# Graceful Home No.2 Limited - Shelly Beach Dementia

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Graceful Home No.2 Limited

**Premises audited:** Shelly Beach Dementia

**Services audited:** Dementia care

**Dates of audit:** Start date: 3 December 2024 End date: 3 December 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:** 11

# 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 haumaru │ 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 |
|  | 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

Shelly Beach Dementia provides secure dementia care services for up to 13 residents. The facility has been operated by the service provider since 2016.

The facility is leased and operated by Graceful Home No.2 Limited, which owns and operates two other aged care residential facilities. The service is managed by the facility manager and is supported by a clinical nurse manager, employed for these roles in 2024. Both work across two facilities.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service’s contract held with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). The audit process included review of policies and procedures, review of residents’ and staff files, observations and interviews with family members, the facility manager, clinical nurse manager, staff, and a general practitioner. Only one resident was able to be interviewed on the day of audit; however, all residents were very settled and managed well by the staff. Family members were very complimentary about the care and activities provided to their relatives.

The 15 corrective actions required from the previous audit have been fully addressed and included developing and implementing a Māori health plan, developing a Pacific health plan, developing a business plan for the facility, to ensure internal audits are completed, reporting of essential notifications to appropriate agencies, critical analysis of organisational practices and the collecting and sharing of high-quality Māori health information, annual performance appraisals being completed, outcome scores from interRAI assessments are now added to long term care plans, the effectiveness of PRN medication, the food control plan is in place, infection prevention and anti-microbial programs are documented in the strategic plan, the programmes are now being reviewed and reported on annually, and staff training has been provided for restraint and de-escalation techniques.

As a result of this audit, no new areas requiring improvements are required.

## 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. |

Shelly Beach Dementia works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their legal representatives/whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these were upheld. Staff maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected and protected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents’ legal representatives felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably 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. |  | Subsections applicable to this service fully attained. |

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga │ 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. |  | Subsections applicable to this service fully attained. |

The service works in partnership with the residents and their legal representatives to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

The food service met the nutritional and cultural needs of the residents. Food was safely managed and supported by an approved food control plan.

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

## Te aro ki te tangata me te taiao haumaru │ 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. |

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment was tested as required.

## 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. |

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The ‘Surveillance of health care-associated infections’ programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## 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. |

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit, for this primarily dementia care service.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

