

# Ohope Beach Care Limited - Ohope Beach 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 HealthShare 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:** Ohope Beach Care Limited

**Premises audited:** Ohope Beach Care

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 19 November 2024      End date: 20 November 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:** 30

# 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Ohope Beach Care Limited, trading as Ohope Beach Care, provides rest home and dementia level care for up to a maximum of 36 residents. There have been some changes and improvements since the last audit. These include a new electronic quality and risk management system, and changes in staffing.

This was unannounced surveillance audit. The audit included interviews with management, staff, residents and whānau. Staff and resident records were sampled, along with business and quality related records. The general practitioner was not available for interview on the days of the audit.

There were 38 areas requiring improvement during the last audit, six of which still require further improvement. Five additional areas of improvement were identified during this audit. These relate to medicine management, infection prevention and restraint.

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

The organisation is committed to the principles of Te Tiriti o Waitangi and supports mana motuhake and residents' cultural needs. Residents and family/whānau were informed of the Code of Health and Disability Services Consumers' Rights (the Code), and care was provided in a manner that reflected these rights. The client's personal values, culture, identity, privacy, and dignity were acknowledged and respected. The service was free of abuse and discrimination. Residents and their family/whānau were given information to enable informed decisions to be made. Residents and family/whānau were included in making decisions about their care and treatment. The complaints process aligns with consumer rights legislation.

## 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 are partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

There have been no changes in governance since the last audit. Day to day operations are the responsibility of the facility manager. There have been significant improvements made with the quality and risk management system since the last audit.

Business and quality goals are documented and monitored. Organisational risks are identified and monitored. Internal audits are completed and improvements made when required. All business, risk and quality goals are discussed during quality meetings.

Human resources are implemented in line with good employment practice. All staff receive an orientation, and performance is monitored. Staff competencies are monitored. Staff records are well maintained.

## Ngā huarahi ki te ora | Pathways to wellbeing

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

Ohope beach care provided holistic resident centred care. Resident assessments informed care plan development. Care plans were implemented with input from the resident and family/whānau and contributed to achieving the resident's goals and aspirations. Review of the care plans occurred regularly. Medicine management was performed by staff who were competent to do so. The discharge and/or transfer of residents was safely managed. The kitchen had a current food control plan, and meals were well presented and varied. Residents with specific dietary requirements had these meet.

## Te aro ki te tangata me te taiao haumarū | 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 are fully attained.

There is a current building warrant of fitness. The building and all equipment is maintained. The evacuation plan was approved.

## 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.

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

The infection prevention programme was appropriate for the size, complexity, and type of service. The clinical lead implemented the programme. A monthly surveillance report was analysed and presented to the quality committee.

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

Policies and procedures that supported a restraint free environment and reflected best practice were implemented. There were no restraints in use in the rest-home or dementia wing during the audit.

## 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	16	0	5	3	0	0
Criteria	0	55	0	7	4	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori health plan acknowledges the principles of Te Tiriti o Waitangi and aligns with national health strategies. Staff were able to describe how they implement the principles of Te Tiriti o Waitangi in everyday practice. The rest home uses a Māori model of health in their care planning process. Māori residents make up slightly more than a quarter of the resident population and reported their mana motuhake is recognised and respected. There are a number of Māori staff who are able to converse with Māori residents in te reo Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and</p>	FA	<p>The Pacific plan which aligns with national strategies was developed with input from Pacific communities and supports culturally safe practices for Pacific peoples using the service. The service has detailed policies on a range of Pacific cultures which can also guide staff. Service planning includes identifying cultural and spiritual beliefs. There were no Pacific residents or staff at the time of the audit.</p>

