

# Beetham HealthCare Limited - Beetham HealthCare

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## 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 BSI Group New Zealand Ltd, 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:** Beetham HealthCare Limited

**Premises audited:** Beetham HealthCare

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 24 June 2025 End date: 25 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:** 46

# Executive summary of the audit

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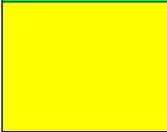
## Introduction

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 fully are 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

Beetham HealthCare provides hospital (geriatric and medical), dementia and rest home care for up to 48 residents. At the time of the audit there were 46 residents.

This certification audit was conducted against Nga Paerewa Health and Disability Services Standards 2021 and the contracts with Health New Zealand – Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a nurse practitioner or general practitioner.

The general manager is supported by a recently appointed clinical nurse manager (registered nurse), clinical assistant, and a team of experienced staff. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls related to implementation of the quality system; internal audits; staff training; entry to service; medication management; and infection prevention and control.

## 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.

Beetham HealthCare provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Beetham HealthCare provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents, their representatives, and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of individuals to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints are actively managed.

## Hunga mahi me te hanganga | Workforce and structure

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

Services are planned, coordinated and appropriate to the needs of the residents. The general manager and clinical nurse manager are responsible for the day-to-day operations. The business plan includes a mission statement and operational objectives.

The service has documented quality and risk management systems in place that take a risk-based approach. Meetings are documented as taking place. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme documented for healthcare assistants.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## 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.

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

The general manager and the clinical nurse manager are responsible for the entry process to the service. Admissions are managed by registered nurses, and general practitioners or nurse practitioners. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care. The planned activity programme provides residents with various individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication-competent healthcare assistants are responsible for the administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. The residents' food, fluid, and nutritional needs are provided in line with recognised nutritional guidelines, and additional requirements/modified needs are being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## 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 building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is a mix of rooms with full ensembles and shared facilities. There are communal shower rooms with privacy signs. Resident rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Call bells are located strategically throughout all communal areas, toilets, bathrooms, and resident bedrooms. The facility is secured each evening on dusk.

## 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.

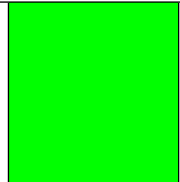
Some subsections applicable to this service are partially attained and of low risk.

There is a documented infection prevention and control programme which provides information and resources to inform the service providers, and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to staff as part of their orientation, and as part of the ongoing in-service education programme. There is an antimicrobial usage policy.

The documented type of surveillance is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. There is a documented process in the policies that aims to ensure that results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been no outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented.

## Here taratahi | Restraint and seclusion

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| 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. |
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There are policy and procedures for restraint minimisation and safe practice that specify the organisation is committed to providing a restraint-free environment. There were residents using restraint at time of audit. Education is provided to staff around restraint minimisation.

## 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  | 6                                    | 2  | 0                                      | 0  |
| Criteria          | 0                           | 167                 | 0  | 7                                    | 2  | 0                                      | 0  |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

| Subsection with desired outcome  | Attainment Rating | Audit Evidence   |
|--|-------------------|--|
| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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> | <p>FA</p>         | <p>A Māori health plan is documented for the service which acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Beetham HealthCare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training around Te Tiriti o Waitangi.</p> <p>As part of staff training, Beetham HealthCare incorporates the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. Staff have access to relevant tikanga guidelines.</p> <p>The management team collaborates with mana whenua (staff and whānau contacts), and local Māori healthcare providers in business planning and service development, to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery; and to improve outcomes/achieve equity for tāngata whaikaha.</p> |

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|   |           | <p>Beetham HealthCare has an established relationship with a Māori health cultural advisor, who provides guidance to ensure services reflect te ao Māori values and practices which are responsive, inclusive, and sensitive to the cultural needs of Māori. The advisor also provides advice to the Board; blesses the rooms after residents have passed away; holds memorial services; facilitates training for staff as required; provides karakia; and is available as an interpreter or for advocacy with complaints management for Māori residents as required.</p> <p>The service supports increasing Māori capacity by employing Māori staff as vacancies arise. At the time of the audit, there were Māori staff members. Staff members interviewed stated that they are supported with cultural resources and staff are encouraged to use te reo Māori and relevant tikanga in their work with residents, as detailed in the Māori health plan and tikanga guidelines.</p> <p>Twenty-one staff members (three registered nurses (RNs), twelve healthcare assistants (HCA), one head chef, two housekeepers, one diversional therapist (DT), one activities assistant, one maintenance manager) and management (general manager, clinical nurse manager (CNM) and clinical assistant) interviewed described how care is based on the resident's individual values, beliefs, and preferences.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | <p>FA</p> | <p>Beetham HealthCare recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and the Fonafale model.</p> <p>On the day of audit there were no Pacific residents living at Beetham HealthCare. An interview with the clinical nurse manager confirmed that although there were no Pacific residents, ethnicity information and Pacific people's cultural beliefs and practices would be identified during the admission process and entered into the residents' files. The service ensures that resident and family/whānau are encouraged to be present</p>   |

