services provided.</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. Residents' family/whānau and legal representatives expressed that staff acknowledge and respect residents' individual cultural needs. The owner/director and facility manager have completed training in Te Tiriti o Waitangi and are currently organising training for staff.</p> <p>Tāngata whaikaha 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>	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</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>concerns were provided by the facility manager when required.</p> <p>Te Whare Tapa Whā model of care was used to ensure wellbeing outcomes for residents who identify as Māori.</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>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. In one resident's file, a signed informed consent, admission agreement and enduring power of attorney (EPOA) documents were not available. The facility manager stated that the resident's EPOA was overseas, and they were going to provide the required signed documents when they visit the following week. Email communication with the resident's EPOA was available to evidence the follow-up process for the documents. As there was only one of five files without the required consent documents and the provider was actively working to resolve this, a finding has not been raised.</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>PA Low</p>	<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</p>

		<p>family/whānau member. Family members commented that any issues were dealt with promptly and professionally.</p> <p>Meeting minutes evidenced discussions in regard to specific complaints. There was no evidence of a complaints register since 2022 and there were no documents to show the complainants had been informed of findings following investigations.</p> <p>The director interviewed expressed that they would ensure that the complaints process works equitably for Māori by offering internal and/or external cultural support for the resident and/or whānau and extra time if required. 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>The director confirmed there have been no complaints received from the Health and Disability Commissioner (HDC), Ministry of Health (MoH), or Te Whatu Ora Te Toka Tumai since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Shelly Beach Dementia provides aged related residential secure dementia care services. The owner/director (director) was interviewed. The director owns and operates three aged care facilities. Shelly Beach Dementia is supported by a facility manager and registered nurse. The facility manager is experienced in health care and commenced their role of facility manager in June 2023. The registered nurse was appointed in May 2023 and is experienced in aged care. The registered nurse supports all clinical aspects related to resident care. The RN is on site 22.5 hours a week and is on call 24/7 for any clinical issues.</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 Pasifika. 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</p>

		<p>for Shelly Beach 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 extended families and the local community. The owner/director discussed the potential barriers for residents accessing services and strategies to reduce those for Māori. The owner director has lived expertise in Te Tiriti and cultural safety and stated that fostering tikanga and cultural safety practices for all residents and staff is central to all aspects of service delivery at Shelly Bay Dementia Care. The owner/director and staff have undertaken training on equity for Māori and tāngata whaikaha.</p> <p>Shelly Beach Dementia has Aged Residential Care (ARRC) contracts with Te Whatu Ora Te Toka Tumai for providing dementia level care. On the day of the audit six residents were receiving dementia level care. The service was supporting one resident having recently returned from Te Whatu Ora Te Toka Tumai post injury and reassessed as requiring hospital level of care (refer to 2.2.6 and 3.2). There were no residents admitted under respite care or admitted as boarders.</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>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, meeting minutes, monitoring of outcomes, policies and procedures and staff training. The FM is responsible for implementation of the quality and risk system.</p> <p>There is an internal audit calendar, however there is no evidence of internal audits having been completed since September 2022.</p> <p>The previous area for improvement related to ensuring all essential reporting events are being reported remains open and further improvements are required. The director described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. However, not all section 31 notifications and/or essential</p>

