

Bethesda Care Limited - Bethesda Care

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Bethesda Care Limited

Premises audited: Bethesda Care

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

Dates of audit: Start date: 26 April 2022 End date: 27 April 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 59

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

Bethesda Care Limited - Bethesda Care, provides hospital services medical, hospital services geriatric and rest home care for up to 72 residents. There have been no significant changes to the service and facilities since the last audit. The registered nurse consultant that was providing consultancy services at the last audit was employed as the operations manager in July 2020. There have been no other changes to personnel in key management roles since the last audit.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, managers, staff, contracted catering staff, and a general practitioner.

An improvement is required in relation to staffing.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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There is a Māori and Pacific health plan and ethnicity awareness policy with a stated commitment to providing cultural appropriate and safe services. Staff are employed where able to represent the ethnic grouping of residents.

Bethesda Care are working on a strategy which will support and encourage a Māori world view of health in service delivery to ensure Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principals of mana motuhake.

Currently 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. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

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

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		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 governing body assumes accountability for delivering a high-quality service.

The purpose, values, direction, scope and goals for Bethesda Care have been recently reviewed and updated. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau are given the opportunity to provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations. There are five staff on duty at night, and more during the morning and afternoon shifts. Staff are appointed, orientated, and managed using current good practice.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and family/whānau.

The service aims to work in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of the residents and whānau and is evaluated on a regular and timely basis.

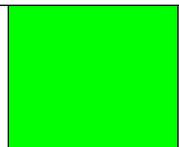
Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life as COVID-19 has allowed.

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

The food service is contracted out and meets the nutritional needs of the residents. Specific cultural needs can be catered for as required with adaption to the menu requirements. Food is safely managed.

Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. 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.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control co-ordinator leads the programme.

The infection control co-ordinator is involved in procurement processes and any facility changes.

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

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service has been restraint free since 9 March 2021 and aims to maintain a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	1	0	0
Criteria	0	152	0	0	1	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>	<p>FA</p>	<p>A Māori and Pacific health plan and ethnicity awareness policy has been developed. This includes acknowledging the Te Tiriti O Waitangi as the founding national document. A stated aim is to co-design health services using Māori people’s collaboration and partnership models. These include supporting a Māori worldview of health and wellbeing for residents who identify as Māori, or who may have someone else in the family who identifies as Māori. The policy notes discovering residents history may help support health equity and effective services based on the principals of self-determination (mana motuhake). The policy includes the concepts of Te Whare Tapa Wha and a Māori model of health. The policy has a link to a Māori dictionary where staff are encouraged to increase comprehension through learning. This has yet to be implemented (refer to criteria 1.4.4 and 1.4.6).</p> <p>The provision of holistic care is explicit within the Bethesda Care strategic plan. Staff have recently been provided with training on cultural safety. Residents and whānau interviewed were satisfied their care needs were being met.</p> <p>The chief executive officer (CEO) stated a commitment to re-establish formal working relationships/networks with faith based and health</p>

		<p>services in the community to ensure the needs of Māori residents are met.</p> <p>Policy states a commitment to employ staff representative of the ethnic groupings of residents to better meet their cultural needs and provide culturally safe services through greater understanding and respect of cultural preferences and differences. There are at least four staff employed in differing roles who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of 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>	Not Applicable	<p>A Māori and Pacific health plan and ethnicity awareness policy has a stated aim to co-design health services in a Pacific people's collaboration and partnership models. The policy includes a link to the Ola Manuia Pacific Health and Wellbeing Plan. Consultation with the Pacific community in regard to this plan has yet to occur.</p> <p>The CEO stated a commitment to establish working relationships/networks with faith based and health services in the community to ensure the needs of Pacific residents are met. The operations manager advised external cultural support was sought when it was identified there was a potential inequity / barrier for residents that identified as Pacific being provided with appropriate information about the resident Covid-19 vaccination programme. With these cultural supports, the barriers were addressed.</p> <p>Policy states a commitment to employ staff representative of the ethnic groupings of residents to better meet their cultural needs and provide culturally safe services through greater understanding and respect of cultural preferences and differences. There are at least 24 staff employed in differing roles who have citizenship in a Pacific Nation. The operations manager advised that, where able, consideration is given to ensuring diversity in the appointment to leadership and training roles; however, there are significant challenges and constraints in the current labour market, which is a sector wide issue.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were</p>

