

Beetham HealthCare Limited - Beetham HealthCare

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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: Beetham HealthCare Limited

Premises audited: Beetham HealthCare

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

Dates of audit: Start date: 12 June 2023 End date: 13 June 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: 47

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
Yellow	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
Red	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

Beetham HealthCare is certified to provide hospital (geriatric and medical), rest home and dementia levels of care for up to 48 residents. There were 47 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Tairāwhiti. The audit process included the review of policies and procedures, the review of resident and staff files, observations, interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The service is managed by a general manager (non-clinical), who is supported by the clinical nurse manager, and HR quality manager. There are quality systems and processes available. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place.

This audit identified an area for improvement related to registered nurse 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.

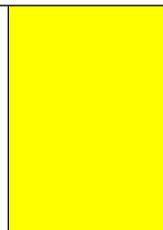
A Māori health plan is in place for the organisation and a Pacific health plan has been developed and implemented. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The management are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

The governance body ensures equity through addressing barriers in service delivery in their business plan. The service delivery supports diversity, inclusion, and equality for all residents.

The service has a quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Internal audits, meetings and education occur as planned. Staff are competent to provide and deliver high quality healthcare for Māori, with corrective actions as indicated.

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.

There is a staffing and rostering policy and the service invest in opportunities to develop their staff. Staff receive adequate orientation to their specific roles.

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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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted nurse practitioner and visiting allied health professionals.

The service facilitates opportunities for Māori to participate in te ao Māori using Māori language, dual language signage, movies, entertainers, quizzes, and Māori celebratory events. Community links are maintained.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

The kitchen staff cater to individual cultural and dietary requirements. Staff apply Māori practices in line with tapu and noa. Nutritious snacks are available 24/7.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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 building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

There is an approved evacuation scheme and fire drills take place at least six-monthly. The facility has appropriate security arrangements in place, including appropriate identification for visitors and tradespeople.

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.
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There is a comprehensive infection control programme. Policies include a pandemic plan. There are sufficient stocks of personal protective equipment available. Staff receive education related to the implementation of their policies and pandemic plan.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions. Covid-19 response plans are in place and the service has access to PPE supplies. There have been two outbreaks reported since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical nurse manager (registered nurse). The facility had four residents using restraint at the time of audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	21	0	1	0	0	0
Criteria	0	58	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to the Treaty of Waitangi in the facility business plan. The recruitment policy includes provision of an equitable recruitment process. The management team confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were staff identifying as Māori at the time of the audit.</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</p>	FA	<p>The service has a Pacific health plan in place which recognises Pacific values and beliefs. The plan draws upon information from the Pacific Aotearoa Lalanga Fou report, and the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025, in addition to staff input. At the time of the audit, there were staff who identified as Pasifika.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Residents receive information on the Code at residents' meetings. The service is recognising Māori mana motuhake through actively engaging residents and whānau in determining their own health goals. Beetham regularly review their policies and service delivery to ensure inclusiveness, and that they take account of residents' voices, perceptions, understandings, and experiences.</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 promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who can speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective to build knowledge and awareness about the importance of addressing accessibility barriers. Understanding of these topics are checked during orientation and on an ongoing basis annually as part competency process. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p> <p>Interviews with ten staff members (two healthcare assistants (HCAs), three registered nurses (RNs), one diversional therapist (DT), one chef, one kitchen assistant, one cleaner, and one laundry), the general manager, HR quality manager, and clinical nurse manager confirmed their understanding of tikanga best practice, with examples provided.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were residents who identified as Māori. Care plans contained a section to gather appropriate cultural information specific to Māori when required and related to the four cornerstones of Te Whare Tapa Whā.</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. 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. 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>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The health and disability advocacy information, complaints management process and the Code of Rights are available in te reo Māori. The management team interviewed stated they have a good understanding of including residents and whānau in decision making. This was confirmed in interviews with five residents (three rest home residents, two hospital level residents), and three family members (hospital).</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. 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>	FA	<p>The complaints procedure is equitable and provided to all residents and relatives on entry to the service. The general manager maintains a complaints file containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and</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>procedures.</p> <p>There have been three complaints received in 2023, fifteen in 2022, and three in 2021 since the previous audit. All were of a minor nature, with no trends identified. The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. There have been no complaints received from external agencies.</p> <p>Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms are readily accessible at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bimonthly. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori.</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>Beetham HealthCare is an aged care facility located in Gisborne, and owned by Beetham HealthCare Limited. There are 42 dual purpose beds, and a secure six bed dementia unit. On the day of the audit there were 47 residents: 22 rest home (including two respite), 19 hospital (including one younger person with a disability [YPD], and one funded by ACC), and six residents in the dementia unit. All residents other than the respite, YPD and ACC were under the aged related residential care (ARRC) agreement.</p> <p>The Board the Board of six Directors meets bi-monthly with the general manager and with the Cultural Advisor for training or as required. The general manager was able to describe the company's quality goals. The service organisation philosophy and strategic plan reflect a resident/whānau-centred approach to all services. There is a current business plan that outlines objectives for the period. Objectives are regularly reviewed and signed off when fully-attained.</p> <p>The service is managed by a general manager who has been in post for nine years. They are supported by a clinical nurse manager who has also been in the role since January 2023 (previously registered</p>

