

# Agape Care Warkworth Limited - Bethany Hill Dementia Care

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Agape Care Warkworth Limited

**Premises audited:** Bethany Hill Dementia Care

**Services audited:** Dementia care

**Dates of audit:** Start date: 12 December 2023 End date: 13 December 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:** 19

# Executive summary of the audit

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## 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 tātou 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

Bethany Hill Dementia Care (Bethany Hill) is owned and operated by Agape Care Warkworth Limited. Agape Care also own and operate another aged care facility, Milton Court in Auckland. Bethany Hill provides secure dementia care for up to 30 residents. On the days of audit there were 19 residents.

There have been no significant changes to the service since the previous surveillance audit in July 2022. Enhancements have been made to the internal environment and six new care staff have been employed.

Facility management is provided by the owner/director who is a registered nurse. Two other registered nurses oversee day-to-day clinical care and provide support to the facility manager (FM).

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Waitematā (Te Whatu Ora Waitematā).

The audit process included a pre-audit documentation review of policies and procedures, on-site review of residents' and staff records, observations and interviews with family and those residents able to be interviewed, the FM, care staff and allied staff, the senior registered nurse and a general practitioner (GP). Families and residents interviewed spoke highly of the care provided.

There were no non-conformances identified as a result of this audit.

## Ō tātou 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.

Staff work collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. There is a Māori health plan to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs.

There were no residents who identify as Pasifika on the days of audit. The Pacific plan, policies and procedures reviewed would provide clear guidance if a resident who identified as Pasifika was admitted, and there are Pasifika staff employed.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. A copy of the Code, together with information about the Nationwide Health and Disability Advocacy Service is provided on admission to the services. The Code is available in Te Reo Māori and English languages. Staff have received education on Te Tiriti o Waitangi and the Code.


Cultural and spiritual needs are identified and considered in daily service delivery. Personal identity, independence, privacy, and dignity are respected and supported. The provider maintains a socially inclusive and person-centred service. Residents' family/whānau confirmed that residents are always treated with dignity and respect.

There are appropriate systems and procedures for reporting and recording any allegation of, or suspected, abuse or neglect. Residents' property and finances are protected, and professional boundaries are maintained.

Residents, family/whānau and legal representatives are involved in decision-making. Consent is obtained where and when required. Residents and family/whānau receive information in an easy-to-understand format and felt listened to. Interpreter services are accessed as needed. Advance directives are followed where applicable.

The complaints process aligns with consumer rights legislation. All complaints have been well managed and resolved to the satisfaction of the complainant.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The organisation is governed by the owner-operator who monitors organisational performance and ensures ongoing compliance. The mission, values, scope and business goals of the organisation are documented and monitored for achievement. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data, including adverse events, is analysed to identify wanted and unwanted trends. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. A sufficient number of qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Competencies are defined and monitored. Staff performance is reviewed.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.

Subsections applicable to this service fully attained.

Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When residents enter the service, a holistic approach is adopted. Relevant information is provided to the potential resident's family/whānau. Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Files sampled demonstrated that the care provided and needs of residents were reviewed and evaluated on a regular basis. Residents' transfers and discharges were planned and managed effectively with appropriate documentation completed.

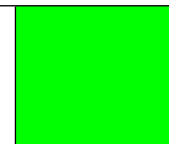
The planned activities provide residents with a variety of individual and group activities and maintain their links with the community. Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their stage of life and ability.

The service uses a pre-packaged medication system. Medication is administered by staff who have current medication administration competencies. Medication reviews are completed by the general practitioner (GP) in a timely manner.

The food service meets the nutritional needs of the residents, with special needs and cultural needs catered for. Food is safely managed. There was a current food control plan.

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

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



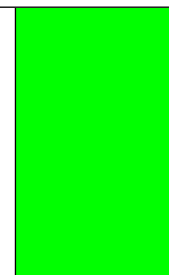
Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies were available. All staff were trained in the management of emergencies. Security is maintained. Hazards were identified.