<p>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>observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights</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>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. Most residents have a private room, except for three couples that are sharing a room. There are processes in place to ensure the residents are consenting and that the sharing of a bedroom is clinically appropriate for both residents. Some rooms have complete or partial ensuite facilities whilst other rooms have access to several shared bathrooms (refer to 4.1).</p> <p>Several of the registered nurses have completed the Mauriora course online. Inservice education on Te Tiriti o Waitangi and how this is implemented in the workplace was completed in April 2022. The ongoing plan is to increase the use of Te Reo Māori on site with both staff and applicable residents including via the activities programme, with support from the community.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected, and that they are also treated with caring and respect. Professional boundaries are maintained. The behaviours expected of staff is detailed in the staff code of conduct / staff rules. A copy is present in all staff files sampled.</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Staff knew how to access interpreter services, if required. Staff were observed engaging with a resident in their native language.</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>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. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the residents' records.</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>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that would lead to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and</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>knew how to do so. They informed they feel free and comfortable about raising any issue of concern.</p> <p>There have been 26 complaints received since 9 November 2020. This includes from staff, residents and family related complaints. There were no open complaints at audit. Documentation showed the five sampled complaints have been acknowledged, investigated and followed up in a timely manner. One complaint was followed up via a 'zoom hui' with the resident and family members joining in as this was thought to be the most culturally appropriate and supportive way due to the Covid-19 restrictions in place at the time limiting whānau coming on site.</p> <p>The operations manager is the complaints officer. Response letters are sent to the chief executive officer and the clinical manager for review before issuing.</p> <p>There have been no complaints received from the Health and Disability Commissioner (HDC), district Health Board or Ministry of Health (MOH) 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>Bethesda Care provides aged related residential care at rest home and hospital level. There is also a residential care village which is operated as a separate business entity. The chief executive Officer (CEO) was appointed to the role in August 2019. Prior to this the CEO was a member of the executive board of directors (BOD), providing oversight of Bethesda Care and other organisations/entities operated by the Seventh Day Adventist Church for at least seven years. The CEO has a background in information technology and has held senior management roles in organisations including local government. The CEO attends the Bethesda Care monthly health and safety meetings and the quality committee meetings.</p> <p>An operations manager and a clinical manager support the CEO. Both are registered nurses with current annual practising certificates. Both are suitably experienced in aged related residential care (ARRC) services. The clinical manager was in the role prior to the last audit, the operations manager has held the position since July 2020, prior to</p>

		<p>appointment to the role had regular engagement with Bethesda as a Registered Nurse consultant since 2019. The operations manager has resigned and recruitment in Australia and New Zealand to fill this position is underway. In the interim, the CEO advised the responsibilities of the operations manager will be temporarily devolved to other senior staff and managers. The CEO and operations manager have completed more than eight hours of relevant education in the last year related to provision of aged care services.</p> <p>There are seven members of the board of directors (BOD). The board of directors includes the Bethesda Care chief executive officer (CEO) and three members of the board who are automatically appointed to the BOD due to their being appointed to other specific community based roles. A recent review of the board membership identified that one of the board identifies as Māori. However, a process to ensure meaningful input into operational policies has not occurred yet. The management team advised that prior to the Covid-19 pandemic, a Māori pastor affiliated with the Seventh Day Adventist faith had come on site and met with residents that identified as Māori. This did not re-occur due to the impact of Covid-19 on visiting restrictions. The CEO advised community supports will be sought from community networks to provide applicable training to the board on Te Tiriti, health equity, and cultural safety and to help identify and address barriers for equitable access to services including for tāngata whaikaha, and to improve resident outcomes. The board has received training on health and safety requirements. The CEO confirmed that the board fully supports the existing systems in place that ensure that the residents receiving services and their whānau actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised services/care.</p> <p>The board of directors have been reviewing the vision, aims, values and purpose of the service and these will be launched soon alongside a new logo and branding.</p> <p>The governing body of Bethesda Care assumes accountability for delivering a high-quality service through:</p>
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		<ul style="list-style-type: none"> • defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the organisation • appointing an experienced and suitably qualified person to manage the Bethesda Care services • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk management <p>A sample of monthly reports from the management team and key staff and information provided from the CEO to the Board, showed a range of data and information to monitor performance is reported.</p> <p>Both the CEO and the operations manager confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within their fields.</p> <p>The service has Aged Related Residential Care (ARRC) contracts with Counties Manukau DHB for hospital (continuing care) and rest home level care. There are also contracts for community residential respite services, individual care package (housing and recovery services), and to provide care to residents with long term support-chronic health conditions (LTS-CHC). There are two contracts with the Ministry of Health (MOH) for residential non aged and hospital level care. On the days of audit, 59 residents were receiving services. This comprised 38 hospital level care residents, including one resident under 65 years of age, and two persons admitted for short term care/respite. There were 21 residents receiving rest home care, including one person admitted for short term care. There were no borders.</p>
Subsection 2.2: Quality and risk	FA	