		<p>nurse on site for five years), and an HR quality manager who has also been at the facility for several years. The clinical nurse manager has a current nursing annual practising certificate (sighted). The general manager has maintained at least eight hours annually of professional development activities related to managing a rest home and village. This includes cultural training, specific to Te Whare Tapa Whā and te ao Māori. The directors have also undertaken and achieved certification in cultural competency (sighted) by utilising the same training resources as the staff at Beetham.</p> <p>The management team and directors collaborate with mana whenua (staff and whānau contacts), and local Māori healthcare providers, in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery; and improve outcomes/achieve equity for tāngata whaikaha. They also meet bimonthly with a contracted cultural advisor.</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 service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery and are being signed off when resolved and discussed at staff meetings. Quality data including restraint is collected and analysed. The quality data collated is benchmarked against industry standards. Results are discussed at the combined staff/quality meetings.</p> <p>Resident and family/whanau satisfaction are completed annually. The surveys completed in 2021 and 2022 reflect overall satisfaction of the service.</p> <p>The service improves health equity through critical analysis of the organisation`s practices through benchmarking and an ongoing review process of their mission, philosophy, and annual business planning. The service has provided training, health literature resources, and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p>

		<p>Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>Each incident/accident is documented electronically. Accident/incident forms reviewed for May and June 2023 indicated that the forms are completed in full, signed off by the clinical nurse manager, and documented opportunities to minimise risk. Incident and accident data is collated monthly and reported in the staff meetings. Health and safety meetings occur bimonthly, as well as health and safety being a standing agenda item at the monthly integrated staff/quality meetings. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. Policies reference current health and safety legislation and there is a staff representative.</p> <p>Discussions with the management team evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports completed since the previous audit in relation to registered nurse shortages, a change in clinical manager, and an absconding resident. There have been two outbreaks documented since the last audit (Covid-19). These were appropriately notified, managed, reported to Public Health and staff were debriefed after each event to discuss lessons learned.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (some night shifts) for hospital level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage. It was noted that the service has attempted to mitigate the risk of this situation by utilising the HR quality manager (ex-registered nurse without current APC), overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site, in addition to having experienced registered nurses on call.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The</p>

		<p>management team are available Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-five HCAs are employed; with 14 having achieved a level 3 NZQA qualification or higher. Ten HCAs work in the secure dementia unit, with five having achieved the required dementia standards, and 5 being in progress (within the 18-month time limit).</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint; hand hygiene; correct use of personal protective equipment (PPE); medication administration (if medication competent); cultural competency; and moving and handling. A record of completion is maintained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with appropriate resources during their cultural training.</p> <p>Additional RN specific competencies include syringe driver and an interRAI assessment competency.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review which evidence recruitment processes are being implemented and includes reference checking, qualifications, and annual practising certificates for the registered nurse. A register of</p>

<p>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>practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment to Māori. All staff information is accurate and is held securely. The service collects ethnicity data for employees and maintains an employee ethnicity database.</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>Records are maintained of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, including ethnicity. The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were staff members identifying as Māori. The service engages with a cultural advisor, and local kaumātua, who are available to provide support to residents and whānau as required. The clinical nurse manager interviewed reported they also work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</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</p>	FA	<p>Five resident files were reviewed: two rest home level (including one respite), one dementia level, and two hospital level (including one YPD, and one ACC). The registered nurses, including the clinical nurse manager (RN) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial assessments and long-term care plan were completed for all residents, detailing needs, and preferences. Each care plan was reflective of assessment outcomes, and individualised. InterRAI assessments had been completed for all ARRC residents. The respite,</p>

