

Bethsaida Trust Board Incorporated - Bethsaida Retirement Village

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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

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

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

The specifics of this audit included:

Legal entity:	Bethsaida Trust Board Incorporated
Premises audited:	Bethsaida Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 April 2025 End date: 23 April 2025
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:	53

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

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

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

General overview of the audit

Bethsaida provides hospital services - medical services and geriatric services as well as rest home care and contracted respite care for up to 57 residents. There is a retirement village surrounding the facility, which is currently increasing the number of villas. The villas were not included as part of this audit. There have been no significant changes to the service provided or to the facility. One of the board members took up the role of chairperson in October last year, replacing the previous chairperson.

This certification audit process included review of policies and procedures, review of meeting minutes, resident and staff files, observations and interviews with residents, whānau, the chairperson of the governance board, managers, staff, contracted allied health providers and a nurse practitioner. A strength of the organisation is the open communication skills of the village manager, and good communication was observed occurring between staff, residents and whānau. Staff interviewed showed a high degree of commitment to the organisation and its residents. Improvements are required to the organisation's Pacific plan, quality systems, and documentation of training for staff. Timely completion of admission assessments and care planning documentation, completion of residents' goals, documentation of GP reviews, the infection control lead's requirement to undertake specific training related to the role, and the use of standardised infection control definitions.

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 partially attained and of low risk.
---	--	---

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

Pacific people processes are in place and provide services that recognise their worldviews and are culturally safe. There were no Pacific residents at Bethsaida.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complied with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

The governing body and village manager assume accountability for delivering a high-quality service. This included supporting meaningful inclusion of Māori at governance level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic business planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed ongoing.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. Residents and whānau provided regular feedback and staff were involved in quality activities. An integrated approach included collection and analysis of quality improvement data, and identified trends leading to improvements. Most actual and potential hazards/risks were being identified and mitigated.

The National Adverse Events Policy was followed, with the village manager describing how corrective actions support 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 were appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supported safe, equitable service delivery.

Resident and staff information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

When people entered the service, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were mostly individualised, based on comprehensive information. Files reviewed demonstrated that care met the needs of residents and whānau.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

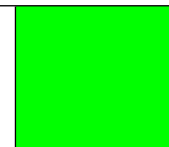
Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



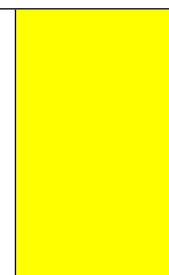
Subsections applicable to this service fully attained.

The facility met the needs of residents and staff, and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment was tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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 partially attained and of low risk.

The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An infection control coordinator led the programme.

The infection control coordinator was involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promoted responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

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 have been no residents requiring restraint since the last audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, would occur for any restraint used.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, and understood de-escalation techniques and alternative interventions.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	4	2	0	0
Criteria	0	158	0	6	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>Bethsaida has policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana Motuhake was understood and respected. Partnerships through the chair, who identified as Māori, and the village manager (VM), were available with Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed. Residents who identify as Māori, have their mana Motuhake supported to the degree they desired.</p> <p>Residents and whānau interviewed reported that staff respected their rights and they felt culturally safe.</p> <p>The VM spoke of actively recruiting Māori to the workforce. At the time of audit, there were no staff who identified as Māori. Staff ethnicity data was documented on recruitment. There was a diverse ethnic group of staff whose culture was respected.</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>	PA Low	<p>Bethsaida had no residents or staff who identified as Pacific people. The VM spoke of having a contract through a member of the Board and the chairperson to work with Pacific communities and organisations to assist in ensuring they provide safe cultural support</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 developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>for any resident who identifies as a Pacific person. The diversional therapist has also sourced documents to support staff to understand the diverse nature of Pacific peoples and this has been used in education sessions. Registered seasonal employer's workers have provided entertainment for residents.</p> <p>The organisation uses policies from an external contracted provider. This includes a copy of the Ministry of Health's Pacific Health Plan and a further template document for the development of a Pacific plan which is to be completed with input from local Pacific community groups. This is yet to be completed and is an area for improvement.</p> <p>The VM stated they welcome applicants who identify as Pacific people and who meet the requirements of the organisation.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Bethsaida supported the self determination of residents and recognised Māori mana motuhake.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Bethsaida supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through bilingual signage, cultural celebrations, and staff-led activities. Staff have undertaken training in Te Tiriti o Waitangi and</p>