## 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 | 19 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 53 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futuresTe 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. | FA | Shelly Beach Dementia (Shelly Beach) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with Māori organisations and a marae, along with one of the other services owned and operated by the service provider. This partnership supports service integration, planning, equity approaches, and support for Māori. There were no Māori residents at the time of audit. The director is Māori and is the Māori health advisor for this service. There is a Māori Health Plan and Te Whare Tapu Whā is the model of care utilised by this service as needed. An area of improvement in relation to the Māori Health Plan from the last audit (1.1.5) has been addressed. A Māori health plan is now developed and implemented across all of the organisation and a model of care has been adopted for Māori residents admitted to the facilities including Shelly Beach. |
| Subsection 1.2: Ola manuia of Pacific peoples in AotearoaThe people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.Te Tiriti: Pacific peoples acknowledge the mana whenua of 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. | FA | Policies and procedures are available to guide staff in the care of Pacific peoples. Shelly Beach provides services that are underpinned by Pacific worldviews. Pasifika residents’ families interviewed felt their worldview, and cultural and spiritual beliefs, were embraced. Expert advice is sought from the residents’ family and staff. A church minster is available to bless residents and rooms as needed.Cultural assessments and care plans for residents of each Pacific descent are available to implement. Models of care for each are clearly documented and implemented. There were residents who identified as Pasifika, and three staff who identified as Pasifika, on the day of the audit. Each spoke their own languages fluently. An area of improvement identified in the previous audit (1.2.3) relating to the partnership with Pacific communities has been addressed. A Pacific plan has been developed and implemented. The plan was developed in consultation with staff who identify as Pasifika and a local Pacific Island group.  |
| Subsection 1.3: My rights during service deliveryThe 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. | FA | 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.Whānau and legal representatives 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 residents’ rights. The interviewed resident understood their rights. |
| Subsection 1.5: I am protected from abuseThe 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. | FA | Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples of such identified during the audit through staff and/or whānau/legal representatives' interviews, or in documentation reviewed. Residents reported that their property was respected, and their finances protected. Any cash that residents bring in is kept in a locked safe and residents can access their money through the team leader, as desired.Residents’ whānau and their legal representatives confirmed that staff maintain professional boundaries. |
| Subsection 1.7: I am informed and able to make choicesThe people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,keep well, and live well.As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate, their whānau, felt empowered to actively participate in decision-making. Activated Enduring Power of Attorney (EPOA) records were available in the reviewed residents’ files.The registered nurse (RN) and health care assistants interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. Signed informed consent forms and admission agreements were available in the records reviewed. These were signed by the EPOAs. |
| Subsection 1.8: I have the right to complainThe people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.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. | FA | A fair, transparent and equitable system is in place to receive and resolve complaints, ensuring continuous improvements in service delivery. The complaints process complies with the requirements of the Code.Residents and whānau demonstrated a clear understanding of their right to make a complaint and knew how to do so. Documentation reviewed confirmed that complainants were informed of the findings following investigations.A complaints folder was maintained, containing the policy, procedures, and registration details. Five staff members interviewed confirmed their knowledge of the complaints process and their ability to assist families in raising concerns, if needed. Additionally, five families contacted during the audit confirmed that they were familiar with the complaints process and expressed satisfaction with the care and services provided by Shelly Beach staff.A complaints and suggestion box is located at the facility's entrance, and the facility manager checks this box weekly to address any feedback promptly.Since the last audit, there have been no complaints received from external sources and no pending complaints with the Health and Disability Commissioner (HDC). Additionally, three compliments from families were noted, two in 2023 and one in 2024. The most recent compliment praised the team for exceptional care provided by Shelly Beach staff and specifically highlighted the enjoyment of bus outings and activities.The service ensures the complaints process is equitable for Māori and Pacific residents, supported by the Māori Health Plan and Pacific People Culture policies.This robust system demonstrates a commitment to addressing feedback effectively and ensuring continuous improvement in resident and whānau satisfaction. |
| Subsection 2.1: GovernanceThe people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.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.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. | FA | The governing body assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the one director who is Māori, with external advice sought as required. The director took over the ownership and management of the facility in 2016. The facility is leased. The facility manager is well supported by the clinical nurse manager.The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed. The business plan is dated 2023 to 2025. Strategies were documented to meet objectives set and to monitor and evaluate at defined intervals. This was an area identified for improvement at the previous audit (2.1.2) which has been addressed.  An organisational chart was sighted and was documented as a flow chart. A commitment to the quality and risk management system was evident. The facility manager interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the director. The owner/director was not available for the audit.The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to key roles and monitoring of resident safety and clinical indicators. The service holds contracts with Heath New Zealand – Te Whatu Ora Te Toka Tumai Auckland for providing dementia care, respite care, primary options acute care and long-term support-chronic health conditions residential, and mental health (MoH). On the day of the audit, nine residents including one respite care resident were receiving dementia care services, and two permanent residents were under mental health (notice to resident under compulsory treatment order, directing change from inpatient to community treatment status).  |