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

Includes five 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 implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. A qualified registered nurse leads the programme, which is reviewed annually. Specialist infection prevention advice is accessed when needed. There is a current pandemic plan and outbreak management plan.

Staff understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training.

Hazardous waste is managed appropriately. A clean and tidy environment is maintained.

Prescribed antibiotics were recorded, and occurrence of adverse effects were monitored. Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action is taken when required.

## Here taratahi | Restraint and seclusion

Includes four 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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Bethany Hill maintains a restraint-free environment due to the nature of the services provided. This philosophy, day-to-day practices to avoid restraint and the restraint policies and procedures are endorsed and supported by the FM/owner. There were no residents using a restraint at the time of the audit. Staff demonstrated a sound knowledge and understanding of de-escalation techniques and alternative interventions to be used as necessary for this dementia care service.



## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	167	0	0	0	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.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti o Waitangi are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed by observations, resident records and interviews with whānau who identified as Māori. The organisation’s Māori health and cultural safety policies reflected a commitment to Te Tiriti and providing inclusive person/whanau-centred support. Approximately 7.2% of staff identify as Māori which exceeds the number of residents who identify as Māori. These staff interviewed said that services were provided in a culturally safe manner and that their advice is sought and considered.</p> <p>One of the staff has whānau who are recognised as local kaumātua, and who are available for guidance, support and advice.</p> <p>Relatives of Māori residents reported that their loved ones are treated with dignity and respect and that their mana is protected. Families said that they are not afraid to speak up if they feel their world view has not been fully considered.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	A small number of residents and staff identify as Pasifika. The

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>residents' care records reflected Pacific models of care. The organisation's Pacific health policy aligns to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025 which identifies and responds to issues related to equity for Pasifika. The policy lists contact details for Pasifika groups available for guidance and consultation. There are very few Pasifika communities, organisations or groups in the local area, which is reflective of the population demographic.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff have received training on the Code as part of the orientation process and in ongoing annual mandatory training, as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. Copies of the Code in English and te reo Māori were posted on notice boards around the facility. The Nationwide Health and Disability Advocacy Service (Advocacy Service) pamphlets, the Code and information on advocacy services is included in the admission agreement.</p> <p>Residents' family/whānau and legal representatives confirmed being made aware of residents' rights and advocacy services during the admission process and explanation provided by staff on admission. They confirmed that services were provided in a manner that complies with residents' rights.</p> <p>Māori mana motuhake is recognised in practice. The Māori health care plan is used to guide care for Māori residents. A holistic approach is adopted in the development of care plans. This approach enables residents' individual wishes and support needs to be determined. Residents' legal representatives are involved in the care planning processes. Independent advocacy can be accessed 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>FA</p>	<p>Residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified through the assessment processes. These were documented in the residents' care plans sampled. Staff were observed respecting residents' personal areas and privacy by</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Shared bathrooms had clear signage when in use. Residents were supported to maintain as much independence as possible.</p> <p>Principles of Te Tiriti o Waitangi are incorporated in service delivery. Tāngata whaikaha needs are responded to as assessed. Residents are supported to participate in te ao Māori as desired.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated in all activities. Staff have received Te Tiriti o Waitangi training. Staff who identify as Māori converse with residents who identify as Māori in te reo, where applicable. Family/whānau for residents who identify as Māori confirmed satisfaction with the consultation process during assessment and care planning stages.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process for all staff and in ongoing professional development education. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimisation, systemic and institutional racism include the complaints management process, staff education, and care evaluation meetings with residents' family/whānau and legal representatives. Staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and/or exploitation. Residents' family/whānau confirmed that professional boundaries are maintained by staff.</p> <p>Residents' property is labelled on admission and family/whānau reported that residents' property is respected. A comfort account is held by the administrator for safe management of residents' expenses money. Residents and family/whānau expressed that they have not witnessed any abuse or neglect.</p> <p>Te Whare Tapa Whā model of care is used to ensure wellbeing</p>