<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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal and external audit activities, reference to satisfaction surveys, monitoring of outcomes, policies and procedures, health and safety reviews and clinical and non-clinical incident management. The operations manager and the clinical manager are responsible for implementation of the quality and risk system. There is oversight from the BOD via the CEO who attends the Bethesda Care quality meetings and the health and safety committee meetings, and the BOD meetings.</p> <p>A resident and whānau satisfaction survey was undertaken in July/August 2021 with all residents and whānau being offered the opportunity of providing feedback. There was a low response rate. However, the feedback was reviewed and followed up on. A separate survey was conducted for residents receiving respite care between April and July 2021. Less than half responded, however the feedback was positive and any suggested improvements were promptly actioned. In addition, there are regular resident meetings.</p> <p>There are a range of internal audits, which are undertaken using template audit forms and according to a schedule. The results are reported to relevant staff and discussed at the quality meeting. Relevant corrective actions are developed and implemented to address any shortfalls. Overall there is a high level of compliance with organisation policies.</p> <p>Organisational policies, procedures and associated documentation reviewed covered all necessary aspects of the service and contractual requirements. These have been developed by an external consultant and are in the process of being updated to reflect the requirements of the new standards. There are a small number of Bethesda Care specific policies/procedures.</p> <p>Health and safety systems are being implemented according to the health and safety plan by the management team and health and safety representatives. Minutes reflected timely discussion and escalation of appropriate issues to management team and the quality</p>
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		<p>committee.</p> <p>A comprehensive risk management plan is in place and there is a current hazard register. However, it is recommended that Bethesda Care includes potential inequities in the organisational risk management plan.</p> <p>There is a comprehensive monthly quality meeting occurring, and regular resident meetings. While there is satisfaction with services provided there is not yet a critical analysis of organisational practices at the service/operations level aimed to improve health equity within the Bethesda Care services.</p> <p>Staff document adverse and near miss events, and includes an option of five levels of risk as the possible rating for every reported event. The service is not required to comply with the National Adverse Event Reporting Policy. A sample of incidents/accidents recorded in the electronic system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner except for ensuring neurological observations are undertaken in a consistent manner in accordance with facility policy when a resident has an unwitnessed fall. A recommendation in relation to this is included in 3.2.3 g.</p> <p>The operations manager interviewed and the clinical manager were familiar with essential notification reporting requirements. All essential notifications are made by the operations manager and discussed at the monthly management team meeting. There have been regular essential notifications made in relation to a shortage of registered nurses. This included occasions where there was a registered nurse on duty, however not the full complement of RNs on duty that would normally be rostered for the shift; as well as when a RN was not always on site for any reason. In both these events, other staff were on duty to help support safe service delivery and the clinical manager or clinical coordinator was on call (refer to 2.3.1). Other events notified included a planned power outage, fire alarm and sprinkler issues, a stage three pressure injury, a trespasser in the grounds that was reported to the police, a covid exposure event, uninterrupted power</p>
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		supply failure, and another clinical event.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA moderate	<p>There is a documented process for determining staffing levels and skill mixes to provide clinically safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. Care staff confirmed there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this as did a review of call bell data/reports. A recommendation is made that the service identifies how it will plan/monitor that appropriate staff are rostered to meet the cultural needs of residents. An area for improvement is identified in relation to having a registered nurse on duty for all shifts and to ensure there is at least one staff member on duty who has a current first aid certificate.</p> <p>Continuing education is planned both annually and biannually, depending on the topic and mandatory training requirements are being detailed and relevant competencies are assessed. The cultural awareness training for staff, which was well attended, included cultural safety, Te Tiriti O Waitangi, and included information on equitable service delivery. Education includes training and support for staff to help residents optimise their quality of life. Some education was unable to be provided when scheduled due to Covid-19 restrictions in place at the time. Education has recommenced and work is underway to 'catch-up'.</p> <p>Staff reported feeling well supported and safe in the workplace, including at the cultural level. Staff and the operations manager noted there is a very culturally diverse staff with staff members reporting citizenship in at least 16 different countries (including New Zealand).</p> <p>There are a range of initiatives that provide staff with support and a positive work environment. This includes access to an employee assistance programme (EAP).</p> <p>The service has yet to develop a process related to collection and sharing of 'high quality' Māori health information.</p>

