

Beattie Community Trust Incorporated - Beattie Home

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 Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Beattie Community Trust Incorporated
Premises audited:	Beattie Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 2 April 2024 End date: 2 April 2024
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:	55

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

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

Key to the indicators

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

Indicator	Description	Definition
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

Beattie Community Trust Incorporated (Beattie Home) provides rest home and secure dementia services for up to 57 residents. The service provider's request to reconfigure services to include hospital level care is still planned. The changes required to implement this have not been completed. There has been a change of general manager and clinical nurse manager since the previous certification audit in September 2022.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's agreement with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato). The audit process included a sample of residents' and staff files, observations, and interviews with residents, family/whānau members, management, staff, and a general practitioner. Clinical oversight is managed by the clinical nurse leader who is a registered nurse (RN). Residents and family/whānau were complimentary about the care provided.

Previous findings that required improvements had been resolved. These were related to essential notifications, qualifications of staff working in the secure unit, the staff training system, assessing vital and neurological signs after unwitnessed falls and evaluating the effectiveness of as-required medication.

This audit identified three findings requiring improvement. These relate to care planning, medicines, and overdue staff performance appraisals.

Ō tātou motika | Our rights

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



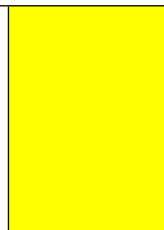
Subsections applicable to this service fully attained.

The service encourages a Māori worldview of health and provides high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. There were no Pasifika residents, but staff have access to policies and procedures on cultural safety for Pacific peoples. Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity, choices, and their experiences. There was evidence that residents and their family/whānau were kept well informed.

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

Hunga mahi me te hanganga | Workforce and structure

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



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

The Trust board and general manager assume accountability for delivering a high-quality service with the support of clinical staff. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori and people with disabilities. There were no perceivable barriers or equity issues for Māori. Planning ensures the purpose, values, direction, scope, and goals for the

organisation are defined. Organisational performance was monitored and reviewed at planned intervals. The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focused on improving service delivery and care. Staff are involved in quality activities through staff meetings. Residents and families/whānau provide feedback via resident meetings and through the resident satisfaction survey. Adverse events were documented with corrective actions implemented.

The service complies with regulatory reporting obligations. Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. Staff attend regular education/training and individual competencies are assessed.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents were admitted to Beattie Home a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their family/whānau.

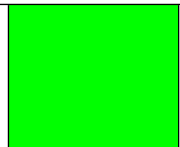
Beattie Home worked in partnership with the residents and their family/whānau to assess and plan residents' care. Care provided was individualised, based on comprehensive information, and accommodated any recent problems that might arise.

The medication policy was current.

The food service met the nutritional needs of the residents with special cultural needs catered for.

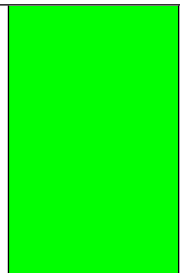
Residents were transitioned or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There have been no changes to the facility since the last audit. There was a current building warrant of fitness.

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


Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The Trust board, general manager and the clinical nurse leader at Beattie Home ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) program that was appropriate to the size and complexity of the service.

It was adequately resourced. The experienced and trained clinical nurse leader led the program and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the Trust board and staff. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Beattie Home has never used restraints, which is endorsed by governance. There is a restraint policy and procedure (if this is ever required), a nominated restraint coordinator and restraint approval group. Staff are provided with regular education on restraint minimisation and the policy requirements.