		<p>understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported their property and finances were respected. Property was labelled on admission, and staff did not handle residents' money.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā framework for care planning.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>At Bethsaida, residents and their whānau reported that communication was open, effective and respectful. They felt listened to and well supported, with information provided in a clear and accessible manner, and they had time for discussion and decisions to take place. Communication was tailored to meet individual residents' needs, with information delivered in various formats to support understanding, for example, through verbal explanations, written material, or visual aids. Staff demonstrated awareness of how to access interpreter services when required.</p> <p>Changes in a resident's health status were communicated to whānau, and where other agencies were involved in a resident's care, coordination and information sharing had occurred in a timely and appropriate manner.</p> <p>Examples of open and transparent communication were evident</p>

		following adverse events and in the management of any complaints.
<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	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. With the consent of the resident, whānau were included in decision-making. Those interviewed felt empowered to actively participate in decision-making.</p> <p>Staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. The managers and staff were aware of the patient's right to make a complaint and would support and guide them in the process.</p> <p>There have been no complaints in the last 12 months. The last complaint documentation (2023) sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p> <p>The service assured the process worked equitably for Māori by having the Code available in te reo Māori and it being discussed as part of the pre-admission and admission process.</p> <p>There have been no complaints received from external sources since the previous audit. One long-standing Health and Disability complaint had been closed in the last few months.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body, with the VM, assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on the board, with the chairperson identifying as Māori. Many of the board members have been on the board for many years and were supportive of service delivery to all cultures. The chairperson has introduced a karakia at the beginning of each meeting and was supportive of ensuring the board’s level of understanding in Te Tiriti, health equity and cultural safety. The VM has undertaken cultural and te reo Māori training. Signage was in English and te reo Māori and staff were encouraged to use te reo Māori greetings.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there was an experienced and suitably qualified person managing the service.</p> <p>Bethsaida has a five-year business plan (2023 to 2028), which contains the vision, mission, values, and key objectives. The board chairperson spoke of this being reviewed this year. Monitoring and reviewing of performance occurs through monthly VM reports and other key area reports, such as finance and maintenance. The service provided equitable access for all cultures and for tāngata whaikaha. The board chairperson and the VM spoke of how they were conscious of the low number of Māori residents and were looking into how they could ensure Māori felt welcome at Bethsaida.</p> <p>Bethsaida uses an externally contracted company's quality and risk management system, with some areas, such as complaints, remaining paper-based. There was evidence of a commitment to the quality and risk management system. There was a hazard and risk register which was maintained by the VM and health and safety team. The board chair interviewed felt well informed on the organisation's situation, however risks were not being taken to the board, see corrective action 2.2.2. A sample of agendas, reports to the board and board meeting minutes confirmed the board was being kept well informed. The chairperson and the VM also met or talked</p>

		<p>regularly between meetings.</p> <p>Compliance with legislative, contractual and regulatory requirements was overseen by the two managers, with external advice sought as required.</p> <p>People receiving services, and their whānau, participated in planning and evaluation of services through satisfaction surveys, residents' meetings and the ability to meet and discuss any issue with the VM, ongoing. Samples of the surveys and meeting minutes showed residents and whānau were very satisfied with the services being provided. This was confirmed with residents and whānau interviewed.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Nelson Marlborough for age-related residential care (ARRC), respite, and rest home and hospital care for up to 57 residents. Fifty-three residents were receiving services at the time of audit. Nineteen residents were in hospital-level care, 34 were in the rest home and one in respite at hospital-level care. All beds are certified as dual-purpose beds.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The organisation uses an external contracted company for the majority of its quality and risk system. The VM was responsible for the overall system, which was detailed and had a planned approach that reflected the principles of continuous quality improvement. This included:</p> <ul style="list-style-type: none"> - Management of incidents and complaints. - Audit activities; however, not all audits were occurring as per the schedule. This is an area for improvement. - Regular meetings. The review of the available minutes showed that not all scheduled meetings were occurring. The minutes did not consistently indicate that corrective actions had been taken nor that the action had been closed. These are areas for improvement. - A regular patient satisfaction survey.