		<p>outcomes for Māori.</p> <p>Residents' family/whānau confirmed that residents are treated fairly.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents' family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which are described in policies and procedures.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and family/whānau was mainly in the English language. Interpreter services are engaged when required. Family/whānau and staff support Māori residents with interpretation where appropriate. Written information and verbal discussions were provided to improve communication with residents, their family/whānau or legal representatives.</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>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making.</p> <p>Appropriate best practice tikanga guidelines in relation to consent are followed. Staff interviewed understood the principles and practice of informed consent.</p> <p>General consent is obtained as part of the admission documents. Informed consent for specific procedures had been gained appropriately. Legal representatives were nominated, and enduring power of attorney documents were activated.</p> <p>Resuscitation treatment plans were in place, along with advance directives where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents are supported by family/whānau, and advocacy services can be accessed when required. Communication records verified inclusion of support people where applicable.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaint/compliment policy and procedures are clearly described. The process complies with right 10 of the Code of Health and Disability Services Consumers' Rights (the Code) which is the right to complain, to be taken seriously and to receive a timely response. The FM is responsible for complaints management. The complaints register and interview with the FM revealed there have been no formal complaints received since the previous audit in July 2022. Three informal concerns have been effectively managed and resolved. Complaint forms and information about support is available in te reo Māori. There have been no known complaints received or investigated by an external party, such as Te Whatu Ora or the office of the Health and Disability Commissioner (HDC).</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>The company director/owner is an RN with a current practicing certificate and is also the designated facility manager for Bethany Hill. This person has owned and operated residential age care services for 14 years. As such they fully understood their role and responsibilities according to legislation, regulation and the contractual requirements. The FM ensures compliance through regular monitoring of service delivery outcomes, via internal audits, resident/relative and staff surveys, complaints and compliments and day-to-day communications. A senior RN who has worked at the facility for seven years is appointed and nominated as in charge when the FM is not on site.</p> <p>There is no governance group, nor any Māori representatives, but the intent of criterion 2.1.9 is met. A local kaumatua and staff who identify as Māori provide cultural oversight.</p> <p>The business/quality/risk plans describe the organisational structure, purpose, values, scope, direction, performance, and annual goals. These goals and plans are reviewed for progress at the end of each calendar year and during meetings with the senior RNs at each facility.</p> <p>The FM has completed education in, and is maintaining competencies in health equity, Te Tiriti o Waitangi and cultural safety, and on interview confirmed an understanding about the principles and practices of equity. Records sighted confirmed that training related to</p>

		<p>equity had been provided to all staff. Cultural competencies are part of orientation/induction for all staff and attendance at cultural education is documented. The FM also demonstrated ways they ensure services are delivered safely and appropriately for tāngata whaikaha (people with disabilities) to facilitate improvement in their health outcomes and achieve equity; for example, residents with worsening cognitive decline or other impairment were clearly identified and additional staff support and resources were being provided.</p> <p>There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and their whānau/family, results of satisfaction surveys, the demographic and ethnic population of residents and the ethnic composition of staff.</p> <p>Clinical governance is upheld by the senior RN and the FM who work together with staff to improve and be held accountable for the quality and safety of the services they provide. Meeting minutes contained reviews of residents' care and demonstrated that opportunities for service improvement were considered, and best-known practices implemented where needed.</p> <p>The service provider holds an aged-related residential care (ARRC) agreement with Te Whatu Ora Waitematā, that specifies secure level dementia care. There are additional agreements for respite care, long term support – chronic health conditions (LTS-CHC) and a day activities programme for dementia care. The maximum number of beds is 30. On the days of audit 18 residents were receiving services under the ARCC and one resident was on short-term respite. Two residents were under 65 years of age on the long-term support – chronic health condition 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</p>	<p>FA</p>	<p>There is a documented and implemented quality and risk management system which is reviewed and kept current by the FM/owner and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all internal and external risks, including potential</p>