developed in collaboration with Pacific peoples for improved health outcomes.		
<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>	FA	<p>Policies that reflect the Code of Health and Disability Services Consumers' Rights (the Code) were observed to be implemented during the audit. The Code was displayed in communal areas in English and te reo Māori. Residents and family/whānau stated they were aware of the Code, and that care was delivered in accordance with the Code. Staff discussed the Code and how they implemented consumer rights in their daily practice.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Policies and procedures were implemented that protected residents from abuse, discrimination and neglect. Staff discussed aspects of abuse, harassment, discrimination and neglect including the actions they would take should there be any signs of such practice. They also described professional boundaries and how these were maintained. Residents and family/whānau advised that they had not witnessed abuse or neglect and confirmed that professional boundaries were maintained. They also reported that personal belongings were treated with respect. There had been no reported incidents of abuse, neglect or discrimination.</p> <p>Residents comfort funds were managed by the services administrator. Banks statements sighted during the audit reflected entries in the resident's comfort fund record. Residents and family/whānau confirmed that they were satisfied that the comfort fund was managed appropriately and securely.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	PA Low	<p>Resident meetings are held monthly. Minutes reviewed confirmed that actions raised in the meetings were actioned eventually. Residents stated they attended the meetings and felt free to raise any issues. They confirmed they felt heard and appropriate action was taken to address their issue/s. The facility manager reported that residents/whānau are able to discuss any concerns they have</p>

As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.		in a safe and open manner. Communication with whānau is documented in resident records. The previously identified areas requiring improvement regarding resident feedback (criterion 1.6.4) remains open.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	All clinical records sampled had signed consent documents. The resident or/and the enduring power of attorney (EPOA) had signed the consents. Consents held in the record included, but was not limited to the administration of vaccines, taking of photos, the provision of medical care, participation in outings and the collection and storage of health information. Residents and family/whānau confirmed they were provided information to inform their decision making.
<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	The complaints policy and procedure aligns with consumer rights legislation. The electronic data base includes a complaint form and register. There had been no formal internal or external complaints since the last audit. A copy of the complaints process is given to, and explained to, residents/whānau on admission, is displayed and complaint forms are available at the entry of the facility. Staff interviewed were well versed with the complaints process and reported that the process was always offered if a resident/whānau expressed any concerns. The facility manager competently advised how the complaints process can now be fully implemented and was cognisant with Right 10 of the Code. Residents had the opportunity to raise any concerns during resident meetings (refer required improvement in criterion 1.6.4) and confirmed they would feel comfortable to raise any issues with staff or management. Residents/whānau also confirmed they were aware of how to make a formal complaint, however had not had cause to do so. The

		previously identified areas of improvement regarding the complaints process (criteria 1.8.3 and 1.8.4) have been addressed.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	PA Low	<p>There have been no changes in governance since the last audit. The owner/director was interviewed by telephone and said they understood their obligations to comply with current legislation, contractual and regulatory requirements, and had completed some Ngā Paerewa training, however an improvement is still required (refer criterion 2.1.10). The facility manager, who had recently been appointed at the time of the last audit, has now had 12 months experience in the role. The facility manager has bachelors in business management, education and nursing, and maintains a current annual practicing certificate. The facility manager (clinical nurse manager) is supported by the registered nurse, clinical leader, administration manager and IT manager. The previously identified area of improvement regarding the manager's experience (criterion 2.1.3) has been addressed. The facility manager maintains links with the aged care sector and attends Heath New Zealand – Te Whatu Ora relationship management meetings.</p> <p>The 2023-2024 business, quality and risk plan contains the scope of services, organisational vision/direction, mission statement, risks, equity for Māori and tāngata whaiora and eliminating barriers. Goals were documented with time frames. Objectives and action plans had been added. Achievement towards goals are discussed at quality meetings, and the owner/director receives a copy of the meeting minutes. The owner/director also accesses the electronic quality management system in order to monitor inputs, outputs and outcomes. These additions/actions have addressed the previously identified areas of improvement in criteria 2.1.3, 2.1.5, 2.1.6 and 2.1.7. The owner/director was pleased with the performance of the facility manager, the communication they receive and the improvements that have been implemented.</p> <p>The organisation had access to a kaumatua at the time of the last audit. This is no longer the case, however there is Māori</p>