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|  |           | <p>during the admission process and the service welcomes input from the resident and family/whānau when developing the initial care plan. Individual cultural beliefs for all residents are documented in the activities profile, activities plan, and care plan.</p> <p>The service continues to recruit new staff as vacancies become available. At the time of the audit there were staff that identified as Pasifika. The general manager described how Beetham HealthCare continues to provide equitable employment opportunities for the Pacific community. Staff interviewed confirmed that all cultures are respected at Beetham HealthCare.</p> <p>Interviews with staff, managers, four residents (two hospital and two rest home) and four family/whānau (one dementia, two hospital, and one rest home), identified that the service acknowledges and accommodates cultural preferences and individualised needs. The service consults with Pacific staff to access community links and continue to provide equitable employment opportunities for the Pacific community.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The general manager or CNM discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available for residents and included in the entry pack of information provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy</p> |

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|   |           | <p>services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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> | <p>FA</p> | <p>Staff members interviewed described how they support residents in their choices. Family/whānau interviewed stated their loved ones had choice and examples were provided.</p> <p>The service's bi-annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. There was one married couple at rest home level care at the time of the audit. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. There are links to spiritual support through the local churches. Church services are held regularly.</p> <p>The service promotes te reo Māori and tikanga Māori through all their activities. Māori cultural days are celebrated and include Matariki and Māori language week. Staff attend specific cultural training, that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective. The training builds knowledge and awareness about the importance of addressing barriers for Māori to service delivery. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p> |

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| <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>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The service ensures appropriate responsiveness of complaints or concerns without retribution or negative treatment of the complainant, or someone supporting the complaint. Staff are encouraged to address issues of racism, to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and bi-annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | <p>FA</p> | <p>Information regarding the services offered is provided to residents and family/whānau on admission. Resident and family/whanau meetings identify feedback and create opportunities for follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whanau /next of kin of any accident/incident that occurs. All communication is documented in the resident file. Accident/incident forms reviewed identified family/whānau/next of kin are kept informed, and this was confirmed through the interviews with family/whanau.</p>   |

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|  |           | <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all the residents could speak and understand English. Staff and management interviewed could describe how they would assist residents that do not speak English with interpreters and resources to communicate as needed.</p> <p>Non-subsidised resident's family/whānau are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. They are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, and dietitian). The delivery of care includes a multidisciplinary team, and residents and family/whānau provide consent and are communicated with regarding services involved. The general manager and clinical nurse manager gave examples of open communication with family/whānau, including the time and support around discussions and decision making.</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 their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>Informed consent processes were discussed with residents and family/whānau on admission. Resident files were reviewed and written general consents sighted and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic records and is activated as applicable for residents assessed as incompetent to make an informed decision, as with the residents in the dementia unit (Nolan). Where EPOA had been activated, a medical certificate for</p>  |

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|  |           | <p>incapacity was on file.</p> <p>A policy that guides informed consent is in place, which includes the guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the nurse practitioner (NP) or general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect resident's lives. Training has been provided to staff in relation to the Code.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori health plan is available to guide on cultural responsiveness to Māori perspective of health.</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>The complaints procedure is provided on entry to the service. The general manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the HDC in the Code. The general manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Three complaints have been made since the last audit in June 2023; one in 2024 and two year-to-date in 2025. This includes one complaint managed through the advocacy services in 2025. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. There were no identifiable themes, and all the complaints have been closed off to the satisfaction of the complainant. There have been no external complaints received since last audit.</p> <p>Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents and family/whānau</p> |