		<ul style="list-style-type: none"> - Monitoring of outcomes. - Policies and procedures. <p>Whānau and staff contributed to quality improvement through satisfaction surveys, regular meetings and open communication with the VM and staff.</p> <p>Analysis of practices and systems, including ethnicity with the exception of infection control data (see CAR 5.4.3), identified possible inequities and the service works to address these.</p> <p>Delivering high-quality care to all cultures including Māori residents was supported through relevant training, tikanga policies, Te Whare Tapa Whā and access to cultural support; an example given was support the whānau of a Māori resident to ensure care was individualised and appropriate.</p> <p>There was evidence of proactive and corrective actions being taken related to activities and this was clear in discussion with the VM, clinical nurse manager and maintenance person, as well as evidence in the weekly meeting minutes between the VM and clinical nurse manager. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The VM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. A review of the risk/hazard register showed that the health and safety committee were reviewing and adding to the risks register appropriately; however, risks related to business were few and not being documented. This is an area for improvement.</p> <p>There was a strong culture of reporting adverse and near-miss events by staff, via the electronic system, in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were mostly completed and incidents were investigated; however, the action plans and closure of the actions were not consistently completed and this is an area for improvement.</p> <p>The VM and clinical nurse manager understood and have complied</p>
--	--	--

		with essential notification reporting requirements. Examples of reporting to the Health Quality & Safety Commission related to residents with fractures following falls.
<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>	PA Low	<p>There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. This was confirmed by the clinical nurse manager with a recent example. A multidisciplinary team (MDT) approach included medical, diversional therapy and external services, such as palliative and physiotherapy when required, which ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them and this was confirmed by visiting clinicians. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate and rosters showed two RNs on morning and afternoon duties and one on night duty, supported by health care assistants (HAS) who were medication competent. A rostered RN was on call as well as the clinical nurse manager.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents. A sample of staff files confirmed good employment practices being undertaken.</p> <p>Continuing education was planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery and the ability to maximise the participation of people using the service, and their whānau. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>There was evidence that HCA and cleaning staff had completed or commenced a New Zealand Qualification Authority education programme, or had been with the service for many years. This meets the requirements of the provider's agreement with Te Whatu Ora.</p>

		<p>Numbers provided showed:</p> <ul style="list-style-type: none"> • 5 HCAs in training • Two HCAs at Level 2 • Three HCAs at Level 3 • 18 HCAs at Level 4. <p>The organisation demonstrated that there was access to training over and above the scheduled monthly training sessions. There was evidence of training being well attended. This was confirmed by the staff interviewed, a palliative care clinical nurse specialist and a physiotherapist, who provide training. Attendance records were kept for each session. However, there is a disconnect between the recording of attendance and the main record of staff training which showed gaps in completion of required training. This is an area for improvement.</p> <p>Staff reported feeling well supported and safe in the workplace.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Review of a sample of staff personnel files and an interview with the VM, who undertakes the recruitment process, confirmed the organisation's policies were being consistently implemented. Job descriptions were documented for each role and updated as changes occurred. Professional qualifications and registration (where applicable) had been validated prior to employment. All health professionals who work at Bethsaida had a current annual practicing certificate.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Staff can extend their orientation time if required. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Annual review, including the VM, was confirmed by staff interviewed; a few were overdue, but dates were set to meet with these staff.</p>

		Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, NHI, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information was accessible for all those who need it. Referrals usually provide the clients NHI or if not provided this is obtained via the residents GP.</p> <p>Files were held securely for the required period before being sent for destruction to a contracted company. No personal or private resident information was on public display during the audit.</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>Residents enter the service based on documented entry criteria available to the community and understood by staff. Residents were welcomed into Bethsaida when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Bethsaida provides. The entry process met the needs of residents. Residents and whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision. Related data was documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supported Māori and their whānau when entering the service.</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</p>	PA Moderate	The multidisciplinary team at Bethsaida worked in partnership with the resident and whānau to support wellbeing. Eight resident files were reviewed: four each from residents receiving hospital and rest