		<p>representation amongst staff and residents, with one resident being a kaumatua. Māori staff and residents are actively involved in ensuring service delivery supports mana motuhake and that cultural competency is maintained. A large sign stating “Nau mai, haere mai” is displayed at the entrance to the facility. All residents and whānau participate in the planning, implementation, monitoring, and evaluation of service delivery. Satisfaction surveys and staff, residents/whanau did not indicate any concerns. The previously identified area requiring improvement regarding Māori representation (criterion 2.1.9) has been addressed.</p> <p>The facility manager and registered nurse provide clinical governance, delegated by the owner/director. The facility manager and registered nurse are both (now) experienced in aged care. The entire clinical team is made up of the two nurses, the diversional therapist, a clinical leader and the six recently appointed internationally qualified nurses (IQN's). The clinical leader is an experienced health care assistant who specialises in dementia and the IQN's work as team leaders. The previously identified area requiring improvement regarding clinical governance (criterion 2.1.11) has been addressed.</p> <p>The facility has a maximum capacity for up to 36 residents, comprising 11 rest home and 25 dementia beds (this number of beds was previously approved by the funder). On the days of audit 30 beds were occupied by 10 rest home level care residents and 20 residents in the dementia unit. Services are provided under the Age-Related Residential Care (ARRC) agreement with Health New Zealand – Te Whatu Ora.</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</p>	FA	<p>There have been multiple changes and improvements in the quality and risk management system since the last audit. An electronic quality management programme has been purchased and installed. This programme is purposely designed to meet the needs of the residential aged care sector. Although implementation of the programme is in the early stages there is evidence that the system</p>

<p>achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>manages and monitors quality and risk. All policies and procedures are current and reflect standards, legislation, guidelines and best practice. Policies and procedures are routinely reviewed and updated as required. As the senior team become more familiar with the system, it will then be gradually introduced to staff.</p> <p>There is a current business, quality and risk management plan 2023-2024. This was developed by the facility manager in 2023 and was approved by the director. Risks are included in the plan with current risks identifying sustainability and staffing. The plan also includes clear organisational goals, including how these can be monitored. Current quality goals and risk (including clinical risk) are discussed by the senior team during quality meetings. Internal audits are routinely completed and entered into the system. Audits cover the scope of the organisation. The internal audit register includes findings, corrective actions and the date of closure. Internal audits and improvements are discussed at quality meetings. The previously identified required improvements regarding quality and risk management (criteria 2.2.2 and 2.2.3) have been addressed. Addressing potential inequities and barriers to access are documented in the quality assurance and risk management policy and referenced in the business plan. Goals are monitored and discussed during quality meetings. This addresses the previously identified areas of improvement regarding risk and inequities (criteria 2.2.4 and 2.2.8).</p> <p>Incidents and accidents are reported and entered into the system. These are investigated and monitored by the facility manager. All events are collated by type, location and the time of day. Falls are the most common adverse event, followed by behaviour incidents. Events are discussed at the quality meetings. The adverse event register identifies service improvements and date of closure. The previously identified area requiring improvement regarding adverse events (criteria 2.2.5) has been closed. There has been one serious event since the last audit involving an altercation with one of the dementia residents. Mental health services were involved (refer standard 3.2). The facility manager is aware of essential reporting requirements.</p>
---	--	--

<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>The administrator completes the roster and determines staffing levels and skill mixes to provide culturally and clinically safe care. There is a sufficient number of health care assistants (HCA's) on each shift. This equates to three HCA's on duty for every shift, with two in the dementia unit and one in the rest home, with one being a clinical team leader. During the weekdays there is also one activities coordinator, the diversional therapist, two registered nurses (one of whom is the facility manager), an administrator, domestic staff and the IT manager. Staff reported that there was sufficient staff on duty to complete the work allocated to them.</p> <p>There has been six internationally qualified nurses employed since the last audit. These staff are employed as team leaders and have had their qualifications approved as level five by the New Zealand Qualifications Authority (NZQA). The clinical nurse manager is interRAI trained and manages all admissions, referrals and discharges. The clinical nurse manager and facility manager sign off the medication competencies. The facility manager is rostered on call, with back up from the clinical nurse manager. The number of staff who have been assessed as competent to administer medication has increased since the last audit.</p> <p>The system for holding staff information was now being reliably used and could confirm staff experience, qualifications or competencies. NZQA qualifications were readily accessible, with the majority having completed level four, or currently working towards completion. The previously identified area of improvement regarding the management of staff information (criterion 2.3.2 and 2.3.3) has been addressed. The previously identified areas of improvement regarding NZQA dementia training and continuing education remain open (refer criterion 2.3.1 and 2.3.4).</p> <p>There was sufficient evidence that the rest home maximises people and whānau to participate in the service and share high quality Māori health information. Staff were able to give examples of how they involve residents and whānau in all areas of service delivery, including activities and outings. This was observed during the audit and whānau confirmed their involvement. The facility manager had</p>