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|   |               | <p>have a variety of avenues they can choose from to make a complaint or express a concern, including resident and family/whanau meetings. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori. Complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions and family/whanau involvement for Māori.</p>  |
| <p><b>Subsection 2.1: Governance</b></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>PA Low</p> | <p>Beetham HealthCare is an aged care facility located in Gisborne and owned by Beetham HealthCare Limited. The service is certified to provide care for up to 48 residents, with six dedicated secure dementia beds, and 42 dual purpose beds. There are no double / shared rooms. At the time of the audit there were 46 residents in the facility: six at dementia level of care, 21 at rest home level of care, and 19 at hospital level of care, including one resident on respite and one on Accident Compensation Corporation (ACC) funding. All the other residents were under the age-related residential care (ARRC) agreement.</p> <p>The general manager is responsible for the day to day running of the facility. The general manager is non-clinical and has been in the role since September 2014. They have 17 years managing services for people with intellectual disabilities, both in New Zealand and Australia, as well as aged care facilities in New Zealand. They report to the chair of the Beetham HealthCare Board and meet at least fortnightly. The general manager is supported by a recently appointed clinical nurse manager, who has been in the role for three months, but have held senior clinical roles in acute care. There is a clinical assistant (retired Beetham HealthCare clinical nurse manager) who works in a part-time role supporting the orientation and induction of the clinical nurse manager. In the temporary absence of the general manager, the clinical nurse manager performs the manager's role, supported by the Board chair. The management team is supported by a team of experienced registered nurses, healthcare assistants and service staff.</p> |

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|  | <p>Beetham HealthCare is governed by a Board, comprising of five Board members that meets two-monthly. The chair of the Board was appointed chairperson in March 2014, and they have years of experience in senior government and healthcare roles. The Board members have a wealth of experience and backgrounds, including those related to business management, engineering, healthcare Boards, and accountancy. The service organisation philosophy and strategic plan reflects a resident and family/whānau centred approach to all services. The clinical nurse manager has oversight of clinical governance and provides guidance to the Board regarding clinical governance, that is appropriate to the size and complexity of the organisation. There is a process to ensure provision of a report on key risk areas every two months, as part of the general managers' report, or as needed based on risk to the Board chair.</p> <p>Interview with the Board chair confirmed that there is strong connections with mana whenua, Rongowhakaata iwi and the Beetham HealthCare cultural advisor who are consulted, inform and work collaboratively with Beetham HealthCare and the Board, to co-design services that reflect te ao Māori values and practices. The service actively involves whānau of residents to ensure services meet the needs of residents, evidenced through involvement in business planning, service development and input into organisational operational policies.</p> <p>Beetham HealthCare collaborates with the community on business planning and service development through resident and staff feedback, and open communication with residents. Beetham HealthCare works closely with Health New Zealand to ensure service provision meets the needs of the local community. A strategic business plan is in place. The business plan identifies structure, purpose, values, scope, direction, performance, and goals of the service. The key business goals include (but not limited to) those related to financial stability; continuous quality assurance; maintaining clinical care; and ensuring high quality of life experienced by the residents. These have been reviewed and evaluated regularly, as sighted in the Board reports.</p> <p>Interview with the Board chair confirms that the governance body remains informed about business activities within Beetham HealthCare, through two-monthly reports provided by the management</p> |
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|  |               | <p>team with an overview of staff events; health and safety; staffing; restraint; complaints; business plan progress evaluation; and aspects of the quality and risk assurance. These reports do not include resident related adverse events and infection control.</p> <p>The governance body takes a proactive approach to addressing inequities by ensuring inclusive policies, community engagement, resource allocation, monitoring, and evaluation, as well as cultural sensitivity and competency training. There is a leadership commitment to collaborate with Māori and tāngata whaikaha when required, which aligns with the Ministry of Health strategies, which addresses barriers to equitable service delivery. The overall goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural needs of the residents that they serve. Management reports on any barriers to the Board to ensure these can be addressed. Members of the Board and management team have completed cultural competency training, which encompasses principles of Te Tiriti, Māori and Pacific Health and cultural safety. Residents and family/whānau are encouraged to participate in the planning, implementation, monitoring, and evaluation of service delivery through participation in satisfaction surveys and meetings, with outcomes informing strategic direction of the organisation.</p> <p>The general manager has completed more than eight hours of training related to managing an aged care facility, including (but not limited to) cultural training, attending the two-day aged care NZ Conference in October 2024, and ARRC forums. Mentoring and supervision for the managers is provided by the Board chair. The clinical nurse manager was being supported with their orientation at the time of the audit.</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>PA Low</p> | <p>Beetham HealthCare has established quality and risk management programmes documented. These systems expect that there is performance monitoring through internal audits, the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p>   |