<p>wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>home care. These files included residents experiencing challenging behaviour, residents who identified as Māori, residents with a wound, residents who self-administer medication, residents with diabetes, residents with compromised mobility, residents recently transferred to an acute facility and residents with several co-morbidities.</p> <p>The files reviewed confirmed a care plan, based on the provider's model of care, was developed by suitably qualified staff following a comprehensive assessment, and included consideration of the person's lived experience, cultural needs, values and beliefs, and wider service integration, where required. However, the personal goals of the resident were not always documented; refer criterion 3.2.3. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical or nurse practitioner assessment, and initial care plan, met contractual and policy requirements. However, contractually required timeframes for the interRAI assessment and long-term care planning were not always met; refer criterion 3.2.1.</p> <p>Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, including for Māori, and from interviews of clinical staff, residents and whānau.</p> <p>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. Residents were reviewed by a general practitioner (GP) of their choice; however, not all GP reviews were documented in the clinical files reviewed, and where progress was different to that expected, changes were not always made to the care plan; refer criterion 3.2.5. Residents and whānau confirmed their active involvement in the evaluation/review process.</p> <p>Tāngata whaikaha participate in service development through the care planning process. Examples of choices and control over service delivery for all residents, including Māori and tāngata whaikaha, were discussed with staff. Tāngata whaikaha and whānau can</p>
--	--	--

		independently access information.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>A full-time diversional therapist leads an activities programme that supported residents to maintain and develop their interests. They were supported by two activities coordinators, one of whom was completing the diversional therapy training. The programme was offered six days a week and was suitable for the residents' age and stage of life.</p> <p>Social profiles and recreation activities assessments identified the residents' individual interests and considered the residents' identity. Cultural, spiritual, social and diversional therapy needs were included in the long-term care plan and were updated by the diversional therapist. The diversional therapist has worked to make these more individualised to reflect the residents' personal goals in relation to activities.</p> <p>Individual and group activities planned reflected residents' interests and ordinary patterns of life, and included activities such as newspaper reading, exercises, puzzles and crafts. One-to-one activities were provided for those who did not wish to join a group activity. Van outings occurred once a week in the facility van. Residents were encouraged to maintain links with the community, for example, library access, attending church and other groups they have an affiliation with.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori were facilitated and examples were discussed. Te reo Māori was promoted in the programme, and the diversional therapist discussed using Māori words in newspaper reading, puzzles and on the monthly calendar. Staff encouraged Māori residents to maintain involvement in te ao Māori outside the facility, and assisted residents with transport as needed.</p> <p>Residents were observed to be involved in the programme, and those interviewed confirmed they found the programme met their needs. Evaluation of the programme occurred through resident feedback and monitoring of attendance numbers.</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>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were observed to be competent to perform the function they managed and documented medication competencies were sighted.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP or NP review was consistently recorded on the medicine chart.</p> <p>Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely.</p> <p>Residents, including Māori residents and their whānau, were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service was in line with recognised nutritional guidelines for people using the services. The menu had been reviewed by a qualified dietitian within the last two years. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration with an expiry date of 23 March 2026.</p> <p>Each resident had a nutritional assessment on admission to the</p>

		<p>facility. Personal food preferences, allergies and intolerances, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that were culturally specific to te ao Māori.</p> <p>Residents who are able, have the opportunity to be involved in food preparation through the activities programme.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate.</p> <p>Resident and whānau interviewed reported being kept well informed during the transfer of their relative; they were given options to access other health and disability services, and documentation confirmed they were kept informed during transfers. The nurse practitioner interviewed confirmed the level of communication with staff was good.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we</p>	FA	<p>Appropriate systems were in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The facility had a current building warrant of fitness. Audits were undertaken to ensure legislation and good practice was occurring. The maintenance person has been in their role for less than a year and was dedicated to ensuring a safe comfortable environment for the residents.</p>

<p>deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>The environment was observed to be comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. All rooms have an ensuite and there are adequate numbers of accessible toilet facilities throughout the facility for residents when in the dining or activities areas, as well as visitors. Each resident's room has temperature control to meet their individual requirement.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Most rooms have a door that opens out onto a garden area.</p> <p>The current environment was inclusive of people's cultures and supported cultural practices. Signage was sighted in te reo, and pictures of native birds and local areas were sighted around the facility. The VM was aware that any new buildings require consultation or co-design with Māori in the design process.</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>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed.</p> <p>Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). In the event of a civil defence emergency the facility had adequate supplies of food, water, hygiene products and medications, plus extras such as torches, plastic bags stored in a Civil Defence cupboard and checked on a regular basis. A diesel generator is available on site, which provides for emergency lighting. This is tested on a regular basis. These meet the National Emergency Management Agency recommendations for the region. A gas stove is used for cooking.</p> <p>Staff were able to provide a level of first aid relevant to the risks for the type of service provided.</p>