		<p>developed a wide range of learning resources regarding common conditions in aged care and dementia which are distributed and displayed around the facility. Some whānau have asked for copies of these resources, with one whānau member sharing the resources amongst their community at the marae. Staff reported that they refer to these resources often and discuss any questions they have with the facility manager. A number of health promotion messages are displayed in te reo Māori. The previously identified areas requiring improvement (criteria 2.3.5 and 2.3.6) have been addressed. The previously identified area of improvement regarding staff training in equity remains open (refer criteria 2.3.7).</p> <p>Systems are in place to promote staff wellbeing. Staff spoke positively about the support they receive from the facility manager and how changes in the organisation have resulted in higher staff satisfaction. Staffing is stable and the workplace is reported to be positive. Staff also confirmed the safe way they can talk with the manager and the support/debriefing they all received following a recent serious event. The previously identified areas requiring improvement (criterion 2.3.8) has been addressed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>All staff records sampled confirmed the required employment agreements, position descriptions, validation of qualifications, orientation records and performance reviews. Information was easily accessible on the electronic system. All records confirmed good employment practice and adherence to New Zealand employment legislation. The exact number of staff employed in full time, part time and casual roles was easily determined. The previously identified areas requiring improvement (criteria 2.4.1, 2.4.2 and 2.4.3) have been addressed.</p> <p>All staff receive an orientation. The orientation programme covers the scope of service delivery. A comprehensive orientation booklet is given to all staff and staff are buddied with a senior staff member until they feel confident and competent. Newer staff confirmed the orientation programme prepared them well for their role. Completed</p>



		<p>orientation records were sighted in staff files sampled. The previously identified area requiring improvement regarding orientation (criterion 2.4.4) has been addressed.</p> <p>Performance reviews were completed by the facility manager within the required timeframes. Staff confirmed the performance review process was positive and helpful. Completed performance reviews were sighted in the staff records sampled. The previously identified area requiring improvement regarding performance reviews (criterion 2.4.5) has been addressed.</p> <p>There is a diverse mix of staff employed but individual staff ethnicity data had not been recorded in accordance with Health Information Standards Organisation. An improvement is required in 2.4.6</p> <p>Staff reported that the staff culture of the organisation has improved since the last audit. They felt well supported by management and stated they are provided the opportunity to debrief following any incidents. The previously identified area requiring improvement regarding staff wellness (criterion 2.4.7) has been addressed.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The records of residents who had recently been admitted to the service were sampled. A needs assessment service coordination agency (NASC) referral was available in all files. The resident had been admitted to the service type that was documented in the NASC referral. The manager and registered nurse jointly determined the suitability of the potential resident for admission. The registered nurse and/or manager ensure relevant information was obtained from the previous service provider regarding the resident's care requirements. A preadmission interview with the resident (if appropriate) and/or family/whānau took place prior to admission. At this meeting, the needs of the potential resident were discussed, along with the care that can be provided at Ohope Beach Care, and its limitations. Admission dates were planned to ensure that staffing resources were appropriate to fully support the assessments, orientation and transition of the new resident to the</p>