		<p>reporting has been completed. This includes the newly appointed RN, two situations where a resident absconded from the home in February and March of 2023, and notification to HealthCERT and Te Whatu Ora Te Toka Tumai in regard to a resident that returned to the facility post injury and was reassessed as requiring hospital level of care (also refer to 3.5).</p> <p>Shelly Beach Dementia has identified external and internal risks and opportunities, including potential inequities, and developed a plan to respond to them. The organisation is yet to improve health equity through critical analysis of organisational practices.</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>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. The registered nurse is on call and available for clinical issues and the facility manager and director available for non-clinical matters. A contracted podiatrist and maintenance person support the service and visit regularly. Bureau staff are not used at this facility.</p> <p>The role of facility manager includes being rostered as a care giver Monday to Saturday 7.00 am to 3.00 pm. All three shifts are supported by two care givers which includes the role of laundry. The diversional therapist works Thursday to Sunday 9.00 am to 5.00 pm. The team is supported by a cook and cleaner and maintenance person. The registered nurse who is interRAI competent works three days a week on site.</p> <p>All staff have either completed the approved qualification in dementia care or have commenced this qualification.</p> <p>In regard to the previous area for improvement related to ensuring that there is a staff member on duty at all times with a current first aid certification and medication competency. That records are available and ensuring that a registered nurse had oversight of residents' clinical care and undertakes the roles and responsibilities as detailed</p>

		<p>in the ARRC contract. These corrective actions have now been addressed.</p> <p>The previous area for improvement related to ensuring that a training plan is aligned with the ARRC contract and Ngā Paerewa standards and appropriate records are retained, has now been partially addressed and further improvements are required. The annual education calendar was in place, staff interviewed confirmed that they regularly attend online training in 2023, however there was little evidence of attainment. The cleaner who is very experienced in their role has not had any formal training.</p> <p>Staff reported feeling well supported and safe (including culturally) in the workplace. The facility manager and director interviewed confirmed that they have an open-door policy.</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>PA Moderate</p>	<p>There is a documented and implemented process for employment of staff. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Staff interviewed felt well supported. Staff ethnicity data is being recorded. All staff information held on record is secure and confidential. The facility manager and RN confirmed in an interview that they felt well supported, feeling comfortable in their knowledge of their roles, however, have not yet had a formal orientation to their respective roles. The facility manager, cook and the diversional therapist did not have evidence of a job description. Not all staff had a performance appraisal completed.</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>FA</p>	<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>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>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>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. The residents' family/whānau provide cultural support, and where this is not possible, a kaumatua will be contacted to provide support as appropriate. Residents' lived experiences, cultural needs, values, and beliefs were assessed through the cultural needs assessments and social history assessment.</p> <p>Residents' family/whānau and EPOAs were involved in the care planning process. 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, two interRAI assessments were not completed in a timely manner: two long-term care plans were completed before the interRAI assessment was completed (refer to 3.2.5). The previous area for improvement in relation to timely completion of interRAI assessments remains open. 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. 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.</p>

		<p>Appropriate strategies to maintain and promote residents' independence and wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring. Identified family/whānau goals and aspirations were addressed in the care plans. Falls prevention strategies were adequately addressed in the care plans, where applicable. The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. 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 representatives.</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 evidenced 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' records, 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 EPOAs confirmed their involvement in the evaluation processes and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is overseen by a diversional therapist. Opportunities for Māori residents to participate in te ao Māori include celebration of Waitangi Day, Matariki, and shows about Māori watched on the television. Family/whānau for residents who identify as Māori confirmed that residents' social visits into the community are supported where applicable. Twenty-four-hour activity plans were completed for all residents. Residents had access to the secure garden and were observed accessing the secure garden</p>

		independently, or with support, where applicable.
<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>	FA	<p>An electronic medication management system was in use. A registered nurse 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. All staff who administer medicines had a current medication administration competency. The previous area for improvement in relation to staff medication administration competencies has been addressed.</p> <p>Medicines were prescribed by the GP and over the counter medicine 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. The previous area for improvement in relation to timely review of medicine charts by the GP has been addressed. Standing 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 room sampled were within the recommended range. There were no controlled drugs kept onsite.</p> <p>There were no residents who were self-administering medicines at the</p>

