

Bethsaida Trust Board Incorporated - Bethsaida Retirement Village

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:	Bethsaida Trust Board Incorporated
Premises audited:	Bethsaida Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 May 2023 End date: 10 May 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:	54

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

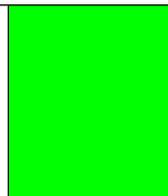
Bethsaida Retirement Village provides rest home and hospital level care for up to 57 residents. The service is operated by Bethsaida Trust Board Incorporated and managed by a village manager who has extensive management and aged care experience and has been in the role for eight months. This person is supported by two clinical coordinators who are registered nurses, and a clinical nurse manager who is due back from leave at the beginning of October.

This certification audit process against Ngā paerewa Health and disability services standard NZS8134:2021 included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, manager, staff, and a nurse practitioner.

Improvements are required relating to aspects of care plans and medication management, registered nurse staffing shortages, the infection control programme and aspects of surveillance, equipment checks, and documenting restraint monitoring.

Ō tatou motika | Our rights

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



Subsections applicable to this service fully attained.

The cultural safety policy guides staff practice to ensure the needs of residents that identify as Māori are met in a manner that respects their cultural values and beliefs. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evidenced in service delivery.

Systems are set up to provide Pacific peoples with services that recognise their worldviews and are culturally safe.

Residents and their 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 verbal and written format and feel listened to and included when making decisions about care and treatment. Open communication is practiced. 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 managed effectively in collaboration with all parties involved. Issues raised by the Health and Disability Commissioner (HDC) in relation to a previous complaint have been considered as part of the audit process.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families 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.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents enter the service a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident, their legal representative and their family/whānau.

Bethsaida Retirement Village staff work in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised and based on comprehensive information. Files reviewed demonstrated that care meets the needs of residents and family/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 stages of life.

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

The food service meets the nutritional needs of the residents. Food is safely managed.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. 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 and residents are informed of the 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.

Some subsections applicable to this service partially attained and of low risk.

The governing body, Bethsaida Trust Board Inc., ensures the safety of residents and staff through an 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 coordinator, who is a registered nurse, leads the programme. They are involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

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

Aged care specific infection surveillance is undertaken with follow-up action taken as required and there are clear processes for communication.

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

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. Two residents were using restraints at the time of audit. A comprehensive assessment and approval 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	22	0	2	5	0	0
Criteria	0	165	0	3	5	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Bethsaida Retirement Village (Bethsaida) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Manu motuhake is respected.</p> <p>A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori.</p> <p>Bethsaida is committed to employing staff who identify as Māori where possible. There were staff and a resident who identified as Māori at the time of audit.</p> <p>Staff reported they have attended cultural safety training. Records confirmed the training. Staff described tikanga practices.</p> <p>Bethsaida plans to actively recruit a Māori health workforce.</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>	<p>FA</p>	<p>Bethsaida has a Pacific peoples cultural policy that was developed with input from the wider Pasifika community. It includes Pacific models of care and guides staff to deliver safe services to Pasifika people.</p> <p>The policy is focused on residents achieving equitable care to improve better outcomes. It includes advice on contacting interpreter services should they be needed to eliminate communication barriers. References include the Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan.</p> <p>Bethsaida is committed to actively recruit and appoint the best person to meet the criteria and role description in the absence of a Pasifika workforce.</p> <p>There were no staff or residents who identified as Pasifika at the time of the audit.</p> <p>Bethsaida plans to establish links with the Pasifika community in order to access guidance from people around appropriate care and services for Pasifika.</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>Bethsaida Trust Board Inc. are aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and family/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>The rights of Māori in relation to self-determination (Māori mana</p>

		motuhake) were recognised and understood by staff.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Bethsaida supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau, including people with disabilities, confirmed they receive services in a manner that has regard for their cultural identity, dignity, gender, privacy, sexual orientation, spirituality and choices. However, this is not always reflected in documentation; refer criterion 3.2.3.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room, which is spacious and reflects their individuality.</p> <p>Nurses and healthcare assistants receive training on the principles of Te Tiriti o Waitangi. Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage was evident throughout the facility and key resident information such as the Code of Rights was displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents including those with disabilities and staff described ways they enable Māori residents to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<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. There is a code of staff conduct in place and professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed understood the concept of institutional racism and stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic, encompassing the pillars of Te Whare Tapa Whā and is based on the identified strengths of residents. Wellbeing outcomes for all residents including Māori, are evaluated as part of the assessment and care planning process six-monthly to ensure the needs of residents are met. However, evaluation is not</p>