		<p>service. Residents and family/whānau confirmed they were satisfied with the admission process, and stated they felt included in the process, and understood their role, and the role of the service. The previously identified area requiring improvement relating to the admission process (criterion 3.1.2) has been addressed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Residents had individualised support provided that met the physical, cultural, spiritual, and social dimensions of their wellbeing. At the time of the audit the service had just commenced using an electronic clinical record system. The audit included sampling hardcopy and electronic records. All records sampled verified that a registered nurse had developed an initial care-plan within 24 hours of admission, had completed the interRAI assessment, and developed a long-term care-plan within 21 days of admission. All records sampled confirmed that new residents had been assessed by the GP within five working days of admission. The previously identified areas requiring improvement relating to residents not having care-plans, interRAI assessments or GP assessments completed within the required timeframes (criterion 3.2.5) has been addressed.</p> <p>Assessments completed by the registered nurse were documented in the record that included for example, skin integrity, pain, falls risk, sleep patterns, cognition and behaviour. Documentation of the residents lived experience, work, interests, cultural beliefs and values had been documented by the diversional therapist (DT). Interviews with the RN, DT and caregivers, demonstrated that all assessment information has been shared with staff and had been used to develop a care-plan specific to meet the resident's aspirations.</p> <p>In the files sampled, all interRAI assessments were current at the time of the audit. Care-plans documented interventions to maintain and improve the residents' health and wellbeing. Progress notes, observations during the audit and interview with the resident's and their family/whānau, confirmed that assessments and care-plans had been developed in collaboration with the resident and</p>

		<p>family/whānau.</p> <p>Clinical files of residents with dementia included behaviour management plans. Potential behavioural triggers and interventions were documented. Staff described the potential triggers and how the triggers were avoided or minimised. They also discussed interventions suitable to de-escalate the resident's behaviour.</p> <p>Short term care plans were developed for acute conditions or/and any change in the resident's wellbeing for example an infection, skin tear or a sudden change in the resident's behaviour. These were updated as appropriate and signed off when the condition had resolved or transferred into the long-term care plan if appropriate.</p> <p>Clinical records sampled were integrated and included for example interRAI reports, the admission agreement, consent forms, a copy of the enduring power of attorney (EPoA), laboratory reports, GP reviews and previous provider correspondence.</p> <p>Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. There was documentation that confirmed the manager or registered nurse on call had been notified when there was a change in the resident's health status or behaviour/s, and the subsequent actions that were taken. Staff discussed the triggers that required escalation and the resultant escalation process. The previously identified areas requiring improvement relating to escalation of early warning signs (criterion 3.2.3) has been addressed.</p> <p>Residents monthly vital signs and weights were documented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness; vital signs and the weight of resident was documented, and further assessments were performed as appropriate. The vital signs and weight (if appropriate) monitoring had continued frequently, as required according to the resident's response to interventions. A registered nurse had developed a short-term care-plan, and the GP had reviewed the resident in a timely manner. In two clinical files sampled the residents interRAI had been updated and a referral had been made to the NASC for reassessment of the level of care.</p>
--	--	--

		<p>The previously identified areas requiring improvement relating to interRAI reviews and referrals to the NASC (criterion 3.2.5) has been addressed.</p> <p>Medical oversight of the residents was provided by a GP. The GP attended the service in response to a request by the manager or RN. The GP was also available via phone or email. A back up GP was available if required. Records sampled verified that the GP was regularly on site, and that email correspondence occurs between the providers. The GP was unavailable for interview during the audit.</p> <p>A shift handover was observed and followed recommended practice guidelines. Included in the written and verbal handover were changes in the residents wellbeing, any changes in care-plans and medication changes.</p> <p>Residents and family/whānau stated they were happy with the care provided, that they felt included in care planning, and were given sufficient information to make choices in their care options.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Clinical records sampled confirmed that the residents lived experience, skills and interests were assessed and considered when developing the activities care-plan. All plans sampled had been reviewed six monthly. A diversional therapist (DT) completes the lifestyle assessment and develops the residents activity care-plan. The DT develops two activities programmes, one for the rest-home residents and one for the dementia residents. The DT facilitates the rest home programme, and two activities co-ordinators facilitate the programme developed for the dementia residents. Some appropriate activities were combined, for example skittles and singing. Residents are taken on weekly community outings. Dementia residents are taken one day, and rest-home residents are taken the following day.</p> <p>Staff discussed individual residents' activity preferences, for example, some liked gardening, some liked to watch sport on TV, some liked caring for their doll. Staff in the dementia unit discussed activities that were available 24 hours per day, seven days per</p>

