

Bethesda Care Limited - Bethesda Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bethesda Care Limited
Premises audited:	Bethesda Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 October 2023 End date: 6 October 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:	60

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Bethesda Care Limited - Bethesda Care, provides hospital services medical, hospital services geriatric and rest home care for up to 72 residents. There have been no significant changes to the service and facilities since the last audit. A new facility manager (previously titled operations manager) was employed in August 2022.

The surveillance audit process included review of applicable policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, managers, staff, contracted catering staff, and a general practitioner. Residents and whānau/family members were satisfied with the services provided.

At the last audit an improvement was required in relation to staffing. This has been addressed. One new area for improvement has been identified related to evaluating the effectiveness of pro re nata medication when given.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Organisation policy supports staff in providing care to residents in accordance with Te Tiriti o Waitangi, recognising mana motuhake and in accordance with patients' cultural, spiritual and worldviews.

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.

Residents are safe from abuse. Residents' property and finances are respected, and professional boundaries are maintained.

Residents and family/whānau receive information in an easy-to-understand format. Family/whānau and legal representatives are involved in consent processes that comply with the law. Consent is obtained where and when required.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. The purpose, values, direction, scope and goals for Bethesda Care have been recently reviewed and updated. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential hazards and risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

There are five staff on duty at night, and more during the morning and afternoon shifts. A registered nurse is always on duty. Staff are provided with an orientation and ongoing education programme relevant to their role. All employed and contracted registered health professionals have a current annual practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

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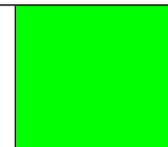
Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly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

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

A holistic approach to menu development is adopted ensuring food preferences, dietary needs, intolerances, allergies, cultural preferences is undertaken in consultation with residents and family/whānau where appropriate. Residents verified satisfaction with meals.

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.

The facility has a current building warrant of fitness. Clinical and other equipment have undergone clinical validation and performance monitoring checks. Electrical test and tagging of appliances has occurred. There have been no changes to the approved evacuation plan since the last audit.

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

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



Subsections applicable to this service fully attained.

The clinical coordinator oversees implementation of the infection prevention programme, which is linked to the quality management system. Annual reviews of the programme are reported to the governance board, as are any significant infection events.

Staff receive infection prevention education during the induction period and annually.

Surveillance of healthcare associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively. Appropriate processes were implemented to prevent the spread of infection.

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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There were no residents using restraints at the time of audit and the facility aims to maintain a restraint free environment. This is supported by the governing body and policies and procedures. 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	17	0	1	0	0	0
Criteria	0	48	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>Organisation policy has a commitment to providing services in a culturally safe manner in accordance with Te Tiriti o Waitangi recognising mana motuhake. Staff are provided with training as part of the orientation and ongoing education programme. There are staff and residents that identify as Māori. There is a facility kaumatua and spiritual advisor who is available to support staff and residents as required. The service is working to develop a relationship with a local marae.</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</p>	FA	<p>Organisation policy and procedures provide guidance for staff to ensure cultural safety for Pacific peoples and their cultural and spiritual beliefs and worldview. This aligns with the faith-based values of Bethesda Care. There are residents and staff that identify as Pasifika. Residents and family/whānau interviewed confirmed they are very satisfied that their views, values and beliefs are supported and respected.</p>

<p>equitable 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 Service Consumer Rights (the Code) was available and displayed in English and te reo Māori throughout the facility. Staff have received training on the Code as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. Residents confirmed that their rights were observed.</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>	<p>FA</p>	<p>Residents stated that they have not witnessed or suspected abuse and neglect, and that staff maintain professional boundaries. Staff orientation process includes education related to professional boundaries.</p> <p>Staff have received education on elder abuse. Residents reported that they are free to express any concerns to the management team when required, and these were responded to promptly.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected. There is a comfort account accessed through the administrator that residents can utilise for safe keeping of their money.</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,</p>	<p>FA</p>	<p>Residents confirmed that they are provided with information and were involved in the consent processes. Where required, residents' legal representatives were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their legal representative sign on admission. Staff were observed to gain consent for daily cares.</p>