		always occurring; refer criterion 3.2.5.
<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 reported that communication was open and effective, and they felt listened to. Information was provided in easy to understand verbal and written formats. Changes to residents' health status were communicated to family/whānau in a timely manner. The nurse practitioner interviewed stated communication from staff was appropriate, timely and included all relevant information.</p> <p>Staff knew how to access interpreter services, if required.</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 their family/whānau or legal representative are provided with the information necessary to make informed decisions. Those whānau interviewed felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents and family/whānau in the process. Documentation of informed consent was present in all files reviewed.</p> <p>Tikanga guidelines are available to support staff when working with Māori residents and whānau; these were known to staff.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents understood their right to make a complaint and knew how to do so. The information brochure provided to families at entry</p>

<p>care and support. 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>included the complaints policy and procedure. Families reported receiving information about making a complaint. Complaint forms and a box are at reception. The Code of Health and Disability Services Consumers' Rights (the Code) is available in te reo Māori and English. A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the timeframes. The complainant had been informed of findings following investigation. The village manager (VM) described a quality improvement following a complaint.</p> <p>One complaint from the Health and Disability Commissioner remains open. The complaint is still under investigation. There have been no other complaints received from external sources since the previous audit.</p> <p>The VM is responsible for complaints management and follow up. The policy includes that the complaints process shall work equitably for Māori. Staff reported that an interpreter would be available to support people if needed.</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>Bethsaida Charitable Trust is governed by a board of six trustees. The trustees and the VM assume accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents.</p> <p>The service is managed by the VM who has been in the role for eight months. This person has 36 years aged care experience with extensive clinical and management experience and brings their own skills, expertise and knowledge to the role and has attended cultural training. The VM confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency with the field through legal advice, sector communication, training, Te Whatu Ora - Health New Zealand Nelson Marlborough, and colleagues.</p>

	<p>Support is provided by the two clinical coordinators, a clinical nurse manager who is due back from leave at the beginning of October, and the board members. When the VM is absent, the clinical coordinators carry out all the required duties with support from the board members and Te Whatu Ora Nelson Marlborough portfolio manager.</p> <p>The 2023 - 2028 business plan includes the vision, mission statement, business goals and objectives. For example, develop and budget to provide a palliative care service, and assessing the need for updating the Bethsaida motor vehicle pool. Strengths, weaknesses, opportunities and threats (SWOT) are regularly reviewed and the resulting information contributes to business objectives and goals.</p> <p>The trustees and VM have a collective knowledge of and expertise in Te Tiriti o Waitangi, health equity, and cultural safety.</p> <p>A report to the board of trustees showed adequate information to monitor performance is reported. The board member interviewed confirmed this.</p> <p>The board of trustees demonstrated leadership and commitment to quality and risk management through the business plan, risk register, improving services, reporting, and purchasing equipment. Minutes of the clinical meetings were sighted. Clinical indicators for example, adverse events, infection prevention, restraint, and medication were discussed.</p> <p>Management is focused on improving outcomes and achieving equity for Māori and tāngata whaikaha. This is occurring through an accessible environment, care planning and reviews, family/whānau meetings, feedback and communication with the</p>
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		<p>resident and their family/whānau.</p> <p>The VM described an example where routines are flexible and can be adjusted to meet the residents' needs. Bethsaida identifies and works to address barriers to equitable service delivery through cultural needs assessments, training, and advice from external providers.</p> <p>The service holds contracts with Te Whatu Ora Nelson Marlborough for age related residential care (ARRC), respite, palliative care, rest home, hospital, and a long-term support chronic health conditions (LTSCHC) contract, for up to 57 residents. Fifty-four residents were receiving services at the time of audit. Eighteen residents were in hospital level care and 36 were in the rest home. All beds are certified as dual-purpose beds.</p> <p>Residents receiving services and family participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident and family meeting minutes evidenced positive feedback.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, clinical incidents including infections, health and safety and restraint.</p> <p>Residents, family/whānau and staff contribute to quality improvement through meetings and feedback. The last resident and family survey was completed in 2021. The report evidenced a high level of satisfaction. The next staff, resident and family/whānau survey is due to commence at the end of June 2023.</p>