<p>specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>inequities and corresponding mitigation strategies. The risk management plan and associated policies and procedures, such as the hazards register and environment audits, were being reviewed and updated at least annually. New risks were notified to all staff and added to the plan when identified.</p> <p>Activities to monitor adherence to the business, quality and risk plan, and the service policies and procedures include regular internal audits, management and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, wounds and infections, including outbreak events, complaints, resident/relative satisfaction surveys and staff surveys. Where these monitoring activities identify a need for improvement, corrective actions plans are documented, and actions implemented until improvement occurs. Evidence of this was confirmed by interviews, in the documented corrective action plans which corresponded to results of internal audits, incident records and in the minutes of staff, and resident, meetings.</p> <p>Equity is an integral component of the quality and risk management system. There are no barriers to entry for Māori and their individual needs are identified and catered for in equitable and respectful ways. The service monitors the ethnicity of clients in and out of the service and facilitates resident access to other health services and resources when required. Staff engage in regular korero, education and networking that aims to address identified inequities. Efforts to improve the health status of Māori residents is ongoing. Ethnicity data is being consistently gathered. Tikanga is upheld and respected according to Māori staff interviewed.</p> <p>The reporting and recording of incidents/accidents and near misses adheres to the principles of the National Adverse Events Reporting policy. The FM and senior RN understood the requirements for essential notification reporting. There have been no events requiring notification. This includes no infection outbreak events, no coroner's enquiries nor police investigations since the previous audit.</p>
Subsection 2.3: Service management	FA	There is a documented rationale for determining staffing levels and



<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>skill mixes to provide clinically safe services. Staffing levels are adjusted to meet the changing needs of residents. An after-hours on-call roster is in place with registered nurse cover. The HCAs interviewed reported that good access to advice is available when needed. The HCAs also stated there were always adequate staff available, enabling them to complete the work allocated to them. This was further supported by family interviewed.</p> <p>Review of the rosters for one month sampled during the audit confirmed adequate staff cover had been provided. There are three HCAs rostered (one for each of the three wings) on morning and afternoon shifts and two HCAs at night. An additional senior HCA is nominated as the shift coordinator/supervisor who ensures information about resident welfare is communicated clearly and accurately across shifts and assists all staff in completing tasks. Allied staff such as activities, kitchen, cleaning and laundry staff are allocated sufficient hours seven days a week. There is an RN on site for at least eight hours Monday to Friday and on call weekends and after hours. An overseas registered nurse (IQN) who has not yet been registered in New Zealand is rostered on as an 'administrator'/additional support to all members of the team including the FM. This person is developing knowledge and competency in quality and risk management, procurement and facility management.</p> <p>All staff complete a range of competency assessments at the commencement of employment and annually thereafter. Six staff are living on site, which provides a ready resource if additional staff are required.</p> <p>Staff education and training is planned annually and delivered at regular intervals. Online training is also encouraged by the manager, and staff can complete this at their own pace. Topics covered are relevant to the HCA role in a dementia service and meet the service agreement obligations. The registered nurses have completed training requirements for maintaining their annual practising certificate with the Nursing Council New Zealand (NCNZ). All staff are maintaining current first aid certificates.</p>
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		<p>All health care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the funder. Of the thirteen care staff employed, seven have completed all four modules of the limited career path-dementia series. The other six are progressing and have completed three modules. One of the RNs is accredited and maintaining competencies to conduct interRAI assessments. Staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>The service provider has determined the cultural makeup of their workforce and estimated the percentage of Māori health care and support workers. The FM also confirmed that people have the right to speak their own language, endorses tikanga and supports connections to iwi, hapū, and whānau. This was observed during the audit and confirmed by staff and resident interviews and staff files. Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Staff management policies and processes are based on good employment practice and meet relevant legislation. A sample of staff records confirmed the organisation's policies are being consistently implemented. Staff qualifications, including current membership with professional bodies and annual practicing certificates, were confirmed prior to employment and copies were held on file. Validation of other health practitioners' practicing certificates, such as the dispensing pharmacist and general practitioner, was also being checked and monitored for currency.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts and a 90-day post-employment appraisal. Formal performance appraisals occur at least annually. The staff records sampled contained evidence that their performance had been reviewed in the past 12 months. Staff ethnicity data is recorded and used in accordance with the Health Information Standards Organisation. There is a diverse mix of staff employed.</p>