		<p>week to entertain the residents with dementia.</p> <p>Residents and family/whānau stated they were satisfied with the activities programme and said it was appropriate to meet their needs. The previously identified areas requiring improvement relating to the activities programme (criterion 3.3.1) has been addressed.</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 system was appropriate to the size and scope of the service and reflected current recommended best practice. An electronic programme was used for the prescribing and recording of the administration of medication. Medications were dispensed by a local pharmacy using a pre-packaged system. A suitably qualified and competent staff member collected the medications from the pharmacy as required. Unwanted medications were returned to the pharmacy for disposal. On arrival medications were checked in by two staff members, one being a registered nurse.</p> <p>Medication administration was performed by medication competent caregivers. A medication round was observed, and staff demonstrated competency administering medication, however an improvement regarding the documentation of the effectiveness of 'as required' (PRN) medication effectiveness is required (refer criterion 3.4.3).</p> <p>The medication room was locked and not accessible to unauthorised persons. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication room and fridge were temperature monitored. Eye drops, ointments and creams had a documented opening date. During the audit, no medications were observed to be out of date.</p> <p>All medication prescriptions had been reviewed within the previous three months; however, improvement is required in recording the resident's allergies and/or sensitivities on the prescription (refer criterion 3.4.4).</p>

		Neither standing orders nor self-administration of medication are used in this service.
<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>All food was prepared on site. The menu was varied and reflected the nutritional needs of the older person; it was rotated six weekly. The cook described food choices available to ensure that residents with specific dietary needs had these met. At the time of the audit there were residents with specific dietary requirements. A folder in the kitchen held information relating to the specific dietary requirements of these residents, appropriate and inappropriate foods were identified. All residents had nutritional assessments completed on entry, including likes, dislikes, allergies, intolerances, and cultural preferences, and a copy of this was in the kitchen.</p> <p>There was a current food control plan, with an expiry date of 18 September 2025.</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> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Clinical records sampled demonstrated that transfer and/or discharge was planned and facilitated with the resident and family/whānau involvement when a resident's health status was observed to be changing. The manager/RN and GP liaised to ensure appropriate care was provided as the residents needs changed. Family/whānau were informed, and discussion occurred regarding the ongoing care requirements of the resident. An interRAI assessment that reflected the current care needs of the resident, was provided to the NASC if/as required. Upon discharge relevant information was made available to the new service provider. A clinical record of a resident who was awaiting placement in another facility was sampled and documents confirmed the documented procedure had been followed.</p> <p>Acute transfers to the public hospital occurred when there was a sudden change in a resident's health status and the registered nurse and/or the GP determined the resident required specialised care. The national 'yellow envelope' system was used. A yellow envelope prepared to accompany a resident was reviewed. It</p>

		included relevant information for example, a situation, background, assessment, recommendation (SBAR) document completed by the GP/manager/RN summarised relevant information for the receiving service. The envelope also held a copy of the resident's consents, enduring power of attorney (EPOA) documents, and recent entries in the progress notes. The resident's medication record was also printed and included in the envelope. The family/whānau of the resident confirmed they were notified of the resident's indication for transfer to the hospital and felt well consulted and included in the decision making.
<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>The current building warrant of fitness expires October 2025. There have been no changes to the building since the last audit. Maintenance requirements have been maintained. Routine internal audits of the facility and grounds are conducted. Electrical testing and tagging is current and medical equipment is calibrated. The environment is inclusive of peoples culture with signage displayed in English and te reo Māori and art depicting cultural references.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The approved evacuation plan was completed in 2014 and is displayed at the entrance of the building.</p>
Subsection 5.1: Governance	FA	<p>The owner of Ohope beach care has access to the infection prevention programme and surveillance data. In addition, the</p>