		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>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' diet requirements are assessed on admission to the service in consultation with the residents and family/whānau where applicable. The diet profile identified residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences. The kitchen was under renovation on the day of audit and food was provided from the sister facility. The food was transported in hot bags and food temperatures were checked before serving the meal.</p> <p>The winter menu in use was reviewed by a qualified dietitian on 23 May 2023. The facility manager stated that culturally specific food options to te āo Māori are provided per resident's request. Family/whānau confirmed they were welcome to bring culturally specific food to te āo Māori for their relative as desired. The interviewed family/whānau expressed satisfaction with the food service. Snacks and drinks are provided for residents on a 24-hour basis.</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</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents' family/whānau or legal representatives. 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>coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Moderate</p>	<p>There was a current building warrant of fitness with an expiry date of 2 June 2023. This was displayed at entrance to the facility. Tag and testing of equipment is next due in 2024.</p> <p>The internal building environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. The residents have access to two secure external garden areas. Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p>Evidence in documents and meeting minutes showed records of temperature recordings, regular equipment checks, and maintenance completed, however, there was no evidence of a maintenance schedule. The front and back secure garden concrete pathways require maintenance due to being slippery. The wooden decking in the front garden required attention as some of the wooden planks were soft when walked on. The two main heat pumps in the corridors required cleaning.</p> <p>The kitchen at time of audit was closed as currently it is being fully renovated (refer to 3.5) and due to open in another five working days.</p> <p>The owner/director and facility manager confirmed in an interview that they would consult with local iwi if a decision was made to make any changes to the current building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency</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>recommendations for the region.</p> <p>A fire evacuation trial was last completed on 10 March 2023. The fire evacuation plan has been approved by the New Zealand Fire Service 12 August 2009.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau interviewed confirmed that staff respond promptly to call bells.</p> <p>Security was managed by the staff by checking all doors and windows on the afternoon and night shifts. There are closed-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 as it is a secure dementia care service. Family and staff are aware and well informed of the code. A bell was placed at both entrances to the facility for visitors to ring on arrival. 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>	<p>FA</p>	<p>The outbreak/pandemic 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/pandemic management plan.</p> <p>Culturally safe practices in IP to acknowledge the spirit of Te Tiriti o Waitangi were acknowledged 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>FA</p>	<p>Infections were recorded on the infection report form. Infection data was collated and analysed monthly to identify any significant trends or common possible causative factors, and action plans were implemented. There were standardised surveillance definitions used. Ethnicity was included in surveillance data. The interviewed</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>family/whānau expressed satisfaction with the communication provided. There had been no infection outbreak reported since the previous audit.</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>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 Shelly Beach Dementia due to the nature of this service being a secure dementia care service. Staff interviewed were knowledgeable about restraint. The newly appointed RN is the restraint co-ordinator. 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 1.8.1</p> <p>My right to make a complaint shall be understood, respected, and upheld by my service provider.</p>	PA Low	<p>Residents and whānau interviewed were happy with the care provided. Whānau interviewed confirmed they were aware of how to make a complaint. Staff interviewed were aware of the complaints process and confirmed that if a complaint was received that they would escalate to the facility manager and/or director. The service was transitioning from one contracted quality control service provider to another at the time of the audit and was in the process of implementing complaint templated documents. In meeting minutes sighted there was evidence of specific complaints being discussed and managed well. However, there was no evidence of a complaints register from 2022 and no evidence of documents to show the complainants have been informed of</p>	<p>There is no complaints register or evidence of complaints and follow up of those complaints.</p>	<ul style="list-style-type: none"> - Provide evidence of a complaints register. - Provide evidence of complaints and documents to show the complainants have been informed of findings following investigations. <p>180 days</p>