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. These included comprehensive and applicable position descriptions and current employment contracts. Records of professional qualifications are on file and annual practising certificates (APC's) are checked for currency each year. Police vetting is occurring.</p> <p>Contracts are in place with the allied staff that provide services and appropriate APC records maintained.</p> <p>Orientation and induction programmes are implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff have at least a two week period where they are allocated to work with senior staff.</p> <p>Staff performance is reviewed and discussed annually with records reviewed confirming this is consistently occurring. All staff information on file is relevant, secure and retained in a confidential manner.</p> <p>The staff information currently available includes identification of the countries that staff have citizenship in, as an alternative to having staff ethnicity data. A question on staff ethnicity has been recently added to the staff application form that has yet to be utilised.</p> <p>Following incidents, the clinical manager and the operations manager are available for any required debrief and discussion. External assistance may be accessed if required. Staff are encouraged to access EAP services if required. Staff advised they have been provided with a high level of support in relation to the national Covid-19 pandemic, and impacts within the care home and local community.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards.</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Staff are not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. There were several residents who identified as Māori at the time of audit. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented but not yet being analysed including decline rates for Māori. There are plans to put processes are in place to develop relationships with Māori communities and organisations inclusive of traditional Māori health practitioners.</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>	FA	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. A recommendation is made in relation to completion of cultural assessments and neurological monitoring of residents post unwitnessed falls. There are currently no processes in place to support Māori and whānau to identify their own pae ora outcomes.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual</p>

		<p>requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Staff interviewed demonstrated knowledge on how to provide the individual care and support to these residents. The residents' family/whānau member confirmed satisfaction with the care provided. Clear documentation showed the appropriate handover of residents' care between the shifts.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is supported by a full time trained diversional therapist (DT) who is assisted by two part time activities assistants. There is a diverse activities programme that supports residents to maintain and develop their interests and this was suitable for their ages and stages of life. There is a strong faith-based component with a facility Chaplain assisting/available Tuesday to Saturday.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities as Covid-19 has allowed. Opportunities for Māori and whānau to participate in te ao Māori are not yet being facilitated. There is limited use of te reo Māori daily. There are several residents who identified as Māori at the time of audit.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they found the programme met their needs.</p>
Subsection 3.4: My medication	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. There are no vaccines stored on site.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not use and there are currently no residents who self-medicate. Residents, including Māori residents and their whānau of which there are several who identify as Māori, are supported to understand their medications.</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 and is contracted to an external provider. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. There are currently several residents who identify as Māori and options have been adapted to meet their individual needs.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, although resident meeting minutes indicated there has been some dissatisfaction with meals. This had been</p>

		addressed with a focus group and changes have been made. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.
<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	Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Whānau reported being kept well informed during the transfer of their relative. The facility uses a transfer folder 'yellow envelope' and this is kept in the residents' notes when they return from hospital.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There is a current building warrant of fitness with an expiry date of 26 September 2022. Electrical test and tagging of electrical equipment was conducted on 13 October 2021. Clinical equipment has current performance monitoring and clinical calibration - completed June 2021.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. The facility is made up of three wings called 'Rainbow, Sunset and Sunrise'. There are a total of 68 bedrooms and 72 beds. The Sunset and Sunrise wings are grouped together for staffing and other purposes. There are four rooms that are suitable for the care of two persons. These are used for 'couples'. Three of these rooms were in use at the time of audit. The clinical manager detailed the processes in place to ensure the residents and / or whānau provided informed consent for this, and ongoing processes to ensure the residents remain clinically and socially appropriate for</p>