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>facility manager notifies the owner of any significant events. The previously identified area requiring improvement related to a pathway for issues to be notified to governance (criterion 5.1.3) has been addressed.</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>	PA Low	<p>The documented infection prevention (IP) programme had been developed by an organisation with infection prevention expertise. The owner has approved and purchased the programme. The facility manager and clinical lead stated that the programme is reviewed and reported on annually. The service analyses the reports monthly looking for reasons for significant changes in the data. The reports and analysis are presented at the monthly quality meetings, and this was confirmed in minutes sighted. Although staff were observed to practice the principles of infection prevention, improvement is required relating the provision of IP training to staff (refer criterion 5.2.6)</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>Surveillance of health care-associated infections was appropriate to the size and type of service. The surveillance programme was documented, and standard definitions were used relating to the type of infection acquired.</p> <p>Monthly surveillance data was collected, analysed and reported to the manager and the quality committee, however an improvement in the collection of required data is needed (refer criterion 5.4.3). Trends and opportunities to improve were considered by the facility manager, clinical lead and the quality committee. Reports are provided to the owner where trends, significant events and opportunities for improvement are identified. There were no trends identified in the surveillance reports sampled.</p>



<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The previously identified area requiring improvement regarding a hazardous substance register (criterion 5.5.1) has been addressed. The register was current and included all hazardous substances on site. Chemicals are no longer decanted and are stored securely in a locked cupboard.</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>PA Moderate</p>	<p>The service has a restraint policy that supports a restraint free environment. The policy met all requirements of this standard. The owner, facility manager and staff stated a commitment to the maintenance of a restraint free environment. Observation of both the rest home and dementia unit during the audit, verified that no restraints were in use. Staff provided examples of activities and distractions that are used to maintain a restraint free environment.</p> <p>Although staff had received orientation and some training in restraint minimisation and de-escalation techniques, improvement is required to develop a continuous culture of learning related to de-escalation techniques (refer criterion 6.1.6).</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)
Criterion 1.6.4 I shall be provided with the time I need for discussions and decisions to take place.	PA Low	Residents and whānau reported that are comfortable to talk with staff and management. The rest home provides newsletters to residents/whānau every six months, conducts routine satisfaction surveys and hosts residents meetings, however the information from resident surveys/feedback is not being collated and reported on. The previously identified area requiring improvements remains.	Processes for resident/whānau feedback, for example verbal concerns, feedback from resident meetings, and satisfaction surveys do not ensure information is collated, investigated and reported on.	Collate feedback from residents/whanau in a manner that identifies potential trends and makes timely improvements.  180 days
Criterion 2.1.10 Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.	PA Low	The owner/direction had completed module one of the Ministry of Health Ngā Paerewa training. They were aware that there were more modules, including some additional online training. However, these were yet to be completed and the	The owner/director has not undertaken sufficient learnings related to Te Tiriti o Waitangi, health equity and cultural safety.	The owner is required to complete sufficient learnings related to Te Tiriti o Waitangi, health equity and cultural safety.

		previously identified area requiring improvement remains open. The owner/director did state that the training they had completed had given them some content and understanding and was fully supportive of all the activities being completed in the rest home to support health equity. The risk level remains low in consideration of the training that has been undertaken.		365 days
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	All HCA's and clinical staff have a current first aid certificate. The majority of staff HCA's who work in the dementia unit have completed some dementia specific training, including that from the University of Tasmania which provides a free online course called Understanding Dementia, however not all have completed the required NZQA unit standards. The previously identified area requiring improvement (criterion 2.3.1) remains open however the risk level has been lowered in consideration of the online training that has been completed.	There has been an improvement in the number of HCA's working in the dementia wing who have dementia specific training, however, there remains some staff who are still required to complete the NZQA dementia unit standards.	<p>All staff who work in the dementia area are required to have the approved NZQA training.</p> <p>365 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe</p>	PA Low	The system to record ongoing learning has improved with individual education records easily accessible in the electronic system. Staff are supported to access the training of their choice and in-service education is provided during staff meetings. Staff confirmed they had the required educational resources they needed. A staff training day in July 2023 included	Improvements have been made in recording staff educational achievements, however the system for delivering planned education requires further implementation.	<p>Implement planned regular education for staff.</p> <p>180 days</p>