		findings following investigations.		
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	The director/owner interviewed confirmed that with the newly appointed FM now in place, audits will occur as per the audit calendar. Meeting minutes and interviews with staff confirmed that issues of concern are raised and managed appropriately, improvements are made, and that issues are closed. An audit calendar is in place, however there is no evidence of audits having been completed since September 2022.	Internal audits have not been completed since September 2022.	<p>Provide evidence that internal audits are being completed.</p> <p>180 days</p>
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Moderate	The owner/director interviewed is aware of essential reporting and requirements and was able to provide examples completed, however several events have not been notified when required. This included the newly appointed RN and two situations where a resident absconded from the home in February and March of 2023 and notification to HealthCERT and Te Whatu Ora Te Toka Tumai in regard to a resident that returned to the facility post injury and was reassessed as requiring hospital level of care.	Not all essential reporting and notification events are being reported to comply with statutory and regulatory obligations.	<p>Ensure all essential reporting and notification events are being reported to the appropriate authority/agency in a timely manner to comply with statutory and regulatory obligations.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and</p>	PA Moderate	A 2023 training calendar was sighted. The owner/director confirmed that they are behind in the planned training, however with the new appointment of the FM and RN, training will occur again on a regular	There has been limited training provided to staff in 2022 and 2023 as per training records sighted and staff	Provide training that is aligned with aged related residential care contract and Ngā Paerewa standards, and ensure appropriate records are

<p>development for health care and support workers so that they can provide high-quality safe services.</p>		<p>basis.</p> <p>Interviews with staff confirmed that regular online training has been occurring in 2023, however there was no evidence of this training and/or competencies except for nutrition and hydration, pain management, open disclosure HDC and advocacy, pressure injuries, COVID-19, medication competency, first aid and emergency training.</p> <p>The cleaner is very experienced in their role and no concerns have been raised, however no formal training has been provided.</p>	<p>interviewed.</p> <p>The cleaner has had no formal training in cleaning.</p>	<p>retained.</p> <p>90 days</p>
<p>Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>Staff interviewed confirmed that they felt supported in their roles and that they worked well as a team. The director interviewed stated that employment requirements would be managed by the newly appointed FM moving forward. Three of eleven staff files reviewed did not have a job description or orientation completed. Five of eleven staff files reviewed did not have an up-to-date annual performance review.</p>	<p>Not all staff have completed an orientation, have had an annual performance appraisal or have been provided with a job description.</p>	<p>Provide evidence that all staff have completed an orientation, that all staff have had an annual performance appraisal and all staff have been provided with a job description.</p> <p>90 days</p>
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined</p>	<p>PA Moderate</p>	<p>A range of clinical assessments, including interRAI, referral information, observation, and the needs assessment and service coordination assessments (NASC) served</p>	<p>)Two out of five residents' files reviewed did not have current interRAI</p>	<p>The service is to ensure that interRAI assessments and long-term care plans are completed and evaluated in the timeframes</p>

<p>intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>as a basis for care planning. In two files reviewed interRAI assessments were not completed in a timely manner. In one of these two files, an interRAI assessment was not completed for a resident who had been admitted six months beforehand and the interRAI assessment in the file was a home and community interRAI assessment, not a residential care interRAI assessment. In another file, the interRAI reassessment was last completed in June 2023. The long-term care plans for these two residents were evaluated using outdated interRAI assessment outcome scores that did not reflect the current resident's needs.</p> <p>Six-monthly care plan evaluations were completed in consultation with the residents' family/whānau or EPOAs. 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>assessments in place. ii)Two out of five residents' long-term care plans were evaluated without using current interRAI assessment outcome scores.</p>	<p>required by the aged related residential care contract.</p> <p>90 days</p>
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Moderate</p>	<p>The director interviewed confirmed that they were now catching up with known delayed maintenance, that residents when outside were always supervised and that no injuries or near misses had occurred. Evidence in documents and meeting minutes showed records of temperature recordings, regular equipment checks, and maintenance completed, however there was no evidence of a maintenance schedule. The front and back secure</p>	<p>There is no maintenance calendar and not all required maintenance had been completed.</p>	<p>Provide evidence of a maintenance calendar, ensure that the front and back garden walkways and wooden decking is non-slippery and safe to walk on, and that the heat pumps are regularly cleaned.</p> <p>90 days</p>

		garden concrete pathways require maintenance due to being slippery. The wooden decking in the front garden required attention as some of the wooden planks were soft when walked on. The two main heat pumps in the corridors required cleaning.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.