		<p>Call bells were sighted in patient care areas, to alert staff to residents requiring assistance. Residents and whānau reported staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p>
<p>Subsection 5.1: Governance</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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, and were linked to the quality improvement system. They were reviewed and reported on annually.</p> <p>Expertise and advice were sought following a defined process. A documented pathway supported risk-based reporting of progress, issues and significant events to the governing body.</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>There was an infection prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, was linked to the quality improvement programme and had been approved by the Bethsaida governing body. Annual review of the programme, with reporting to governance, had occurred.</p> <p>The clinical nurse manager is the designated infection prevention coordinator (IPC) and is responsible for overseeing and implementing the IP programme with reporting lines to senior management and to the governance group. Their role and responsibilities were described in a job description. The IPC is a registered nurse; however, they had not completed training relevant to the role; refer criterion 5.2.1. They confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery.</p> <p>No changes to the building had occurred and none were planned.</p>

		<p>The IPC was aware of the requirement for consultation should this occur.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice was accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff had been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was audited to maintain good practice. Single-use medical devices were not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials was promoted. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.</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>	PA Low	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to</p>

<p>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.</p>		<p>identify any trends, possible causative factors and required actions.</p> <p>Standardised definitions were available. However; there was no evidence these were used when reporting infections. Surveillance data did not include ethnicity. Results of the surveillance programme were shared with staff and reported to the governing body.</p> <p>Communication between service providers, and those residents experiencing a health care-associated infection (HAI), was culturally safe.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The facility was observed to be clean and well maintained in all areas visited. Cleaning staff interviewed follow appropriate good practice policies and have undertaken appropriate training.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Waste was stored securely before being removed by an external contracted company, and some recycling was occurring.</p> <p>Laundry and cleaning processes were documented and monitored for effectiveness by an external chemical company and internal audit; however, the audits were not always undertaken; see CAR 2.2.2. Infection prevention personnel had oversight of the environmental testing and monitoring programme. The main laundry person has been in the role for many years and was assisted by HCA. Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Chemicals were stored safely, with safety data sheets available in the appropriate areas. Only small amounts of chemicals were held onsite.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility kept clean and tidy. This was confirmed through observations.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Bethsaida has maintained a restraint-free environment since the last audit and this is the aim of the service.</p> <p>The board demonstrated commitment to this, supported by the VM and clinical nurse manager at operational level. At the time of audit, there was no restraint in use. Any use of restraint was reported through to the governing body.</p> <p>Policies and procedures met the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. The clinical nurse manager has the role of approval of restraints and confirmed whānau/EPOA would be involved in decision-making.</p> <p>The health and safety/infection control group oversaw the use of restraints and restraint processes, including monitoring.</p>
--	-----------	---

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3</p> <p>My service provider shall design a Pacific plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care.</p>	PA Low	<p>The organisation uses policies from a contracted external provider. Documents sighted included a copy of Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. There is also a template for use by providers to develop, in conjunction with local Pacific communities, an organisation-specific Pacific plan. However, this is yet to be completed.</p>	<p>The organisation uses external company policies. There is a reference policy related to the Ministries Pacific plan. However, they have not formulated a Pacific plan with input from the local Pacific community.</p>	<p>A Bethsaida Pacific plan be developed in partnership with the local Pacific community, underpinning the voice of Pacific people and their models of care.</p> <p>180 days</p>
<p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and</p>	PA Low	<p>The VM spoke of one of the board members having a community connection and who has provided assistance with training in the past. They also spoke of the board chairperson having contacts with Pacific community groups. However, there was no evidence of these contacts being current and being part of planning support, and considering barriers for Pacific people entering into the service.</p>	<p>There has been contact through a board member with Pacific community contacts; however, there was no evidence of this being developed into a partnership to support the organisation.</p>	<p>The organisation connects with local Pacific communities and organisations to better understand their needs and support and improve outcomes for their people.</p> <p>180 days</p>