		Staff said they felt well supported at all times, including during and after stressful situations. This was further confirmed by the results of the 2023 staff wellness survey.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The residents' files are paper-based, and all staff make entries in the progress notes. The RN completes care plans electronically, and copies are printed and put in the residents' paper file. These documents were sighted in the residents' clinical records sampled. All necessary demographic, personal, clinical and health information was fully completed. Clinical notes were current and integrated with GP and allied health service provider notes. This included interRAI assessment information entered into the electronic database and reports printed and stored in the residents' files.</p> <p>The resident care records were legible with the name and designation of the person making the entry identifiable. The electronic medication management system in use records prescriptions and administration times.</p> <p>Archived records are held securely on site and are readily retrievable. Residents' information is held for the required period before being destroyed.</p> <p>No personal or private resident information was on public display during the audit. The residents' files were kept in the locked nurses' station. A shredder is used for destruction of unwanted confidential information. Staff have individual passwords to access policies, forms and any electronic records.</p> <p>The service is not responsible for National Health Index registration.</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</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Service Coordination (NASC) agency with the consent of the EPOA. Specialist referral to the service was confirmed. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service</p>

<p>care. 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>and the admission process.</p> <p>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services data is documented, including ethnicity data. Entry to services and decline rates, including specific entry and decline rates for Māori, are analysed annually. The service has established partnership with local Māori communities and organisations to benefit residents who identify as Māori when required. Additional Māori cultural support can be accessed from the family/whānau, as required.</p> <p>Residents' family/whānau and legal representatives interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</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>FA</p>	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation of care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified in residents' records, and in interviews with staff and the general practitioner. Te Whare Tapa Whā model of care was utilised to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own needs. Māori healing methodologies, such as karakia, rongoa, spiritual assistance, tohunga, and whanaungatanga were documented where applicable. Tāngata whaikaha and family/whānau are involved in the care planning process to ensure their choices and wishes are respected. The service enables accessible services by encouraging family/whānau engagement and ensuring cultural support and advocacy services can be accessed when required.</p>

	<p>A range of clinical assessments, including interRAI assessment outcome scores, referral information, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. Residents, family/whānau and legal representatives were involved in the assessment and care planning processes as confirmed in interviews. The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed, with identified triggers and strategies to manage the identified behaviours documented. Family/whānau goals and aspirations identified were addressed in the care plan where applicable.</p> <p>Service integration with other health providers including activity notes, medical and allied health professionals was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP). Referrals were sent to relevant specialist services as indicated in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner for any residents' health issues and care was implemented promptly. Care staff reported health changes to the RNs, as confirmed in the records sampled and in interviews.</p> <p>Short-term care plans were completed for acute conditions, and these were reviewed as clinically indicated. Routine six-monthly care plan evaluations were completed in a timely manner. Evaluation of care included the residents' degree of progress towards the achievement of agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were</p>
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		available, suited to the levels of care provided and in accordance with the residents' needs. The residents' family/whānau confirmed being involved in evaluation of progress and any resulting changes.
<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is overseen by a trained diversional therapist. Monthly activities programmes were posted on notice boards around the facility. Activities on the programme reflected residents' ordinary patterns of life, strength, skills, interests and included normal community activities. Residents are supported to access community events and activities where possible. Individual and group activities and regular events were offered. Opportunities for Māori residents to participate in te ao Māori were facilitated. National events observed include Waitangi Day and Matariki. Residents are supported to go out to visit family/whānau and friends where applicable. Family/whānau supported this activity.</p> <p>Activities care plans were completed in all residents' files sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the residents' abilities. Twenty-four-hour activity plans were completed for all residents. Residents' family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they found the programme meets residents' needs.</p>
<p><b>Subsection 3.4: My medication</b></p> <p>The people: I receive my medication and blood products in a safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  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>The implemented medicine management system is appropriate for the scope of the service. All staff who administer medicines were competent to perform the function they manage and had a current medication administration competency. Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were documented on the medicine charts where required. 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. Medicines are supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use-by dates. The medicines, including controlled drugs and associated documentation, were stored safely. The required stock checks had been completed. Clinical pharmacist input was provided six-monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medicine room sampled were within the recommended range. Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice will be provided. No residents self-administer medicines due to impaired cognition. The implemented process for analysis of medication errors is comprehensive and corrective actions are implemented as required. The registered nurses complete regular medication audits and corrective action plans are implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a four-weekly cycle and was reviewed by a qualified dietitian on 27 November 2023. Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Culturally specific Māori food options are provided to residents who identify as Māori, on special occasions. Residents and family/whānau for residents who identify as Māori expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by the Ministry for Primary Industries.</p>