services.		education on infection control, restraint minimisation, residents' rights, Te Tiriti o Waitangi and Māori models of care. Continuing education training policies, procedures and annual education plans are now in place; however, the annual training plan was yet to be implemented. The risk level from the previously identified area of improvement for this criterion has been reduced in consideration of the improved method for recording education attended and the development of educational resources.		
<p>Criterion 2.3.7</p> <p>Service providers shall invest in the development of organisational and health care and support worker health equity expertise.</p>	PA Moderate	Staff interviewed were aware of the principles of Te Tiriti o Waitangi and how they are implemented in everyday practice, however specific training related to equity has not been provided. The risk level from the previously identified area of improvement to this criterion has been raised to moderate.	Staff have not received training specific to equity.	<p>Provide staff training related to equity.</p> <p>60 days</p>
<p>Criterion 2.4.6</p> <p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>	PA Low	Staff records include personal records, for example full name, date of birth, address and emergency contact. There is evidence of ethnicity in the records of staff who are from overseas, however ethnicity is not routinely recorded for all staff.	The ethnicity of staff has not been identified, collected or recorded.	<p>Document staff ethnicity.</p> <p>180 days</p>

<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>All medication administered was recorded in an accurate and timely manner. PRN medication was administered as per the prescriber's instructions; however, the effectiveness of the PRN medication was not always documented. On the day of the audit there were 25 medications that had not had the effectiveness documented.</p>	<p>The effectiveness of PRN medications administered was not consistently documented.</p>	<p>Ensure the effectiveness of PRN medications are consistently documented.</p> <p>30 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medication-related allergies or sensitivities and respond appropriately to adverse events.</p>	<p>PA Moderate</p>	<p>Although the residents' clinical records documented their allergies and sensitivities the electronic medication system in four of the twelve medication records sampled did not have the resident's allergy or sensitivity status documented.</p>	<p>Not all medication files had the residents' medication allergies and sensitivities documented.</p>	<p>Ensure all residents medication allergies and/or sensitivities are documented on the medication file.</p> <p>30 days</p>
<p>Criterion 5.2.6</p> <p>Infection prevention education shall be provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be: (a) Included in health care and support worker orientation, with updates at defined intervals; (b) Relevant to the service being provided.</p>	<p>PA Low</p>	<p>Although the orientation programme included the principles of infection prevention, and some staff reported they had completed infection prevention training in recent years, IP was not included in the education programme and there was no evidence IP training had been provided at defined intervals and by a person with expertise in IP.</p>	<p>Infection prevention education has not been provided at defined intervals by a person with infection prevention expertise.</p>	<p>Provide infection prevention education at defined intervals by a person with infection prevention education.</p> <p>180 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools,</p>	<p>PA Low</p>	<p>Although the resident's ethnicity could be identified via the integrated clinical record and IP information technology (IT) system,</p>	<p>Surveillance data does not include ethnicity.</p>	<p>Add ethnicity to infection surveillance data.</p>

documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.		the surveillance report did not explicitly include the resident's ethnicity.		90 days
<p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	<p>PA</p> <p>Moderate</p>	<p>All staff had received orientation to the restraint free policy, and staff in both the rest-home and dementia unit described distraction activities available to de-escalate a resident's behaviour/anxiety. However, there was no evidence of the provision of planned and regular education for staff relating to restraint avoidance and de-escalation techniques.</p>	<p>De-escalation training is not being consistently provided.</p>	<p>Provide de-escalation training consistently.</p> <p>90 days</p>

# Specific results for criterion where a continuous improvement has been recorded

---

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

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

If, instead of a table, these 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.