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	15	0	1	2	0	0
Criteria	0	48	0	1	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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>Beattie Home has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. A Māori responsive strategy and health care plan has been developed with input from the board cultural adviser and the newly formed Māori staff advisory group.</p> <p>A specific care plan that references Te Whare Tapa Whā is available for residents who identify as Māori and want their tikanga to be taken into account. There is a finding in 3.2.3 related to documenting Māori residents' cultural needs.</p> <p>Residents/patients and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. At the time of audit 25% of staff identified as Māori. Staff ethnicity data is documented on recruitment and trended.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>Beattie Home identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. There were no residents who identified as Pasifika on the day of</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>audit, which reflects the demographics of the local population. Pasifika staff were employed in different roles. Staff described the ways in which all residents, including any who identify as Pasifika, have their cultural and spiritual beliefs identified and recognised in service delivery.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Residents and their family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Beattie Home included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property was respected. Professional boundaries were maintained. Seven residents and five family/whānau members interviewed expressed satisfaction with the services provided by Beattie Home.</p>
<p>Subsection 1.7: I am informed and able to make choices 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>FA</p>	<p>Residents at Beattie Home and/or their family/whānau/legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Files reviewed of residents in the secure unit, had an activated EPOA in place and a specialist's authorisation for placement.</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>	FA	<p>A fair, transparent, and equitable system is in place which promotes use and understanding by Māori and others to receive and resolve complaints. For example, the Māori board member is available to support any Māori residents and their whānau. Complaint investigations are used as opportunities to make improvements. The process and policies meet the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>There had been no formal complaints received since the previous audit. Verbal complaints about meal services had been investigated and the general manager was progressing a quality improvement plan for food services.</p> <p>There have been no complaint investigations from the funder or the office of the Health and Disability Commission since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive,</p>	FA	<p>A six-member board meets regularly to review service performance, and compliance with contracts, legislation, and any other regulatory requirements. The purpose, values, direction, scope, and goals for the organisation are recorded in an annual plan. This contains time-framed goals which are monitored for progress and performance is reported to the board at planned intervals. A sample of reports to the board showed adequate information to monitor performance is reported.</p> <p>The board ratifies any change or review of policies and receives information derived from the quality and risk management monitoring</p>

<p>and sensitive to the cultural diversity of communities we serve.</p>		<p>system.</p> <p>The governance and leadership structure, including for clinical governance, is clearly described in the board operating manual and is appropriate to the size and complexity of the organisation.</p> <p>Governance ensures services are delivered safely and appropriately for Māori to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was demonstrated by interviews with the management, review of board meeting minutes, results of satisfaction surveys, and interviews with staff, residents, and their whanau/family. There was also documented information about the demographic population of residents and ethnic composition of staff.</p> <p>The previous clinical nurse leader (CNL) was appointed as the general manager (GM) and a new CNL was appointed in September 2023.</p> <p>The service holds contracts with Te Whatu Ora Waikato for aged residential care—rest home level care, respite, and secure dementia care. The agreement includes provision for respite/short-stay and Long-Term Support-Chronic Health Conditions (LTS-CHC). On the days of audit there was one respite/short-stay resident and no LTS-CHC residents. All 55 residents were receiving services under the aged residential care agreement. Of these 33 were assessed at rest home level care and 22 for dementia care in the Papakainga secure unit.</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</p>	<p>FA</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the external owner of the quality system. The system includes a risk management plan that identifies potential inequities, policies and procedures that describe all potential internal and external risks (including inequities) and corresponding mitigation strategies. Activities to monitor adherence to the business, quality and risk plan, and the service provider's policies and procedures include regular internal audits, frequent staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, infection and outbreak events, complaints, and resident/whānau satisfaction surveys. The most recent satisfaction surveys revealed no significant concerns. Where these</p>

<p>and our health care and support workers.</p>		<p>monitoring activities identify a need for improvement, a quality improvement plan was implemented until improvement occurs.</p> <p>A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Assessment of vital and neurological signs after unwitnessed falls was now occurring. The process for managing adverse events mitigated the likelihood of repeat events occurring. The adverse events management system supports learning and improvement opportunities. Documented evidence of monthly incidents and infections being analysed to identify trends and address shortfalls was sighted. A statistical report on all incidents and the type is presented at monthly board meetings. The health and safety, quality and infection control team review all adverse events, infection control events and health and safety compliance. A full staff meeting occurs each month where staff are provided updates on results of internal audits, compliments and concerns, staffing, and any other aspects of service delivery. Monthly RN and EN meetings review resident care and demonstrate aspects of clinical governance. The sample of meeting minutes showed adequate information to monitor performance was reported at these meetings.</p> <p>The previous finding about essential notifications has been resolved. Section 31 notifications have been submitted for the change in GM and CNL and other events such as a missing resident. There have been no other significant events which required reporting.</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 and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A detailed framework is used as the basis for the roster. When applicable, the facility adjusts staffing levels to meet the changing needs of residents. At least one staff member on duty had a current first aid certificate. There were four care staff allocated to rest home residents each morning and afternoon shift and two at night. One of the morning and afternoon carers is responsible for medicine administration. Three care staff were allocated to Papakainga (secure dementia) in the morning and afternoon and one care staff member at night. The CNL is on site Monday to Friday and another RN is rostered on each Tuesday and Thursday. There are now four RNs employed plus the</p>