		<p>Meetings between the VM and clinical coordinators are held weekly. Meetings with healthcare assistants and RNs, residents, registered nurses, diversional therapists, housekeeping, kitchen, cleaning and laundry staff are held three-monthly. The VM reported, and evidence was sighted, that their monthly report is forwarded to the board of trustees. A report to the board of trustees, and minutes of a board of trustees meeting, evidenced comprehensive reporting.</p> <p>Bethsaida has a culture of continuous improvement. Quality initiatives include purchasing a sound system with a headset microphone to enable residents to hear more clearly in group activities, purchasing ultra-low beds to eliminate bed rails, and staff providing feedback after training in a timely manner.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2023 internal audit schedule was sighted. Completed audits included cleaning, laundry, infection, restraint, medication, kitchen and skin care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The VM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Documented risks include environmental, training, compliance, financial, natural disasters, moving and handling, and staffing levels. Staff reported at interview that they knew how to report risks.</p> <p>Adverse event data is collated, analysed and reported through</p>
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		<p>management and staff meetings. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. Analysis includes pro-active outcomes. For example, referral to physiotherapy, increased staffing during high-risk times, and the use of limb protectors. The provider is not required to follow the external reporting under the National Adverse Event Reporting Policy. Adverse event data is collated monthly. Examples of four months of data confirmed this. For example, falls, wounds, and skin tears. The VM reported that the overall results are positive and below the industry standard.</p> <p>The VM manager understood and has complied with essential notification reporting requirements. Examples were sighted of section 31 notifications relating to nursing shortages made to HealthCERT and Te Whatu Ora Nelson Marlborough since the previous audit. The VM reported that an RN has been employed, is completing orientation and has been rostered on night shift to provide cover 24/7 from 25 May 2023. The section 31 notification to HealthCERT of the change in village manager was sighted. Documentation evidenced acknowledgment from HealthCERT. There have been no police investigations, coroner's inquests, or issues-based audits since the last audit.</p> <p>Staff are supported to deliver high quality health care for Māori through training, including cultural safety training, care planning, and communicating with the resident and their family/whānau. Staff reported and records confirmed, staff have attended cultural and tikanga training.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally</p>	<p>PA Moderate</p>	<p>The implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) is used. The facility adjusts staffing levels to meet the changing needs of residents. The VM reported that at least one staff member on duty has a current first aid certificate.</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Examples were sighted. The VM manager reported that the RN does not leave the facility to attend to residents living in the retirement village.</p> <p>The VM reported that two night shifts a week there is no RN on night shift in the facility. An experienced health care assistant with a current medication competency fulfils the role. An RN is available on call. A corrective action has been raised. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>A review of five weekly rosters confirmed adequate staff cover has been provided, with the exception of RN cover two nights a week, with staff replaced in any unplanned absence. An afterhours on-call roster is in place with the RNs sharing on call 24/7. The RNs have a current annual practising certificate.</p> <p>The VM described the recruitment process which includes referee checks, police vetting, and validation of qualifications and annual practising certificates (APCs) where required.</p> <p>Bethsaida ensures competencies are assessed and support equitable service delivery. The training coordinator described, and a sample of competencies confirmed, the training; for syringe drivers and medication. Other competencies include cultural training, manual handling and hoist training, and infection prevention.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. The 2023 schedule was sighted. Staff reported that healthcare assistants have completed or are in the process of completing either levels two, three and four qualifications, or are enrolled in the New Zealand Qualification Authority (NZQA) education qualifications. Four of nine registered</p>
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		<p>nurses are interRAI trained.</p> <p>Training is provided either face-to-face or on-line and included the Code of Health and Disability Services Consumers' Rights (the Code) cultural safety and tikanga, fire safety, manual handling, food hygiene, first aid, hand hygiene, communication and infection prevention.</p> <p>Meetings are held with the resident and their family to discuss and sign care plans. A communication log was sighted.</p> <p>Where health equity expertise is not available external agencies are contacted. For example, Te Whatu Ora Nelson Marlborough palliative care and gerontology staff. The VM reported that Bethsaida is building on their own knowledge through cultural training, communication with the resident, family/whānau and learning te reo Māori. For example, signage in te reo Māori.</p> <p>Staff reported feeling well supported 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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of eight staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed at regular intervals.</p> <p>The VM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for the nine registered nurses, 34 general practitioners, and the diversional therapist. All were current. Evidence was sighted of the podiatrist's recently expired annual practising certificate, and the current certificate was being</p>