| Subsection 2.2: Quality and risk 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.Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.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. | FA | The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes, for example: management of incidents and complaints, audit activities are completed as per the internal audit schedule sighted (this was an area of improvement from the previous audit (2.2.2) which has been addressed), a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections. An annual staff satisfaction survey was completed on 15 May 2024 and a family/whānau survey about the same time. Positive comments were received from both surveys and feedback was provided to the staff at the staff meetings. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated. The facility manager reports weekly to the director and minutes of meetings are maintained. The service aims to improve health equity, and the director who is Māori has a commitment to this aspect of service delivery. This was an area of improvement identified in the previous audit which has been closed out (2.2.8). The director who is Māori ensures that a critical analysis of all organisational practices across the three services two of which are owned by the director does occur, to improve health outcomes and equity. Records were reviewed to support and verify that this occurring.Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. A contracted quality consultant was responsible for quality documentation control. The facility manager interviewed understood the responsibilities and obligations involved. The facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register reviewed had been updated on 25 June 2024 and the hazardous substance register on 20 October 2024. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. 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.The facility manager understood and has complied with essential notification reporting requirements. This was an area of improvement identified at the previous audit which has been addressed (2.2.6). There have been no police investigations, coroner’s inquests, health and safety or issues-based audits. Two Section 31 notifications were made in relation to change of the facility manager and the clinical nurse manager roles. |
| Subsection 2.3: Service managementThe people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | A documented and implemented process is in place to determine staffing levels and skill mixes to ensure culturally and clinically safe care 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents, supported by a multidisciplinary team (MDT) approach that ensures all aspects of service delivery are addressed. Staff interviewed reported that staffing levels were sufficient to complete their allocated tasks. Whanau stated they were pleased with the care provided to their relative. A previous area of improvement from the previous audit (2.3.6) has been addressed. All staff and resident ethnicities are recorded in the respective records maintained and information is shared as needed.The staffing structure includes a clinical nurse manager rostered for 22 hours per week who is responsible for interRAI assessments and care planning, and available 24/7 on-call. The facility employs 11 health care assistants (HCAs), eight of whom are first aid trained and hold Level 3 certification, while three hold Level 4 certification. All HCAs have completed dementia care training, and one HCA is currently enrolled in a Level 4 certification programme. A diversional therapist is rostered four days a week, alternating weekend coverage to ensure consistent activities for residents. A cleaner works five times per week from 7:00 am to 1:00 pm, spending three hours on laundry duties, with assistance from an HCA five times a week and when the cleaner is unavailable.The facility manager utilises an electronic system to create staff rosters, ensuring an appropriate skill mix and the presence of at least one qualified first aider on every shift. A review of the previous six weeks’ rosters and the current published roster confirmed compliance with these requirements. The facility and clinical nurse managers work across two services operated by the same director.The owner director, who is Māori ensures that Māori health information is effectively collected and shared across the three facilities as needed to optimise Māori health and wellbeing (this was an area identified for improvement at the previous audit (2.3.6) which has been fully addressed. The facility has a structured training plan that includes mandatory and additional education topics, scheduled annually and biannually. Training topics include cultural safety, manual handling, infection control, and training provided by the pharmacy. Competencies related to these topics are regularly assessed to support equitable service delivery. Staff certificates, including Level 3 and Level 4 certifications from the New Zealand Qualification Authority (NZQA) education programme, are displayed in the facility, meeting the provider’s agreement requirements with Te Whatu Ora Te Tuka Tumai Auckland. The facility manager maintains a system to track staff training, ensuring all required training and competencies are up to date and recorded in the training calendar. Records reviewed demonstrated that staff had completed the necessary training and competency assessments.The employment process includes job descriptions that define the skills, qualifications and attributes required for each role. This ensures that services are delivered effectively to meet residents' needs. Staff reported feeling well-supported in their roles, with adequate development opportunities. Residents and whānau confirmed satisfaction with the care provided, highlighting the facility's commitment to maintaining a well-trained and skilled workforce. |
| Subsection 2.4: Health care and support workersThe 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.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.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. | FA | Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented, including evidence of qualifications, ethnicity and registration (where applicable). Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. New HCAs are ‘buddied’ to work with senior HCAs for orientation. Additional time is provided as required. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Staff reviews were being undertaken in a timely manner. This was identified as an area of improvement (2.4.4) in the previous audit and has been fully addressed. |