		<p>sharing a room over time. All rooms are suitable for the care of both hospital level and rest home level care residents. 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. Thirty seven bedrooms have either a full or partial ensuite bathroom.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. There were no current building projects planned. The management team advised consultation will occur with Māori for any future developments to ensure they reflect the aspirations and identity of Māori.</p> <p>The facility vehicle has a current registration and warrant of fitness. A local taxi service is utilised if wheelchair accessible transport is required.</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>Plans and policies are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency recommendations for the region. The management team advised a generator can be sourced when required and this has occurred when there was a planned power outage scheduled. Staff have been trained and knew what to do in an emergency. Records are not available to verify there is a staff member on duty at all times with a current first aid certificate. This has been included in the area requiring improvement raised in criterion 2.3.1.</p> <p>A new fire evacuation plan (EV-2021-531222-02) has been approved by Fire and Emergency New Zealand on 8 December 2021. Fire evacuation drills occur six monthly, with the most recent fire drill on 12 April 2022. This was attended by 38 staff.</p> <p>Appropriate security arrangements are in place. This includes security cameras in use. There is external signage that alerts visitors that</p>

		<p>cameras are in use.</p> <p>Residents and whānau are informed of relevant security and emergency arrangements. Due to the Covid-19 restrictions at the time or audit, whānau are being asked to make appointments to visit their loved one. Covid-19 risk screening is conducted of all staff, and for all visitors prior to entry and this includes rapid antigen testing where indicated. All visits are currently conducted in the chapel which enables groups to be appropriately spaced and comfortable.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on monthly at the quality committee meeting which is attended by the CEO.</p> <p>The management team including the CEO confirmed there is prompt reporting of any new concerns. The CEO is responsible for informing the BOD of relevant issues.</p> <p>The general practitioner provides initial support and advice. The management team advise the portfolio manager and other staff at Counties Manukau District Health Board have provided great support when a staff member was identified as having Covid-19 and provided initial and ongoing support as required. In addition, the gerontology nurse specialists, infection prevention and control nurse specialists and public health advice would be sought where clinically indicated from the DHB.</p> <p>The CEO advised the BOD had multiple 'stand-up meetings' to discuss the changing Covid-19 related risks and the management strategy. The CEO stated the infection prevention and control processes are considered by the BOD a great success, with staff demonstrating ongoing commitment to best practice. Despite over 30 staff having had Covid-19 in 2022, there has been no known transmission of Covid-19 to residents or whānau.</p> <p>A pandemic/infectious diseases response plan is documented and</p>

		has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available as observed and verified by staff interviewed, and staff have been trained accordingly.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and the advice of the committee has been sought when making decisions around procurement relevant to care delivery.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. Cultural advice is not currently being accessed to ensure the infection prevention and control programme is culturally safe, and there were no applicable resources available in te reo Māori. There are plans for this to occur in the future to align with current standards. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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>Responsible use of anti-microbials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The results are communicated appropriately.</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 an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff as verified by staff interviewed. This data is inclusive of looking at ethnicity.</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 antimicrobial resistant organisms.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that their laundry is managed well, and the facility is kept clean and tidy.</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</p>	FA	<p>Maintaining a restraint free environment is the aim of Bethesda Care. At the time of audit, no residents were using a restraint, and this has been the case since 9 March 2021. When restraint is used, this is as a last resort when all alternatives have been explored. The use of restraint is discussed at the monthly quality committee meeting which is attended by the CEO, operations manager and the clinical manager. The CEO also attends the BOD meeting and was satisfied that there are suitable processes in place for monitoring the use of restraint including at governance level, should this be required. The</p>