		<p>CNL and GM who are maintaining their practising certificates. A long-term employed enrolled nurse (EN) was also rostered on for three duties a week. Two RNs were competent to complete interRAI assessments and one more is progressing the training. This confirms that the previous area requiring improvement is resolved.</p> <p>An annual training calendar was currently being used and the topics cover mandatory training requirements and special interest topics. Continuing education was planned for the year, including mandatory training requirements. A dedicated staff training person is now employed part time. This person has been supporting care staff to progress the limited career path dementia unit standards. Of the 15-care staff rostered to work in the secure dementia unit, two have completed all four modules and 11 are on track to complete these by mid-year, with the other two having commenced the education series. The previous corrective action has been resolved.</p> <p>The service provider was aware that care staff must engage in a New Zealand Qualification Authority education programme to meet the requirements of their agreement with Te Whatu Ora. Of the total 37 care staff employed, eight had completed level four of the nationwide certificate in health and wellness, seventeen had level three and twelve were at level two.</p> <p>Personnel records sampled showed that medicine competencies and performance appraisals were overdue. (Link to corrective actions in 3.4.3 and 2.4.5). First aid certificates were current for all staff who required them, and compulsory education sessions were being attended. These topics include, but are not limited to, emergency (fire drills), manual handling, infection control, tikanga Māori, and prevention of restraint. Other open book questionnaires/self-directed learning opportunities have been provided.</p> <p>One of the board members provides staff with regular training and information related to Māori health. The service philosophy is to facilitate people's right to speak their own language, endorse tikanga and support connections to iwi, hapū, and whānau. This was observed during the audit and confirmed by staff and resident interviews and staff files.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There were job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A record of all employed and contracted health professionals' current practising certificates is maintained. These were all sighted as current.</p> <p>The sample of staff records contained evidence of the recruitment process, signed employment agreements, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. The orientation programme covers all expected topics and includes a one-to-one practical demonstration of emergency procedures, including the location of equipment.</p> <p>Two of the five staff files sampled were overdue for a performance appraisal. Additional staff files and staff interviews confirmed this required improvement. A finding is raised in 2.4.5.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at Beattie Home work in partnership with the resident and their family/whānau to support the resident's wellbeing. Eight residents' files were reviewed: four rest home files, and four files of residents who were receiving care in the secure unit. These files included residents who identified as Māori, residents with a wound, residents with respiratory disorders, residents who had been admitted recently, residents with behaviours that were challenging and residents who had planned transfers.</p> <p>Eight files reviewed verified that a care plan was not always developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and wider service integration, where required. This is an area identified as requiring improvement.</p> <p>Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plans, where</p>

		<p>present, and review/evaluation timeframes met contractual requirements. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was carried out, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care provided in collaboration with the resident and/or whānau. Residents and their family/whānau confirmed active involvement in the process.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy was current; however, the practice observed was not in line with the Medicines Care Guide for Residential Aged Care. This requires attention. Medicine management using an electronic system was seen on the day of the audit. Not all staff who administer medicines had documentation on file to verify that their competency to perform the function they manage had been reviewed in the past year. This also requires attention. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events. A previous corrective action that identified that medication charts sampled did not have evidence of the effectiveness of administered PRN medications, has been addressed. Where PRN medications were administered an evaluation on the effectiveness was documented.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred; however, the required six-monthly check had not occurred in December 2023. This requires addressing. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were used at Beattie Home. Documentation authorising standing orders met the guidelines.</p>

		Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.
<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>The food service provided at Beattie Home was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in December 2022. Recommendations made at that time had been implemented. A number of complaints regarding meals has resulted in a quality improvement programme around meals being implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on Beattie Home on 29 November 2023. Four areas requiring corrective action were identified. These have been addressed and the plan was verified for 18 months. The plan is due for re-audit in May 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals on the day of audit was verified by residents and family/whānau interviews, and resident and family/whānau meeting minutes.</p> <p>Food was available in the secure unit at any time.</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 or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was involved with a transfer reported that they were kept well-informed throughout the process.</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>	FA	<p>Planned and reactive maintenance ensures that residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The current building warrant of fitness expires on 07 January 2025.</p> <p>The full-time employed maintenance person conducts regular tagging and testing of electrical devices, tests water and fridge temperatures every month and attends to planned and responsive maintenance/repairs. An external company visits annually to check electric beds, hoists and medical equipment. This last occurred in December 2023. Bilingual signage and posters in te reo Māori and English were on display throughout the facility. There was additional evidence of cultural celebrations having been held, such as photos on display.</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 infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and noteworthy events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p>
<p>Subsection 5.4: Surveillance of health care-associated</p>	FA	<p>Beattie Home undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities</p>

