

Agape Care Warkworth Limited - Bethany Hill Dementia Care

Introduction

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

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

Premises audited: Bethany Hill Dementia Care

Services audited: Dementia care

Dates of audit: Start date: 3 June 2025 End date: 3 June 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: 27

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bethany Hill Dementia Care (Bethany Hill) is owned and operated by Agape Care Warkworth Limited. Agape Care also owns and operates another aged care facility, Milton Court in Auckland. Bethany Hill provides secure dementia care for up to 30 residents. On the day of audit, there were 27 residents.

There have been no significant changes to the service since the previous certification audit in December 2023. Facility management is provided by the owner/director, who is a registered nurse. Two other registered nurses oversee day-to-day clinical care and support to the facility manager (FM).

This surveillance audit process included consideration of policies and procedures, review of residents' and staff files, observations and interviews with a resident and whānau/family members, the owner, clinical and care staff, and a general practitioner.

There were no improvements from the certification audit which required following up.

One improvement was identified because of this audit. The infection control programme requires an annual review.

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 are fully attained.

Bethany Hills 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.

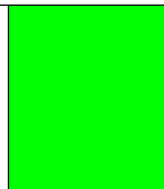
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. Residents' property and finances were respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. The resident and whānau 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 are fully attained.

The owner assumes accountability for delivering a high-quality service. This included 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 was monitored and reviewed at planned intervals.

A clinical governance structure met 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 included collection and analysis of quality improvement data, identified trends and led to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Policy was 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 had 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 are fully attained.
---	--	--

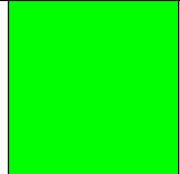
The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau 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, 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 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 are fully attained.
---	---	--

The facility, plant and equipment met the needs of residents and were culturally inclusive. A current building warrant of fitness and planned maintenance programme ensured 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.

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

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

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 are fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident who required a lap belt when sitting due to their high risk of falls. A comprehensive assessment had occurred and monthly reviews of ongoing need for this were occurring. Consent had been obtained from the resident's Enduring Power of

Attorney (EPOA). This is not usual practice in dementia settings, but alternatives were not successful in keeping the resident safe from harm.

Staff have been trained in providing the least restrictive practice, de-escalation techniques and 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	17	0	1	0	0	0
Criteria	0	47	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Bethany Hill has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with local kaumātua to support service integration, planning, equity approaches, and support for Māori. The number of staff who identified as Māori exceeded the number of residents who identified as Māori. These staff interviewed said that services were provided in a culturally safe manner and that their advice was sought and considered.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A small number of residents and staff identified as Pacific people. The residents' care records sighted reflected Pacific models of care. A resident who identified as a Pacific Islander said their cultural needs were being met. Staff said they had attended training and expressed confidence in being able to meet the cultural needs of Pacific residents. Training was confirmed in staff records reviewed. A family member interviewed expressed satisfaction with the care and services provided, including cultural care.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>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. Posters of the Code in English, te reo and sign languages were posted around the facility on notice boards.</p> <p>Residents' whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Residents received services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property and finances were respected. Residents' cash can be stored securely in the safe in the manager's office. Residents' whānau stated that staff behaved in a professional manner.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, 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</p>	<p>FA</p>	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Legal representatives and whānau felt empowered to actively participate in decision-making. Informed consent to receive care, and for specific procedures, had been gained appropriately. Signed consent forms were available in residents' files.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>

<p>their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process met the requirements of the Code.</p> <p>The FM is responsible for complaints management. The complaints register and interview with the FM revealed there have been a small number of written complaints received since the previous audit in December 2023. These and other informal concerns have been effectively managed and resolved. Complaint forms and information about support are available in te reo Māori. Family/whanau interviewed said they had been informed about the complaints process.</p> <p>There have been no known complaints received or investigated by an external party, such as Health New Zealand – Te Whatu Ora or the Office of the Health and Disability Commissioner (HDC).</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 company director/owner is a RN with a current practicing certificate and is also the designated facility manager for Bethany Hill. This person, who has owned and operated residential age care services for more than 16 years, assumes accountability for delivering a high-quality service to users of the services and their whānau. They understood their role and responsibilities according to legislation, regulation and the contractual requirements, and seek external advice when required.</p> <p>The business/quality/risk plans describe the organisational structure, purpose, values, scope, direction, performance, and annual goals. These goals and plans were reviewed for progress at the end of each calendar year and during meetings with the senior RNs at each facility.</p> <p>A commitment to the quality and risk management system was evident. The FM ensured compliance through regular monitoring of service delivery outcomes, via internal audits, resident/relative and staff surveys, complaints and compliments, and day-to-day communications.</p> <p>Clinical governance was upheld by the senior RN and the FM, who work together with staff to improve and be held accountable for the quality and</p>

		<p>safety of the services they provide. Meeting minutes demonstrated review of residents' care, considering opportunities for service improvement and implementing best-known practices where needed.</p> <p>The service provider holds an age-related residential care (ARRC) agreement with Health New Zealand – Te Whatu Ora, that specifies secure level dementia care. There are additional agreements for respite care, long-term support – chronic health conditions (LTS-CHC), and a day activities programme for dementia care which is currently inactive. The maximum number of beds is 30. On the day of audit, 27 residents were receiving services under the ARCC. There were no residents on short-term respite. One resident was funded on the long-term support – chronic health conditions contract.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This was reviewed and kept current by the owner/operator/FM and the external owner of the quality system. Activities to monitor adherence to the business, quality and risk plan, and the service's policies and procedures, included regular internal audits, management and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, wounds and infections, including outbreak events, complaints, resident/relative satisfaction surveys and staff surveys. Where these monitoring activities identified a need for improvement, corrective action plans were developed and actions implemented until improvement occurred. Evidence of this was confirmed by interviews and sighted in the audit reports, incident records and in the minutes of staff, and resident, meetings. The written feedback from family/relatives who had been surveyed this year to date was positive.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>The reporting and recording of incidents/accidents and near-misses adheres to the principles of the National Adverse Events Reporting Policy.</p>