<p>keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that would lead to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. They informed they feel free and comfortable about raising any issue of concern.</p> <p>There have been 11 complaints received since 1 January 2023. There were three open complaints at audit. Documentation showed the three sampled complaints have been acknowledged, investigated and followed up in a timely manner. The facility manager is the complaints officer, with the support of the chief executive officer (CEO) when required. Complaints are managed in a culturally appropriate and equitable manner.</p> <p>There has been one complaint received from the Health and Disability Commissioner (HDC) in August 2022. This has been responded to. There have been no complaints received from Te Whatu Ora – Health New Zealand Counties Manukau (Te Whatu Ora Counties Manukau) or the Ministry of Health (MOH) since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>Bethesda Care provides aged related residential care at rest home and hospital level. There is also a residential care village which is operated as a separate business entity.</p> <p>The chief executive officer (CEO) has been in the role since August 2019. The CEO attends the Bethesda Care monthly quality committee meetings and the management team meetings. A new facility manager (previously titled operations manager) and the clinical manager support the CEO. The clinical manager is a registered nurse with a current annual practising</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>certificate and has been in this role since prior to the last audit. The facility manager was employed in August 2022 and is new to the aged residential care sector, however, has held previous management roles in the healthcare sector. There is also a clinical coordinator to support the clinical manager.</p> <p>There is an appropriate clinical governance framework in place for the services provided. A sample of monthly reports from the management team and key staff and information provided from the CEO to the board, showed a range of data and information to monitor performance is reported. The facility manager is on leave during audit, with the CEO and clinical manager covering for this role.</p> <p>There are seven members of the board of directors (BOD). The board of directors includes the Bethesda Care chief executive officer (CEO) and a BOD member that identifies as Māori. The board of directors have completed a review of the organisation’s vision, aims, values and purpose of the service with significant changes made to guide future development and service delivery. Staff, residents, and whānau have been informed of the new values and vision. A monthly staff awards programme is used to recognise staff who are demonstrating these values.</p> <p>The CEO discussed the processes in place to ensure the BOD maintains current knowledge of, and complies with, current legislation and contractual, regulatory requirements and international conventions. Barriers to equitable service delivery are identified and addressed, and work is ongoing to improve outcome for Māori.</p> <p>The service has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora Counties Manukau for hospital (continuing care) and rest home level care. There are also contracts for community residential respite services, mental health and addiction individual packages of care (housing and recovery services), and to provide care to residents with long term support-chronic health conditions (LTS-CHC). There is a contract with Whaikaha for residential non aged hospital level care. There were 60 residents receiving services. This comprised 30 hospital level of care residents, including one resident under Whaikaha, two residents admitted for short term care/respice with one funded by the Accident Compensation Corporation (ACC), and 27 residents under the ARRC contract. There were 30 residents receiving rest home care, including three residents admitted for short term care and 27 residents under the ARRC contract. There were</p>
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		no boarders or residents under mental health and addiction or LTS-CHC contracts.
<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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes having current policies and procedures, reporting and management of incidents/accidents, hazards and complaints, internal and external audit activities, staff and resident satisfaction surveys, monitoring of resident outcomes, infection surveillance, and monitoring use of restraint. The facility manager and the clinical manager are responsible for implementation of the quality and risk system, supported by the CEO.</p> <p>There is a monthly quality meeting and staff meetings which are used to monitor and report on relevant quality and risk and operational issues in addition to the regular management team meetings. Regular resident meetings occur, and minutes reflected a range of topics discussed, including catering, activities, housekeeping, staff, infection prevention and control, and general issues.</p> <p>A resident and whānau satisfaction survey was undertaken in September 2023 with feedback from 29 residents received. The feedback was predominantly positive about all aspects of service surveyed. A staff survey in September 2023 included feedback from 34 staff. The results of the resident and staff surveys were still being analysed, and results yet to be communicated to the wider management and staff. The CEO advised a plan will be developed to follow up any issues identified.</p> <p>There are a range of internal audits, which are undertaken using template audit forms and according to a schedule. The results are recorded electronically along with the corrective action register detailing any subsequent actions required. Corrective actions are implemented and monitored before being closed. The results are reported to relevant staff and discussed at the quality meeting.</p> <p>The organisation's hazard register was reviewed in August 2023. Health and safety issues are discussed at the quality and staff meetings. There are processes in place to identify, address and monitor organisation risk. The risk register is reviewed at quarterly BOD meetings, as detailed in minutes sighted. Potential inequities are identified and managed via other</p>