		<p>sought at the time of the audit. Practising certificates for two pharmacists were being sought at the time of the audit.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New healthcare assistants described their orientation and that they are 'buddied' with an experienced staff member. Orientation includes policies and procedures, the Code, cultural safety, communication, fire evacuation, food hygiene, moving and handling, and infection control. Staff reported that the orientation process prepared them well for their role.</p> <p>Paper-based staff files are held locked and confidentially in the VM's office.</p> <p>Ethnicity data is recorded and used for recruiting.</p> <p>Staff reported incident reports are discussed at staff meetings. The VM reported that staff have the opportunity to be involved in debrief and discussion and receive support following incidents to ensure wellbeing.</p>
<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>	<p>FA</p>	<p>Policies and procedures guide staff in the management of information. Bethsaida maintains quality records that comply with relevant legislation, health information standards, and professional guidelines. Some information is held electronically, and password protected. The VM described being able to assign levels of access to the electronic records to approved staff. Residents' and staff files are hard-copy files. Any paper-based records are held securely and available only to authorised users.</p> <p>Files for residents and staff are held securely for the required period</p>

		<p>before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Bethsaida 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 care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<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. Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Enquiries are documented and a waiting list is maintained containing relevant data. Analysis of entry and decline rates, including for Māori, has not yet occurred.</p> <p>Bethsaida has developed links with local Māori to benefit Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The registered nurse and the nurse practitioner/general practitioners supporting Bethsaida rest home work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by the registered nurse following comprehensive nursing and medical assessment, including consideration of the resident's lived experience and wider service integration where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input. Clinical assessments</p>

		<p>including for mobility, falls risk, pain, pressure injury risk, continence, and nutritional needs inform care planning. An initial care plan guides care during the assessment process. Timeframes for the initial assessment, nurse practitioner or medical assessment, and initial care plan meet contractual requirements.</p> <p>Long term care planning detailed strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. Cultural and spiritual needs are included in care planning but were not always fully assessed, and care planning was not in place to meet these needs in all residents' files reviewed; refer criterion 3.2.3. Short term care plans are developed, if necessary, and examples were sighted for infections and wound care. However, interRAI assessments and the completion of long-term care plans and review timeframes do not meet contractual requirements for residents; refer criterion 3.2.5. This was verified by sampling residents' records, from interviews, and from observations.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. These are reviewed weekly or earlier if clinically indicated. Changes to a resident's condition are documented in progress notes. Where progress is different to that expected, or new needs are identified, changes are not always made to the care plan; refer criterion 3.2.5.</p> <p>Staff understood the need for residents and family/whānau, including Māori, to have input into their care and identify their own goals. Nursing and medical review occurs with resident and family/whānau input when possible. Residents and family/whānau are given choices and staff ensure they have access to information. The resident is involved at every step of the assessment, care planning and review process. Those interviewed confirmed active involvement, including residents with a disability.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Two full-time diversional therapists provide an activities programme that supports residents to maintain and develop their interests. The programme was suitable for the residents' age and stage of life. Social profiles and recreation activities assessments identify the residents' individual interests and consider the residents' identity. Cultural, spiritual, social and diversional therapy needs are included in the long-term care plan and are updated by the diversional therapists. Residents' plans identify generic residents' goals, and the diversional therapists are working to make these more individualised to reflect the residents' personal goals; refer criterion 3.2.3.</p> <p>Individual and group activities planned reflected residents' interests, ordinary patterns of life and included activities such as newspaper reading, exercises, puzzles and crafts. Residents were observed helping with tasks in the facility such as folding washing and ironing. When interviewed, they stated this gives them purpose and they valued being able to contribute. One-to-one activities are provided for those who do not wish to join a group activity. Van outings occur once a week in the facility van. Residents are encouraged to maintain links with the community, for example, attending church and other groups they have an affiliation with.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated and examples were discussed. Te reo Māori is promoted in the programme, and the diversional therapist discussed using Māori words in newspaper reading, puzzles and on the monthly</p>