<p>infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>defined in the infection control program. Beattie Home used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated, including ethnicity data and this was analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to the trust board and shared with staff.</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>Beattie Home has never used restraints and there were no restraint interventions in place on the days of audit. Alternatives, such as sensor mats, low beds with mattresses on the floor, recliner chairs, hip protectors, increased staffing and regular reviews to assess each resident's care and support needs, are in use. The governing body and senior leaders were committed to maintaining a restraint-free environment, as demonstrated by documents and interviews. The board and all staff were kept informed about there being no restraint at their regular meetings.</p> <p>Interviews with the restraint coordinator and other staff, and education records confirmed that regular training on the least restrictive practice, safe restraint practice, alternatives to restraint, culturally safe interventions, managing behaviours that challenge and de-escalation techniques, is occurring.</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 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	Of the five staff files sampled, three had documented evidence of performance appraisals and two did not. Additional staff records and interviews confirmed that not all staff had engaged in a performance appraisal in the past 12 months as required in the ARRC.	Staff performance appraisals are not occurring at the frequency determined by policy (annually and within 12 weeks of commencing employment)	<p>Ensure staff performance appraisals occur at the frequency determined by policy</p> <p>180 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the</p>	PA Moderate	All initial assessments and initial care plans were completed by an RN within the required timeframes; however, the long-term care plans in files reviewed did not always describe fully the support the resident required to meet their needs. Two of four files reviewed of residents in the secure unit had no behaviour management plan	The documentation in the residents' care plans did not always fully describe the support the residents required to meet their needs.	<p>Provide evidence the support the residents require to meet their needs is clearly documented.</p> <p>90 days</p>

<p>development of the care or support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People’s care or support plan identifies wider service integration as required.</p>		<p>documented despite behaviour challenges being identified, and episodes being recorded. Two of four files reviewed in the secure unit had no twenty-four-hour care plan that identified residents’ previous lifestyle patterns. Two of eight files reviewed had no long-term care plan documented despite the residents being in the facility for longer than four months. Three residents who identified as Māori had no mention that their cultural needs required consideration, and how these were to be addressed. One resident, who was a non-insulin-dependent diabetic, had no management plan documented, despite a plan being in place.</p> <p>This was a documentation issue. Observations, interviews, and resident records verified the care was provided in accordance with residents’ needs.</p>		
<p>Criterion 3.4.3 Service providers ensure competent health care and</p>	<p>PA Moderate</p>	<p>Documentation of medication competencies identified only 25% of care staff administering medications</p>	<p>Not all staff managing medications had had their medicines competency</p>	<p>Provide evidence all staff administering medications are regularly assessed as competent.</p>

<p>support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>		<p>at the time of audit had been reassessed in the past year as competent. A review of an enrolled nurse's file and two RN files of nurses who administer medications identified that these staff had not had their competencies reviewed within the last year. A review of medication errors identified two medication errors in the past year. There was no evidence that a competency review at the time was undertaken.</p> <p>On the day of audit, it was observed that a resident who was prescribed a controlled drug (CD), had this checked out from the CD register in the morning, by one staff member. Interviews identified the controlled drug was then administered and countersigned by another staff member at the due time, in the evening. Discussion with the GM at the time of audit, identified the practice was to stop as of the day of audit.</p> <p>A review of the CD register verified there was no CD stock check carried out on 31 December 2023, as required.</p>	<p>reassessed within the previous year. Controlled drugs were not always administered in accordance with safe medicine management guidelines. The required six-monthly controlled drug check had not been conducted on December 31, 2023.</p>	<p>Provide evidence controlled drugs are dispensed in accordance with legislation and safe medicine management guidelines. Provide evidence the required six-monthly controlled drug check is undertaken as per the timeframes documented in the front of the controlled drug register.</p> <p>30 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.