		The current food control plan will expire in January 2024. Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Snacks and drinks are provided on a 24-hour basis for residents.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A documented transition, transfer, and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and family/whānau or legal representative. Residents' family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the residents' progress notes.</p> <p>Residents are supported to access kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed where required, as evidenced in the records sampled.</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>The building warrant of fitness was current and expires on 02 February 2024. A process for visitors and contractors to the facility is displayed which complies with all legislative requirements. The environment is safe and appropriate for the needs of the residents at this dementia care service. Independence is encouraged within three separate and secure hubs/areas of the home. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard.</p> <p>All testing and calibration of biomedical equipment was current and confirmed in documentation reviewed. The environment is conducive to the range of activities undertaken in the areas. The environment was hazard-free and provides areas that encourage purposeful</p>



		<p>walking, this includes easy access to safe outdoor decks.</p> <p>Each of the 30 bedrooms is for single occupancy and has at least one opening window. These were spacious to allow easy manoeuvrability and were decorated to reflect the residents' interests. Most bedrooms have wash basins, and three rooms have toilets. Shared bathrooms and toilets are accessible and located in close proximity to resident areas. Bilingual signage is displayed. The home has heating throughout and plenty of external doors to allow ventilation.</p> <p>There have been enhancements to the interior and exterior. These include new furniture, and reconfiguration of dining and lounge spaces in the Hihi wing to provide residents more options. The grounds have been rejuvenated. All residents have ready access to gardens and safe outdoor areas with shade and suitable seating. Residents were observed to enjoy pottering and caring for the gardens.</p> <p>Currently no additional facility development work is being completed at this facility; however, should this occur, consultation will be sought to further enhance peoples' cultures and support cultural practices as needed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency, natural disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. All staff members are maintaining current first aid certificates. At least one RN is always available on call after hours. Staff interviewed said their calls were always answered by the person on call and that advice and assistance was available 24/7. The staff who live on site were familiar with backup power supply systems such as starting the generator, as power supply is often interrupted. An adequate amount of food, water, and medical supplies for up to 30 residents and staff was being stored on site. This meets the Ministry of Civil Defence and Emergency Management</p>