		<p>calendar. Staff encourage Māori residents to maintain involvement in te ao Māori outside the facility and assist residents with transport as needed.</p> <p>Residents were observed to be involved in the programme, and those interviewed confirmed they find the programme meets their needs. Evaluation of the programme occurs through resident feedback and monitoring of attendance numbers.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit, including the recording of allergies and sensitivities. 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. Medicines are stored safely, including those requiring refrigeration and all medicines were stored within the recommended temperature range. Not all medicines were within current use-by dates and not all medication was correctly labelled.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur. The required six-monthly physical check had not been completed.</p> <p>Prescribing practices met requirements, including consideration of over-the-counter and herbal medications. The required three-monthly GP medication chart reviews were consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medications rarely occurs. However, the</p>

		<p>registered nurse was able to describe the processes to safely facilitate resident self-administration if required.</p> <p>Residents and their family/whānau are supported to understand their medications. The registered nurse discussed including whānau in decision making.</p> <p>The manager can support staff to access appropriate supports for Māori residents who wish to access traditional Māori medicines if requested.</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. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional dietary profile completed on admission to the facility and this is updated as their needs change. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The cook interviewed was aware of the requirements for each resident.</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Foods culturally specific to Māori can be provided when requested. Cultural protocols around food are followed including the laundering of kitchen and food-related items separately.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family/whānau interviews, and resident meeting minutes.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>Transfer or discharge from Bethsaida is planned and managed safely with coordination between services and in collaboration with</p>

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>the resident and family/whānau. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified.</p> <p>Resident and family/whānau interviewed reported being kept well informed during the transfer of their relative; they were given options to access other health and disability services and documentation confirmed they were kept informed during transfers.</p> <p>The nurse practitioner interviewed confirmed the level of communication with staff was good.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Moderate</p>	<p>A current building warrant of fitness was publicly displayed. It expires on 1 July 2023. Appropriate systems are in place to ensure the residents' physical environment and internal and external facilities are fit for their purpose, well maintained and that they meet legislative requirements.</p> <p>Not all the tagging and testing and calibration of equipment was current. A corrective action has been raised.</p> <p>The maintenance personnel described the maintenance schedule which was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>Communal areas are available for residents to engage in activities.</p> <p>The dining room and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas, such as the library, for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Each resident has their own ensuite.</p>

		<p>The number of toilet and bathroom facilities for visitors and staff is adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. Seven rooms have doors that open onto an outside garden.</p> <p>There is room to store mobility aids and wheelchairs. Residents and families reported the adequacy of bedrooms.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Heating is provided by individual heat pumps in the residents' rooms, the hallways, and all communal spaces. The temperature can be adjusted.</p> <p>The VM reported that the design of any new buildings would be managed at board level to ensure they reflect the aspirations and identity of Māori.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Emergency evacuation plans are displayed and known to staff. The current fire evacuation plan was approved by the New Zealand Fire Service on 3 September 2019. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 13 April 2023. The record was sighted.</p> <p>The orientation programme includes fire and emergency training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures. Fire extinguishers, manual call boxes, floor plans, hose reels, sprinklers, alarms, and fire action notices were sighted.</p> <p>The VM reported that staff have a current first aid certificate where</p>

		<p>required. Examples were sighted. Call bells alert staff to residents requiring assistance. Residents reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including water and a gas BBQ, and meet the requirements for the residents. The clinical coordinator reported that adequate medical supplies were available. Examples were sighted. The manager reported that sufficient food was available for use in an emergency. A 1000 litre water tank was sighted onsite that contained sufficient supplies for use in emergency. This meets the National Emergency Management Agency recommendations for the region. The water is treated six-monthly. A generator is available in an emergency. The VM reported that the maintenance personnel check the emergency stocks of food and water. Emergency lighting is regularly tested.</p> <p>Residents are informed of the emergency and security arrangements at entry.</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 antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service, has been approved by the governing body, and links to the quality improvement system. There is no documented IP programme in place approved by the governing body and annual review and reporting has not occurred, refer criterion 5.2.2.</p> <p>The VM described the procedures in place to meet the quality goal that Bethsaida Retirement Village shows continuous improvement through reduction of infections where this is possible. Examples included staff having a negative rapid antigen test before coming on</p>