evaluation of the health and wellbeing of Pacific peoples to improve outcomes.				
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Moderate</p>	<p>The organisation follows an external contracted company's quality system for the majority of its quality and risk processes.</p> <p>Review of the hazard risk system showed good identification, rating and mitigation and review of hazard/risk by the health and safety team. However, there were only a few risks documented related to the organisation's business practices, with nothing to capture risks to information technology or loss of senior staff. There was no evidence that the Board had reviewed the organisation's risks and this was confirmed by the chairperson.</p> <p>An annual meeting schedule was in place identifying dates for regular meetings. However, a review of available minutes showed that over the past 12-month, meeting were not consistently held in line with the schedule:</p> <ul style="list-style-type: none"> - cleaners/kitchen/laundry staff meetings were consistently undertaken. - rest home/hospital residents meetings, twice out of four had been undertaken. - health and safety/infection control meetings, occurred once out of the four scheduled - RN/medication competent HCAs, meetings occurred twice out of four scheduled - General staff meetings occurred three times out of four scheduled. <p>A calendar of 33 audits was in place to guide</p>	<p>An electronic quality system from an external provider is in use.</p> <p>Review showed that not all audits were being completed as per the schedule.</p> <p>There is a hazard risk register; however, business risks are not all covered in the register. The Board does not routinely review the risk register.</p> <p>Minutes of all scheduled meetings were not all available. Minutes have a space for corrective actions; however, these were not always completed and evidence of these being closed off was not always apparent.</p>	<p>All audits be undertaken as per the audit calendar. The hazard risk register be updated with a view to add business risks and the register be reviewed by the board. All meetings be held as per the meeting schedule.</p> <p>90 days</p>

		<p>staff on when each audit should be completed. However, a review of the online audits for 2024/25 showed that not all audits were being completed according to the schedule. The exception was the monthly and quarterly maintenance audits, which were consistently undertaken.</p> <p>The other audits cover a wide range of appropriate areas related to clinical and non-clinical areas. These were to be undertaken:</p> <ul style="list-style-type: none"> - Annually (seven audits). Four out of the seven had not been undertaken, and of the three others these were not fully completed. - Twice a year (14 audits). Three areas were completed as required, eight were completed once in the 12 months. - Three times a year (four audits). Two were completed once in the 12 months and the other two had not been undertaken during the year. - Four times a year (three audits). Two had not been undertaken in the last 12 months and one had been completed once. - Five times a year (one audit). This audit commenced in the last 12 months but was not completed. 		
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to</p>	PA Low	<p>The online register of incidents showed 1,461 incidents being reported since the system commenced early last year. Of these, a sample of 60 showed that 15 had not been closed off, some from last year and most with little documentation of the investigation.</p>	<p>There is a good culture of reporting incidents onto an electronic system. However, there was evidence that not all events had documentation of the completion of investigation</p>	<p>All incidents have a documented investigation which is complete, and a closure date.</p>

reduce preventable harm by supporting systems learnings.			and closure.	180 days
<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 services.</p>	PA Low	<p>The availability of training was sighted in posters around the facility and this was confirmed by the diversional therapist, who arranged training and undertook some of it. The annual training programme covered all the requirements of the standard and the contract for services. Staff training was recorded on a spreadsheet. Review of the spreadsheet showed gaps in completion, but when two areas were reviewed with attendance records, these did not align. The gaps in the completion of training were very apparent for RNs. The clinical nurse manager stated that it was difficult at times to get RNs to training sessions. The record of HCA training showed good completion of training with a few gaps.</p> <p>Examples of gaps in training records included:</p> <p>RNs: Ten out of 15 had had not completed restraint and the Code training. Training for both of these had been held this year and one attendance record showed the training spreadsheet was not up to date.</p> <p>Spirituality: 14 out of 15 had not completed.</p> <p>Clinical areas: 10 out of 15 had not completed the use of the hoist.</p> <p>Documentation: 13 out of 15 were recorded as not completing the training held in January 2025.</p>	<p>There are good opportunities for training for all staff. However, the documentation of completion of training showed gaps, especially the RNs.</p>	<p>All staff undertake the required training and this is evidenced in the organisation's training record spreadsheet.</p> <p>180 days</p>
Criterion 3.2.1	PA	Registered nurses are responsible for all	Four residents admitted in	Ensure that all residents have