		<p>processes.</p> <p>Staff document adverse and near miss events, and each event is given a risk rating. The service is not required to comply with the National Adverse Events Reporting Policy. Relevant incidents and accidents are being reported electronically. Sampled events are investigated and followed up in a timely manner and open disclosure is occurring, including following any resident fall.</p> <p>All essential notifications are made by the facility manager. The CEO advised since the last audit regular essential notifications have been made in relation to a shortage of registered nurses (RNs), with the most recent notification being for the week beginning 24 September 2023. This included for occasions where there was a registered nurse on duty, however not the full complement of RNs on duty that would normally be rostered for the shift; or if a RN was not always on site for any reason. Recent recruitment efforts have been successful, and the CEO expects these notifications to reduce or stop, with two additional RNS recruited but yet to start work. The CEO advised there have been no other section 31 notifications since the last audit except for the change in facility manager. The recent outbreak of Influenza A (September 2023) was notified to Te Whatu Ora Counties Manukau. The CEO was aware of the type of events that require notification including to the coroner.</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>FA</p>	<p>There is a documented process for determining staffing levels and skill mixes to provide clinically safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. Care staff confirmed there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. The service monitors call bell response time. Agency staff are used on occasion with the same staff returning where able for continuity.</p> <p>A review of the current and two previous rosters demonstrated that there is at least one registered nurse on duty at all times. In addition to the clinical coordinator (CC) and clinical manager (CM), there are seven RNs employed and two enrolled nurses. Four staff have current interRAI competency including the CC and CM. Two more RNs have been recruited</p>

		<p>but have yet to start. The service aims to have two RNs on duty on morning and afternoon shifts in addition to the clinical manager who works weekday mornings, and the clinical coordinator that works daily mornings except for Tuesdays and Sundays. On occasions there is one RN and one EN or an additional level four health care assistant (HCA) rostered on. There is at least one staff member (usually more) on duty at all times with a current first aid certificate and medication competency. Staff are provided with training on cultural safety. The shortfall from the last audit has been addressed.</p> <p>Staff are rostered to work in one of the three wings. There is a minimum of four HCAs (including at least one level four HCA) and one RN on duty at night.</p> <p>Food services are provided by an external contractor. A diversion therapist and two activities coordinators facilitate an activities programme seven days a week. Laundry and cleaning services are provided by the housekeeping team seven days a week. Residents and whānau interviewed were satisfied their care and other needs were being met. Staff stated they had access to relevant ongoing education to ensure they were appropriately skilled to provided services to meet resident needs and in accordance with their role and responsibilities.</p> <p>Continuing education is planned and provided with an annual calendar detailing the topics to be covered each month and includes role-specific competencies. The education topics and competencies meet ARRC contract requirements and Ngā Paerewa standards. Education is provided in group sessions, at staff meetings or via e-learning. Records of attendance are maintained. A spreadsheet is maintained to monitor overall staff attendance and competency completion.</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</p>	FA	<p>All contracted and employed registered health professionals (RHPs) have a current annual practising certificate (APC). This is verified as part of the contracting and recruitment processes and then monitored annually.</p> <p>Staff are provided with an induction and role-specific orientation programme. A workbook has been developed and is in use for each position. New staff are buddied with senior staff for a number of shifts. Staff were satisfied the orientation programme was supportive and appropriately</p>

<p>needs of Māori. 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>prepared them for their role, responsibilities and to meet residents' individual care needs. A human resources (HR) consultant has reviewed all staff files and noted where orientation records are not on file for several longstanding staff employed. This is not raised as an area for improvement as it is an historic issue. The applicable line manager is responsible for ensuring staff complete orientation requirements and a record forwarded to the HR consultant for filing.</p> <p>Policy notes staff will have an annual performance review. Processes are in place to monitor when these are due for each staff member. The majority of staff have current appraisals. For the small number of staff that are overdue there are mitigating circumstances, including the staff member or applicable line manager being on leave.</p>
<p>Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses (RNs) and enrolled nurses (ENs) complete admission assessments, care plans and care plan evaluations. Care plans completed by the ENs are overseen by the clinical nurse manager. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. InterRAI assessments were completed in a timely manner. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The cultural assessments include Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga.</p> <p>Te Whare Tapa Whā model of care was utilised for residents who identify as Māori. Relevant interRAI outcome scores have supported care plan goals and interventions. The care plans reflected identified residents' strengths, goals, and aspirations, aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified, were addressed in the care plans, where applicable.</p> <p>Wider service integration with other health providers, including specialist services, medical and allied health professionals was evident in the care</p>