		<p>shift, and training.</p> <p>Expertise and advice are sought following a defined process including from Te Whatu Ora Nelson Marlborough.</p> <p>The VM reported and documentation confirmed that IP and AMS information is discussed at weekly management meetings, three-monthly staff meetings, and RN meetings.</p> <p>The VM reported that significant infection events are reported to the board members. The board member confirmed knowledge of a COVID-19 outbreak at interview.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>A registered nurse is the infection prevention and control (IPC) nurse for Bethsaida and is responsible for overseeing infection prevention with reporting lines to the facility manager and to the Bethsaida Trust Board.</p> <p>The IPC nurse has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery and updating policies. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice.</p> <p>Policies included procedures related to the decontamination and disinfection of reusable devices and shared medical equipment; monitoring of compliance is included in the IPC audit schedule. Staff were aware which items were designated single use, and these are not reused. However, Bethsaida does not have an annual infection prevention programme in place; refer criterion 5.2.2.</p> <p>There is a pandemic plan in place which has been tested. The service has sufficient stores of personal protective equipment available (PPE) and staff have been trained in its use.</p> <p>Staff were aware of the need to work in partnership with Māori to ensure culturally safe practice, and an example related to a Māori resident and their whānau were discussed. However, there are no</p>

		<p>educational resources in te reo Māori available; refer criterion 5.2.12.</p> <p>There have been no facility changes, and none are planned. The manager was aware of the need for IPC input should this occur, and the policy confirmed IPC advice would be sought.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs; this was confirmed in resident interviews.</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>An antimicrobial policy is in place which is appropriate to the size and scope of the service and has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The quality and quantity of antimicrobial prescribing is monitored through the infection surveillance programme to identify 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 an equity focus.</p>	PA Low	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control policy. Standardised definitions are used, and individual infections are documented. Collated numbers of infections are reported and shared with staff. However, analysis has not occurred, and ethnicity data is not included in the infection surveillance data reported; refer criterion 5.4.3.</p> <p>There are clear processes for communication between staff and residents. Residents and family/whānau interviewed were happy with the communication from staff in relation to healthcare-associated infections.</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>	<p>FA</p>	<p>A clean and hygienic environment supports the prevention of infection and transmission of anti-microbial resistant organisms. Laundry and cleaning processes are monitored for effectiveness. Audit of the environment, cleaning and laundry are completed by the registered nurse.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and family/whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through interviews, observations and sighting of internal audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrates commitment to this. At the time of audit two residents were using restraint. One resident was using bedside rails, and one resident was using bedside rails and a lap belt.</p> <p>There are strategies in place to eliminate restraint, including an investment in equipment. The VM manager reported that a restraint would be used as a last resort when all alternatives have been explored, for example, walking frames, sensor mats, and ultra-low beds. The VM reported that a low bed had been delivered, however it was not in place at the time of the audit.</p> <p>An RN is the restraint coordinator and has been in the role since 23 February 2022, providing support and oversight for any restraint management. Their training record was sighted.</p> <p>There are processes in place to report the use of restraint used, including the type and frequency of restraint. The VM's most recent report to the board included information regarding the purchase of an ultra-low bed to remove the need for bedside rails.</p> <p>Policies and procedures meet the requirements of the standards</p>

		<p>and provide guidance on the safe use of restraints.</p> <p>Restraint and challenging behaviour are included in orientation. Staff attended restraint training on 2 March 2023. The attendance sheet was sighted. Challenging behaviour training was being rescheduled to a later date.</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>PA Moderate</p>	<p>The assessment for the lap belt restraint was completed, the consent was signed by the GP and the resident's family/whānau, and included all requirements of the standard. The reviews were completed. Records of monitoring were documented in line with the requirement.</p> <p>The assessment for the use of both bedside rail restraints were complete and the consents were signed by the GP and the residents' family/whānau. The review for one bedside rail was completed. The clinical coordinator reported that contact was being made with the GP for a review of one other bedside rail. The resident was to be transferred to the new ultra-low bed that had been delivered to the service once it was in place.</p> <p>Documentation of the monitoring of the bedside rails exceeds the requirement of every two hours. A corrective action has been raised.</p> <p>The VM reported that staff are supported following adverse events.</p>
<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>	<p>FA</p>	<p>A review is undertaken of all restraint use which includes all the requirements of the standard. The most recent review dated 17 October 2022 was sighted. Minutes of the last restraint meeting dated 14 March 2023 also included a review. The outcome of the review is reported to the governance body if any issues are raised. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced by the use of an ultra-low bed.</p>