| Subsection 3.2: My pathway to wellbeingThe people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.As service providers: We work in partnership with people and whānau to support wellbeing. | FA | The multidisciplinary team, including the mental health specialist services, older adult services and the service, work in partnership with the resident and whānau to support wellbeing. A care plan is developed by the clinical nurse following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. Timeframes for the initial assessment, general practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. Te Whare Tapa Wha model of care is utilised when required for Māori residents to identify pae ora outcomes in their care plan. There is a Māori Health plan in place to guide staff practice when required.The long-term care plans had detailed information to guide care. InterRAI assessment outcome scores supported care planning. The previous area requiring improvement in relation to criterion 3.2.5 has been addressed. Short-term care plans were completed for acute conditions. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Behaviour management plans were completed for identified behaviours of concern. Strategies to manage the behaviours of concern, including known triggers, were documented. Progress towards achievement of care goals was recorded. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident’s EPOA. EPOAs and whānau confirmed active involvement in the process and satisfaction with the care provided to residents.Referrals to specialist services were consented for by the residents’ EPOAs or other legal representatives. The GP confirmed satisfaction with the care provided and the communication received from the nursing team. |
| Subsection 3.4: My medicationThe people: I receive my medication and blood products in a safe and timely manner.Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.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. | FA | The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in staff records.Medication reconciliation occurs. All medications sighted were within current use-by dates. There were no controlled drugs stored onsite. A controlled drug safe is available for use when required. Medicines stored were within the recommended temperature range. Administered pro re nata “PRN” medicine was evaluated for effectiveness regularly. The previous area of improvement in relation to evaluation of administered “PRN” medicine, criterion 3.4.1, has been addressed.Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly medication review was consistently recorded on the medicine chart by the general practitioner (GP). Standing orders were not used.There were no residents who were self-administering medicine, due to their cognition. The facility manager stated that self-medication administration is not supported, for residents’ safety. |
| Subsection 3.5: Nutrition to support wellbeingThe people: Service providers meet my nutritional needs and consider my food preferences.Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The menu has been developed in line with recognised nutritional guidelines for older adults using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of satisfaction with meals was verified from whānau interviews and satisfaction surveys. Snacks and fluids are provided for residents on a 24-hour basis.The service operates with an approved food safety plan and registration that will expire on 9 May 2025. The previous area requiring improvement in relation to criterion 3.5.5 has been addressed. |
| Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident’s whānau or EPOA. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative. |
| Subsection 4.1: The facilityThe people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | FA | Building, plant and equipment are fit for purpose, inclusive of peoples’ cultures and comply with relevant legislation. This includes a current building warrant of fitness with an expiry date of 2 June 2025, and electrical and bio-medical testing and calibration results dated 9 October 2024. The bio-medical equipment performance verification reports were available and were sighted. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.The area for improvement (4.1.1) to ensure the wooden decking in the front garden and ramp was safe for residents to walk on has been addressed. |
| Subsection 5.1: GovernanceThe people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.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. | FA | The IP and AMS programme is included in the business plan’s objectives and values. IP and AMS are discussed in senior management meetings that the owner/director attends to. The owner/director is involved in reviewing the IP and AMS programme. |
| Subsection 5.2: The infection prevention programme and implementationThe people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.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.As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the owner/director. The programme is linked to the quality improvement programme and is reviewed and reported on annually. It was last reviewed on 15 May 2024. The previous area of improvement in criterion 5.2.2 in relation to annual review of the IP programme has been resolved. Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)The people: My health and progress are monitored as part of the surveillance programme.Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.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. | FA | Surveillance of health care-associated infections (HAIs) is appropriate to the size and complexity of the service and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff in meetings and reported to the owner/director. National and regional surveillance programmes and guidelines are considered as required. New infections are discussed at shift handovers for early interventions to be implemented.Residents and EPOAs are advised of infections identified in a culturally safe manner. This was verified in interviews with residents’ EPOAs. |
| Subsection 6.1: A process of restraintThe people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Maintaining a restraint-free environment is the aim of the service. The director of the organisation was fully committed to eliminating restraint use. At the time of audit, no residents were using restraint, and this has been the case since 2016 at this dementia service.Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. This was an area of improvement from the previous audit which has been addressed (6.1.6).  |

# 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.

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

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End of the report.