		<p>plans. Changes in residents' health were escalated to the general practitioner (GP). Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evident in the residents' files sampled. The GP confirmed satisfaction with the care being provided.</p> <p>Medical assessments were completed by the GP, and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the healthcare assistants. Changes noted were reported to the RNs, as verified in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Care evaluation included the residents' degree of progress towards achieving their agreed goals and aspirations, as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident, family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Residents, family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</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 Low</p>	<p>An electronic medication management system is used. All staff who administer medicines are competent to perform the function they manage. Current medication administration competencies were available in the staff files. Administered pro re nata (PRN) medicines were not consistently evaluated for effectiveness.</p> <p>Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled.</p> <p>The service uses pre-packaged medication packs. The medication and</p>

		<p>associated documentation were stored safely. Medication reconciliation occurs as required. All sighted medicine was within current use-by dates. Clinical pharmacist input was provided on request. Unwanted medicine was returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries. Standing orders are not used.</p> <p>Appropriate processes were in place for residents who were self-administering medicine at the time of the audit. Staff understood the requirements. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food services are outsourced to an external provider. Residents' diet requirements were assessed on admission to the service in consultation with the residents and their family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The service operates with a current food control plan that expires on 30 January 2024.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p>	FA	<p>Transfer and discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for residents, where required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations.</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>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>FA</p>	<p>The facility has a current building warrant of fitness (expiry 26 September 2024). The environment is fit for purpose and culturally appropriate. Clinical equipment sighted has evidence of current performance monitoring and clinical calibration, completed in June 2023. Electrical safety test and tagging of applicable equipment was undertaken by a contractor in August 2023.</p> <p>There have been no changes to the building footprint or fire evacuation plan since the last audit. Three-monthly staff fire training is undertaken by a fire safety consultant. At least six-monthly fire evacuation drills and three-monthly staff fire safety training records are maintained.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention (IP) programme is led by the clinical coordinator who is the nominated infection prevention and control coordinator. The IP programme has been approved by the governance body, links to the quality improvement system and is reviewed and reported on annually. The IP programme was developed in consultation with people with IP expertise.</p> <p>Staff have received relevant education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings.</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</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service. It is in line with priorities defined in the infection prevention programme surveillance and national and regional</p>

<p>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>		<p>surveillance programmes and guidelines. The infection prevention and control coordinator's role, responsibilities and reporting requirements were defined in the IP programme. Surveillance methods, tools, documentation, and analysis are described and documented using standardised surveillance definitions. Infection data is collected, monitored, and reviewed monthly. Infection surveillance included ethnicity data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>Infection outbreaks reported since the previous audit were managed effectively with appropriate notification completed.</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>Organisation policy has a commitment to eliminating and maintaining a restraint-free environment. The CEO stated this is promoted by the BOD and is accordance with organisation values. Restraint use is discussed at the monthly quality meeting and the management meetings which are attended by the CEO.</p> <p>A senior nurse is designated as the restraint coordinator and has oversight of staff training on restraint elimination, alternative interventions and de-escalation as a component of both the staff orientation and ongoing education/competency programme. Staff interviewed advised they have been provided with training on restraint elimination and de-escalation and confirmed there are no residents with restraints in use. One resident has had restraint used since the last audit. This stopped in December 2022 with applicable staff and the restraint coordinator working with the resident's family to agree on safe alternatives.</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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>The implemented medicine management system is appropriate for the scope of the service. RNs were observed administering medicines. The administered pro re nata (PRN) medicines were not consistently evaluated for effectiveness. Sixteen PRN medicines administered did not have evaluation of their effectiveness documented on the electronic medicine management system. Some medication charts had several medicines not evaluated. These medicines included pain relief and behaviour management medicines. The last internal medication audit completed in September 2023 identified the same finding and was shared with all staff who administer medication. Corrective actions are being implemented but were not fully embedded as the same finding was noted in this audit.</p>	<p>Seven out of ten sampled medication charts did not have consistent evaluation of the administered PRN medicines documented.</p>	<p>Provide evidence that administered PRN medicines are consistently evaluated for effectiveness.</p> <p>180 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.