<p>practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>CEO stated Bethesda Care does not want to have restraints in use and the BOD support for this was evidenced by the four staff (including the chaplain) and other resources that have been allocated to having a meaningful activity programme occurring over seven days of the week.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There were clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Assessments for the use, monitoring and evaluation of the restraints used were documented and included all requirements of the Standard. There was evidence of whānau involvement in the documents sighted, of alternative interventions tried and that its use was the last resort. Monitoring records confirmed appropriate regular checks are made when restraints were in use. The operations manager explained access to advocacy would be facilitated as necessary; however, this has not yet been required.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register demonstrates an auditable record is being retained. There were six residents with restraints in use during the period 5 November 2020 to 9 March 2021, and no restraints have been used since. A review of the records of two residents that had restraints in use in early 2021 verified appropriate assessments, consent, review and monitoring occurred.</p> <p>Criteria 6.2.5 and 6.2.6 have been rated as 'not audited' as emergency restraint has not been used. The restraint policy was</p>

		updated in February 2022.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>Minutes sighted of the monthly quality meetings confirmed all use of restraint is discussed. The restraint coordinator advised when restraint was used there was a full review of restraint use, the records, staff education and the duration of restraint use with information discussed at the quality committee.</p> <p>The restraint approval group undertakes a six-monthly review of restraint use, which includes all the requirements of the Standard. The outcome of the review is reported to the quality committee meeting which is attended by the CEO. Any changes to policies, guidelines, education, and processes are implemented if indicated. There was no evidence of restraint use in this service since 9 March 2021. The management team and staff confirmed there is a commitment to zero use of restraint.</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 standard by looking at the code. For example, a Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a documented process for determining staffing levels and skill mixes to provide clinically safe care, 24 hours a day, seven days a week (24/7). The document has yet to include how the staffing framework will ensure culturally safe services are provided.</p> <p>Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. There is usually a minimum of four health care assistants (HCAs) and one registered nurse (RN) on duty overnight. This exceeds ARRC contract requirements; however, is deemed appropriate by Bethesda Care to align with the resident care focus and service delivery philosophy.</p> <p>There was evidence of difficulties in employing staff (in particular registered nurses). The service has a range of initiatives in place to aid</p>	<p>There are occasions when a registered nurse is not on duty as required to meet the ARRC contract requirements. On these occasions an enrolled nurse is on duty and a registered nurse is on call and attends if required. These events are being reported as an essential notification.</p> <p>Records are not available to confirm there is always a staff member on duty with a first aid certificate, as confirmation of training is not available for one of the registered nurses.</p> <p>Recommendation relating to previous clinical requirements:</p> <p>Organisation policy has yet to identify how the service will plan that there are</p>	<p>Ensure a registered nurse is always on duty on site as required to meet the ARRC contract requirements.</p> <p>Ensure records are available to demonstrate there is always at least one staff member on duty with a current first aid certificate.</p> <p>90 days</p>

	<p>the recruitment of registered nurses and notes difficulty recruiting is a national and sector wide issue. To assist with meeting residents' clinical needs, enrolled nurses have been employed. While overall the RN hours rostered/provided exceed that required for resident care, and there is usually at least one registered nurse on duty at all times, there are occasions where there is only one or two enrolled nurses on duty or an enrolled nurse with a level 4 health care assistant (HCA) on duty, and the clinical manager or clinical coordinator on call. There has been at least one shift each week in the last three weeks rosters sighted where there has not been a RN on duty on site. There have been multiple essential notifications made to HealthCERT in relation to this since the last audit (refer to 2.2). A new registered nurse has been recruited from overseas and is expected to be available for rostered duties commencing late July 2022. There are two other RN positions being recruited, one is to cover a RN who will be going on planned leave. The clinical manager and clinical coordinator work day-time hours, and these are supernumerary. All the RNs are reported to have current interRAI competency.</p> <p>The activities programme runs seven days a week with three staff (including a diversional therapist) and the chaplain sharing responsibilities. This is seen by the CEO as being key to ensuring residents have quality of life, aligns with the faith based values of Bethesda Care, and gives residents the opportunity to engage in a range of meaningful activities of their choice. Catering services are contracted out. There are sufficient</p>	<p>sufficient staff on duty to ensure culturally safe services.</p>	
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		<p>housekeeping and laundry staff employed.</p> <p>The registered nurses are required to have a current first aid certificate. Training records were not available to demonstrate one of the RNs has a current first aid certificate when the RN is the sole RN on duty. Four other staff have been booked to attend first aid training (and records sighted) as they are either new to the service or will be due refresher training. This includes the chaplain who accompanies residents on outings.</p>		
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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, a 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.