		<p>A sample of incidents forms reviewed showed these were accurately reported and reviewed by the RN and FM. Where indicated, incidents were investigated, and if change was required to prevent or minimise recurrence, actions were implemented in a timely manner.</p> <p>The FM and senior RN understood essential notification reporting. No Section 31 or other notifications have been required since the previous audit. There have been no infection outbreak events, no other significant events nor coroner's enquiries or police investigations since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. An after-hours on-call roster was in place with registered nurse cover. The health care assistants (HCAs) interviewed reported that good access to advice was available when needed. The HCAs also stated there were adequate staff available and that they were able to complete the work allocated to them. This was further supported by family members interviewed. Review of the rosters for one month, sampled during the audit, confirmed adequate staff cover had been provided. All staff were maintaining current first aid certificates.</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.</p> <p>All staff completed competencies at the commencement of employment and annually. The training calendar for 2025 was reviewed. Online training was also encouraged by the FM, and staff can complete this at their own pace. Topics covered are relevant to the HCA role in a dementia service and meet the service agreement obligations. The three registered nurses were maintaining their annual practising certificate with the Nursing Council of New Zealand (NCNZ).</p> <p>Staff said they were well supported with professional development opportunities.</p> <p>All health care staff have either completed or commenced a New Zealand</p>

		<p>Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the funder. Of the 13 care staff employed, five had completed all four modules of the limited career path - dementia series. The other eight were progressing these and had completed three modules. The RN was accredited and maintaining competencies to conduct interRAI assessments. Staff records sampled demonstrated completion of the required training and competency assessments.</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. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in the files reviewed. Opportunities to discuss and review performance occurred three months after appointment and then every one to two years thereafter, as confirmed in the records reviewed. The owner worked alongside each staff member regularly, during which time they gave the staff member verbal feedback on their performance. A note to this effect is kept in the staff files. Unsatisfactory performance was readily identified and addressed, with input from external consultants.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan was developed by the registered nurses (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff supported Māori and whānau to identify their own pae ora outcomes in their care plan. Behaviour</p>

		<p>management plans were completed, with identified triggers and strategies to manage the identified behaviours documented. Identified residents'/whānau goals and aspirations were addressed in the care plan, where applicable. This was verified by sampling residents' records, and from interviews of clinical staff 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. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. A resident and whānau confirmed active involvement in the process. The general practitioner was satisfied with the care provided to residents and communication received from the clinical staff.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</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. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administered medicines were competent to perform the function they managed. Current medication administration competencies were available in the staff files sampled for review.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met 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 GP reviews were consistently recorded on the medicine chart. Standing orders were not used.</p> <p>The RN stated that self-medication administration was not supported due to residents' impaired cognition.</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 menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of residents. Evidence of resident satisfaction with meals was verified from interview with a resident and whānau, satisfaction surveys and resident meeting minutes.</p> <p>The service operated with an approved food safety plan and registration that will expire on 22 March 2026.</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>	<p>FA</p>	<p>Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau where applicable. Risks and current support needs were identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and</p>	<p>FA</p>	<p>Building, plant and equipment were fit for purpose, inclusive of peoples’ cultures and comply with relevant legislation. This included a current building warrant of fitness, electrical and biomedical testing, and internal audits of the environment.</p> <p>There have been no significant issues with the physical environment. Staff and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>The infection prevention and control coordinator (IPCC) was responsible for overseeing and implementing the IP programme. This was confirmed by the manager. The IP programme was overdue for annual review.</p> <p>Staff were familiar with policies and practices 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.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<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. Surveillance methods, tools, documentation, analysis, and assignment of responsibilities were described and documented using standardised surveillance definitions. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff in staff meetings and reported to the governing body.</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>FA</p>	<p>The non-use of restraint is supported by policies and procedures and the owner/operator. One resident assessed as at a very high risk of falls required a lap belt when seated. This had been assessed and consented to by the resident's EPOA in November 2024. Previous alternatives, such as sensor mats, were not effective in preventing falls. Monitoring records</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>and interviews confirmed that staff removed the lap belt and supported the resident to walk at least every two hours. Observations and staff feedback revealed the use of the lap belt was not causing the resident any frustration or agitation. Ongoing monthly reassessments showed that, when there is no belt in use, the resident will rise and immediately fall. A telephone interview revealed the resident's family/EPOA was being kept fully informed. The registered nurse is the restraint coordinator for this service. Staff interviewed demonstrated a sound knowledge and understanding of the safe application and monitoring of this restraint, which is discussed at handover and in monthly meetings. Education on prevention of restraint, de-escalation techniques and use of alternative interventions occurs with staff at least annually.</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 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	The IP programme has been developed by those with IP expertise and approved by the governance body. The programme was linked to the quality improvement programme. The organisation’s policy requires the IP programme to be reviewed annually. However, it was last reviewed in October 2023.	The IP programme was overdue for annual review.	<p>Ensure the IP programme is reviewed annually to meet the policy and criterion requirements.</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.