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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</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>	PA Moderate	<p>The VM reported that since November 2022 there has been no RN on night shift in the facility two night shifts a week. An experienced health care assistant with a current medication competency fulfils the role. This was confirmed in five weeks rosters reviewed. An RN is available on call. The VM reported that a registered nurse has been rostered on night shift to provide cover 24/7 from 25 May 2023.</p>	<p>There is no RN on night shift in the facility two night shifts a week.</p>	<p>Provide evidence that an RN is rostered 24/7.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an</p>	PA Low	<p>Clinical assessments to identify the residents' physical needs were completed by the registered nurse. The diversional therapist completes a social profile which identifies cultural</p>	<p>In eight of eight files reviewed the residents' individual strengths, goals and aspirations were not identified and supports required to meet the residents' individual goals</p>	<p>Ensure the assessment process identifies the resident' individual strengths, goals and aspiration for both physical</p>

<p>underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>		<p>and spiritual values and beliefs. However, review of files showed the residents' strengths, goals and aspirations were not always identified through the assessment process, and individual goals were not always documented. Care planning included interventions to guide care staff in providing for the physical needs of residents but did not include support interventions to meet personal physical goals or goals related to cultural and spiritual values and beliefs. This was verified in review of eight files, including for Māori residents and residents with religious affiliations.</p>	<p>were not documented. This included goals and supports for both physical and cultural/spiritual needs.</p>	<p>and cultural/spiritual needs. Ensure care planning documents the supports required to meet the resident's personally identified goals and that these supports are aligned with their values and beliefs. 180 days</p>
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<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Moderate</p>	<p>Formal review is planned six-monthly using the interRAI assessment. The changing needs of the residents were documented daily in progress notes. Not all residents had an interRAI completed within the contractually required timeframes. The degree of achievement towards goals was not always documented, partly because residents' goals were not clearly identified; refer criterion 3.2.3. Short term care planning was in place for identified short term needs such as infections. However, when short term needs continued these were not always transferred to the long-term care plan, and updates to the care plan were not always made when it was identified a resident's needs had changed. File review identified the following deficits:</p> <ul style="list-style-type: none"> • 29 residents were overdue an interRAI assessment; this included four residents where the interRAI was overdue by more than 12 months (meaning the last interRAI assessment occurred prior to October 2021), sixteen residents where the interRAI was overdue by between six and twelve months, six residents overdue by three to six months and three residents overdue by up to three months. • Where an interRAI assessment had been completed the triggered clinical assessment protocols were not always included in care 	<p>The requirements for evaluation and review, including interRAI assessment and update of the residents' care plan when their needs changed were not met. This included:</p> <ul style="list-style-type: none"> • Twenty-nine residents were overdue an interRAI assessment at the time of audit. • In eight of eight care plans reviewed the care plan evaluation had not been completed or was incomplete; where an evaluation had been commenced this did not record the degree of achievement towards agreed goals and aspirations. • Three residents where needs identified from the interRAI assessment were not included in care planning. • Five of the eight care plans reviewed had not been updated to reflect the residents' current needs. This included care planning for residents with changed behavioural needs, updated mobility/transfer requirements and changed or long-term medical needs. 	<p>Ensure all requirements for evaluation and review are met including:</p> <ul style="list-style-type: none"> • InterRAI assessments are completed six-monthly and/or when a resident's needs change. • Care plan evaluation occurs at a minimum of six-monthly and that evaluation documents the degree of achievement towards agreed goals and aspirations. • Care plans are updated in a timely manner to reflect all residents' needs identified from the assessment process including for all clinical assessment protocols triggered. <p>90 days</p>
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		<p>planning.</p> <ul style="list-style-type: none"> In eight of eight care plans reviewed an evaluation had not been completed or was incomplete; those that had been commenced did not identify the degree of achievement towards goals. A resident with changed mobility where the need to use a hoist for transfers and a heightened risk of falling were not identified. Care planning was not updated to reflect changes to behavioural needs where no behavioural management plan was put in place and no triggers or de-escalation techniques were documented to guide care staff. Three residents where the clinical assessment protocols triggered in the interRAI assessment were not reflected in care planning. A resident with a continuing short term care plan for long term infection, where this had not been evaluated or updated since February 2022. A resident receiving palliative care whose care plan did not reflect their changed needs or the goal of care. 		
Criterion 3.4.1	PA	A safe system for medicine management using an electronic	Not all elements of the medication management system as	Ensure all aspects of the medication management