		<p>recommendations for the region.</p> <p>Six-monthly fire evacuation drills had been occurring. The most recent drill occurred on 11 November 2023. Firefighting equipment audits are carried out by the contracted fire security provided and a local fire officer attends at least one drill each 12-month period. The fire evacuation plan was approved by the New Zealand Fire Service in on 15 January 2007 and has not required a review as no changes to the building structure have occurred since then.</p> <p>The call bell system was witnessed to be functional during the audit and staff were observed to respond to these in a timely way.</p> <p>The facility is a secure dementia service and security is well maintained and safe for the residents. Double security gates with key-pad access are available outside the facility. Staff have responsibilities to check the home day and night at required intervals. Wander-trackers are used on residents who are known to wander, and for new residents until they are settled after admission. Closed-circuit television cameras (CCTV) are installed outside of the facility. Families confirmed that they had been informed about and had consented to the use of these.</p> <p>Staff wear uniforms and name badges so that they are easily identifiable. Doors and windows are locked at dusk. All visitors are required to sign in and provide proof of identify if they are unknown to staff.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme has been approved by the FM/owner. This information is linked to the quality and risk management and strategic plan. The FM is informed of all infections in monthly reports.</p> <p>A stepwise approach is in use to minimise risks. There have been no recent outbreaks, but the FM/owner is notified about these as soon as an outbreak is suspected. The general practitioner provides initial support and advice. Expert advice is sought following a defined process. Public health advice can be sought as needed or as clinically indicated from infectious disease specialists. A documented pathway</p>

		supports reporting of progress, issues, and significant events to the governance body.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.  Te Tiriti: The infection prevention programme is culturally safe.  Communication about the programme is easy to access and navigate and messages are clear and relevant.  As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The nominated infection control coordinator (ICC) coordinates the implementation of the infection prevention (IP) programme. The ICC's responsibilities and reporting requirements are defined in the infection control coordinator's job description. The ICC completed external education on infection prevention in August 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the facility manager and is linked to the quality improvement programme. The IP programme is reviewed annually and was last reviewed in November 2023. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflected the requirements of the infection prevention standards and include appropriate referencing.</p> <p>The pandemic plan and the outbreak management plan in place are reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic and outbreak management response plan when required.</p> <p>The ICC has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IP at orientation and in ongoing annual training. Education with residents is on an individual basis when an infection is identified and through infection control posters posted around the facility.</p> <p>The ICC is involved in the procurement of the required equipment, devices, and consumables through approved suppliers. The ICC will be involved in the consultation process when significant changes are proposed to the existing facility. The facility manager stated that currently there are no planned changes.</p> <p>Medical reusable devices and shared equipment are appropriately</p>

		<p>decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Infection prevention practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>A Māori cultural advisor was involved in the development of IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available. Residents' legal representatives confirmed satisfaction with infection communication provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the facility manager. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</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>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented. Ethnicity was included in surveillance data. Surveillance data and recommendations to improve are reported to the facility manager monthly.</p>

<p>an equity focus.</p>		<p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents' family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with family/whānau. There has been no infection outbreak reported since the previous audit</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room, the laundry, and in the cleaners' room. Cleaning products were in labelled bottles. Cleaners ensured the cleaning trolley was safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaners and laundry staff have attended training appropriate to their roles. The ICC and the facility manager have oversight of the facility testing and monitoring programme for the built environment.</p> <p>There is a clear separation in the laundry between handling and storage of clean and dirty laundry. The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents and family/whānau confirmed satisfaction with cleaning and laundry processes.</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</p>	<p>FA</p>	<p>Bethany Hill is a restraint-free environment. This philosophy and practice is supported by the FM/owner and through policies and procedures. There were no residents using a restraint at the time of the audit. The senior registered nurse is the restraint coordinator for</p>

<p>restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>this service. Restraint is not used as this is a secure dementia care service, except for emergency situations when no alternative is available, and when a resident's safety is highly compromised. This includes brief physical holds. Emergency restraint has never been used.</p> <p>Restraint is always an agenda item at staff meetings, and multidisciplinary reviews include considering any emerging risks to resident safety as a result of behavioural or physical changes. Residents with increasing behaviours of concern are reassessed and transferred to a psychogeriatric facility if they cannot be safely managed at Bethany Hill.</p> <p>There was documented evidence that all staff attend regular education and training related to restraint, including alternative interventions. Staff interviewed demonstrated a sound knowledge and understanding of de-escalation techniques and alternatives that are used as necessary for this rest home dementia/memory loss care service.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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 audit.

No data to display
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End of the report.