<p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>Moderate</p>	<p>assessments and care planning. Interviews with the clinical nurse manager and with registered nurses confirmed they were aware of the contractual requirements for an interRAI assessment and long-term care plan to be completed within 21 days of admission. However, out of eight files reviewed, six did not meet the contractually required timeframes for interRAI assessment and/or long-term care planning.</p> <ul style="list-style-type: none"> • Four files from residents admitted in the last eight months evidenced the contractually required timeframes had not been met. • Two files reviewed showed that, for two residents, it had been 11 and 12 months respectively since their last interRAI assessment; this included one resident whose needs had changed following a hospital admission. • A resident who had returned from hospital, did not have their care plan updated and no short-term care planning was in place to address the resident's changed needs. 	<p>the last eight months did not have an interRAI assessment and long-term care plan completed within the contractually required timeframe.</p> <p>Two long-term residents did not have an interRAI assessment six-monthly as required by contract. Evidence was missing of the updating of a resident's care plan when they had returned from hospital as well as there being no short-term care planning for their changed needs.</p>	<p>an interRAI assessment and long-term care plan completed within 21 days of admission, and long-term residents have an interRAI assessment completed at a minimum of six-monthly as required by the provider's contract with Health New Zealand. All residents care plans be current with information following return from hospital and having short-term care plans in place.</p> <p>90 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced</p>	<p>PA Moderate</p>	<p>Informed choice underpins all care at Bethsaida. Registered nurses are responsible for the assessment and care planning process, which includes consideration of the resident's cultural needs, values and beliefs, in addition to their physical needs. However, the resident's individual strengths, goals and aspirations were not recorded. Goals documented in seven out of eight care plans were generic in nature and</p>	<p>In seven out of eight files reviewed, the resident's individual strengths, goals and aspirations were not identified and the supports required to meet their personal goals were not documented. This included goals and supports for both</p>	<p>Ensure the care plan is personalised and identifies the residents' personal goals, and that the supports required to achieve their goals are documented.</p>

<p>health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>did not indicate what the individual wanted to achieve.</p>	<p>physical and cultural/spiritual needs.</p>	<p>90 days</p>
<p>Criterion 3.2.5</p>	<p>PA</p>	<p>Registered nurses are responsible for regular</p>	<p>In three of eight files</p>	<p>Ensure that each resident's</p>

<p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>Moderate</p>	<p>review or evaluation of resident care and update of the care plans. Review occurs daily and was documented in progress notes. Formal review of the care plan occurs in line with the interRAI assessment. However, when a resident's needs had changed, review had not always occurred and the care plan was not always updated. This included for two residents with changed needs following recent hospital admissions and one resident where the care plan did not identify strategies to address all clinical assessment protocols (CAPS) identified in the interRAI assessment.</p> <p>Residents at Bethsaida are supported to retain a general practitioner (GP) or nurse practitioner of their choice. There are currently 18 GPs from seven medical practices and one nurse practitioner who provide medical care for residents. The nurse practitioner documents assessments in the electronic record progress notes, and these are visible to all staff. The GPs email a copy of their notes to the registered nurse who is responsible for uploading this to the resident's file in the electronic record. However, this had not occurred consistently, some documents were missing and other documents that had been uploaded were not always clearly labelled or identifiable. As a result, the GP assessment notes were not visible and/or not included in the file. This corrective action was raised at the last audit and remains a problem. The risk rating has been raised to moderate.</p>	<p>reviewed, the care plan had not been updated to reflect the resident's current needs.</p> <p>In eight of eight files reviewed, evidence of regular GP review was not sighted.</p>	<p>care plan is updated when their needs change and that strategies are identified to address all clinical assessment protocols (CAPs) triggered in the interRAI assessment.</p> <p>Ensure notes from the regular GP reviews are incorporated into the resident's file.</p> <p>90 days</p>
<p>Criterion 5.2.1 There is an IP role, or IP</p>	<p>PA Low</p>	<p>The clinical nurse manager is designated as the infection prevention coordinator. They are a registered nurse. However, they had not</p>	<p>The clinical nurse manager, who is the designated infection prevention</p>	<p>Ensure the infection prevention coordinator completes training relevant to</p>

<p>personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</p>		<p>completed training in infection prevention and antimicrobial stewardship relevant to the role.</p>	<p>coordinator, had not completed training in infection prevention and antimicrobial stewardship relevant to the role.</p>	<p>the role.</p> <p>180 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Infection surveillance methods and tools were described in policy. This included standardised definitions to be used. However, the standardised definitions were not routinely in use. There was analysis of data including trending of specific infection rates. Data did not include ethnicity.</p>	<p>Standardised definitions were not being used when reporting infections.</p> <p>Data did not include ethnicity.</p>	<p>Ensure standardised definitions are used when reporting infections.</p> <p>Ensure surveillance data includes ethnicity.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.