<p>whānau to support wellbeing.</p>	<p>ACC and YPD residents had a suite of clinical risk assessments completed, including pressure injury, continence, falls, mobility, and dietary needs. Documented early warning signs meet the residents' assessed needs. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of resident and family/whānau involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family are informed where there is a change in health status. The service has processes to support Māori and whānau to identify their own pae ora outcomes in their care plan when this required. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the nurse practitioner (NP), or general practitioner (GP) within the required timeframe following admission. Residents have reviews by the NP within required timeframes and when their health status changes. The NP visits the facility at least twice weekly, and the GP once per week and as required. Documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the NP. A physiotherapist visits the facility weekly for four hours to review residents referred by the clinical nurse manager.</p>
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		<p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>The clinical progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>There is a Māori health care plan available should any resident identify as Māori, which describes the support required to meet their needs.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Beetham facilitates opportunities for Māori to participate in te ao Māori using Māori language, dual language signage, traditional crafts, movies, entertainers, quizzes, and Māori celebratory events. The service has extensive networks with local iwi and encourages staff members to support community initiatives that meet the health needs and aspirations of Māori and whānau. There is spiritual support provided and residents attend services externally according to their preferences.</p> <p>Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. Nutritious snacks are available 24/7.</p> <p>Residents and family/whānau interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident surveys.</p>
Subsection 3.4: My medication	FA	There are policies available for safe medicine management that meet

<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>legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. The registered nurses and clinical nurse manager have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotic rolls for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked in monthly. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, have been reviewed and prescribed by the NP or GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the NP or GP had reviewed all resident medication charts three-monthly and each drug chart has photo identification and allergy status identified. There were no residents self-administering medications, no vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The clinical services manager could describe the process for working in partnership with any potential Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>Kitchen staff receive individual resident's dietary and cultural food preferences on admission to the facility. The chef interviewed reported they accommodate residents' requests. The HCAs interviewed</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>understood basic Māori practices and the kitchen staff were observed implementing processes in line with tapu and noa. The chef stated the kitchen can provide cultural dishes including ‘boil up’, kumara and hangi. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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>FA</p>	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Beetham and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 9 July 2023. There is a maintenance request book for repair and maintenance requests. Equipment failure or issues are also recorded at handover. Maintenance requests are checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p> <p>The environment is inclusive of peoples’ cultures and supports cultural practices. The service has no plans to expand or alter the building but</p>

		is aware of the need to consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.
<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>	FA	<p>The facility has an approved fire evacuation plan and fire drills take place six-monthly.</p> <p>The building is secure after hours and staff complete security checks at night. Covid-19 protocol ensures visitors sign in and provide contact details during visits.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an infection prevention and control manual and a pandemic plan, which includes a Covid-19 response plan that provides guidelines and communication pathways in an event of an outbreak. Staff received training in infection control practices and management of an outbreak. There are outbreak kits readily available and sufficient supplies of personal protective equipment. These are checked regularly. The service provides te reo Māori information around infection control for Māori residents. The clinical nurse manager, and infection control coordinator provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection control.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection</p>

<p>regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>control surveillance is discussed at the monthly clinical, and integrated quality/staff meetings. The service captures ethnicity data (manually) and incorporates this into surveillance methods and data captured around infections.</p> <p>There have been two outbreaks since the previous audit (Covid-19 in April 2022, and April 2023). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks, and families/whānau were kept informed by phone or email. Visiting was restricted.</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>Beetham staff, management and directors are committed to providing services to residents without the use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical nurse manager. At the time of the audit, the facility had four residents utilising restraint (bedrails and a lap belt). The use of restraint is reported in the monthly clinical, integrated quality and staff meetings, to the general manager, and at monthly meetings with the Board of Directors.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</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 Low	<p>As per the ARC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to always have at least one registered nurse on duty; however, the service has been unable to provide a registered nurse on site for some night shifts for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising an experienced manager (ex RN), overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site, in addition to having experienced registered nurses on-call. 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>The service does not have enough registered nurses to always have an RN on duty as per the ARC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is always on duty to meet the requirements of the ARC contract D17.4 a. i.</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.