<p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>Moderate</p>	<p>system was observed on the day of audit. Medications are stored securely and there is provision for the storage of controlled drugs.</p> <p>However, not all aspects of medication storage met the required standards:</p> <p>Not all prescribed medication contained a legible label with the required information including the resident's name and prescription details. This included eight inhalers where the label was absent, and one inhaler where the label was illegible.</p> <p>Not all eye drops were labelled with the date of opening and two tubes of eye ointment remained in use and had not been discarded thirty days after opening as required.</p> <p>Individually packaged medication dispensed for a resident was being used as a stock bottle and administered to other residents.</p> <p>The required six-monthly physical stock take of controlled drugs had not occurred.</p>	<p>implemented meet the expected standard for storage of medications to enable safe administration of medications.</p> <ul style="list-style-type: none"> · Not all prescribed medication contained a legible label with the required information including the resident's name and prescription details. · Not all eye drops were labelled with the date of opening and eye ointments had not been discarded thirty days after opening as required. · Individually dispensed and packaged medication was being used as a stock bottle and administered to other residents. · The required six-monthly physical stock take of controlled drugs had not occurred. 	<p>system meet the required standard including:</p> <ul style="list-style-type: none"> • Ensure all medication has a legible label with the required information including the resident's name and prescription details. • Ensure all eye drops are labelled with the date of opening and eye drops and ointments are discarded thirty days after opening if this is specified by the pharmacist. • Ensure medication is only administered to the resident for whom it is dispensed. • Complete the required six-monthly physical stock take of controlled drugs as required. <p>90 days</p>
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The</p>	<p>PA Moderate</p>	<p>Records, interviews with the VM, maintenance personnel, an electrical service technician and observation evidenced not all the tagging and testing and calibration of equipment was current. The VM reported that approximately 70% of beds and residents' belongings, and 75% of</p>	<p>Not all the tagging and testing and calibration of equipment were current.</p>	<p>Provide evidence that the testing and tagging and calibration of equipment is current.</p> <p>90 days</p>

environment is inclusive of peoples' cultures and supports cultural practices.		calibration tests were overdue. The electrical service technician reported that there are plans to have all the equipment tested and tagged within three months. Records of past tagging were sighted.		
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	The service has a suite of policies to meet the requirements of the standard. Activities related to infection prevention such as internal audit, education of staff and immunisation occur. However, there is no documented IP programme in place which has been approved by the governing body and annual review has not occurred.	There is no documented IP programme in place approved by the governing body and annual review and reporting has not occurred.	<p>Ensure an IP programme is in place and that this is approved by the governing body and reviewed and reported on annually.</p> <p>180 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	Surveillance of individual infections occurs and is appropriate to the size and type of service. Standardised definitions are used, and the responsibilities of staff are documented. The incidence of infections is reported as a number to management and staff. Ethnicity data is available in the health file. However, this has not been linked with infection surveillance and no analysis of infections has occurred since June	Analysis of infection surveillance data has not occurred since 2022 and ethnicity data is not included in the infection surveillance reporting.	<p>Ensure analysis of infection surveillance data occurs and that this includes ethnicity data.</p> <p>180 days</p>

		2022.		
<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA</p> <p>Moderate</p>	<p>A review of the monitoring over the last seven days was undertaken with the clinical coordinator.</p> <p>Documentation of the monitoring of one bedside rail in use was not always within the requirement of two-hourly.</p> <p>Documentation of the two-hourly monitoring of the other bedside rail in use was not maintained.</p>	<p>Documentation of the monitoring of bedside rails exceeds the requirement of every two hours.</p>	<p>Provide evidence of the two-hourly monitoring of bedside rails being used as a restraint.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.