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| <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>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and new policies or changes to policy are communicated to staff.</p> <p>Although meetings were taking place as scheduled, meeting minutes reviewed do not evidence consistent discussions in relation to (but not limited to) quality data; adverse events; trends analysis; health and safety; infection control/pandemic strategies; complaints received (if any); restraints; staffing; and education. Internal audits have not been evidenced to be completed as scheduled. Collation of data, trend analysis, and benchmarking has not been evidenced as occurring, and therefore there were no corrective actions documented where indicated to address service improvements.</p> <p>The 2024 resident and relative satisfaction survey showed a high level of satisfaction in all areas. Minimal corrective actions were completed related to comments documented. Staff satisfaction survey completed in 2024 showed 92% job satisfaction. Results have been communicated to residents during the resident meetings, governance as part of the general manager's reports, and staff during meetings.</p> <p>A health and safety system is in place, with identified health and safety goals. Monthly health and safety meetings have been completed and evidence discussions of key health and safety issues. The health and safety officers (interviewed) have completed formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee and management team. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering one to one assistance, family/whānau support, cultural days, shared kai at meetings, and independent counselling services.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Hard copy reports are completed for each</p> |
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|  |                        | <p>incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in accident/incident forms reviewed. Incident and accident data has not been collated monthly and analysed and there is no benchmarking currently occurring. Opportunities to minimise future risks are identified by the registered nurses and clinical nurse manager, who reviews every adverse event. Although admitted resident ethnicities are incorporated in the resident records, the service does not critically analyse for comparisons and trends to improve health equity (link 3.1.5 and 5.4.3).</p> <p>Discussions with the general manager and clinical nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) completed since last audit. An interview with the clinical nurse manager confirmed their awareness of required documentation and appropriate reporting required with outbreaks.</p>  |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA<br/>Moderate</p> | <p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced healthcare assistants, and there was 24/7 registered nurse cover. The number of healthcare assistants on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. There is no use of agency staff. The service contacts their own staff and those on the casual pool to cover short notice absences. Any absences and sick leave are covered by extending working hours through mutual agreement with staff or use of the casual pool of staff. There are dedicated activities, maintenance, laundry, and housekeeping staff supporting service delivery.</p> <p>The general manager interviewed confirmed staff needs and shortages are reported to governance as indicated (sighted in Board reports). Interviews with staff confirmed that their workload is manageable, and</p> |

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|  | <p>that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The general manager, and clinical nurse manager are available Monday to Friday and provide on-call cover 24/7. On the days of the audit, staff were visible and were attending to call bells in a timely manner, as confirmed through observation and by residents interviewed.</p> <p>There is an annual education and training schedule being implemented for healthcare assistants and service workers. The education and training schedule lists compulsory training, which includes cultural awareness training that is provided as part of orientation and through mandatory training to all staff. There is evidence that staff, except for registered nurses, have completed the required mandatory training. Competencies are completed by healthcare assistants. All healthcare assistants are required to complete annual competencies for restraint, handwashing, cultural safety and moving and handling. A record of completion is maintained.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and shared information. Māori staff also share information and whakapapa experiences to support learning about inequities. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. Currently sixteen of the thirty-seven staff have achieved NZQA level three and above qualification. Twelve staff are regularly rostered in the dementia unit, and seven have achieved the required dementia related unit standards. The remaining five staff are in the process of completion and are within the eighteen-month period required for completion.</p> <p>There is a process to ensure that registered nurses' complete competencies, including restraint, medication management, syringe driver and interRAI assessment competencies. There is only one registered nurse with a syringe driver competency on file. There are nine registered nurses (including the clinical nurse manager), with four interRAI trained. All registered nurses are encouraged to maintain their</p> |
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|  |           | <p>own professional development. There is no monitoring of ongoing learning and development of registered nurses to confirm that they can provide high quality safe services, including completion of training related to critical thinking and problem solving, infection prevention and control training (including pandemic and outbreak management) and management of complex medical conditions. External training opportunities are available for care staff (eg, through Health New Zealand and hospice). A record of completion is maintained in the staff files.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Beetham HealthCare encourages the collection and sharing of quality Māori health information. The service works with the Beetham HealthCare Māori advisor and organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Eight staff files reviewed evidence implementation of the recruitment process, reference checks, employment contracts, and police checking.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals, including NP, GP, pharmacist, physiotherapist, dietitian, and podiatrist. All staff complete an eleven-week post orientation review, sighted in the staff files. All staff who have been employed for over a year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff files reviewed had</p> |

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|   |        | <p>evidence of completed orientation. Competencies are completed at orientation. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified for residents on admission. An employee ethnicity database is available, with graphs presented to the Board.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>   |
| <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>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use), and electronically. Electronic information is regularly backed-up using cloud-based technology and password protected. There is documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The general manager is the privacy officer at Beetham HealthCare.</p> <p>The service is not responsible for National Health Index registration.</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</p>   | PA Low | <p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission, or on entry to the service. A review of residents' files confirmed that entry to service complied with entry criteria. Admission agreements reviewed align with all service requirements. Exclusions from the service are</p>   |

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| <p>care.<br/>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> |           | <p>included in the admission agreement. Family/whānau and residents interviewed stated that they had received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed needs of the resident and the contracts under which the service operates.</p> <p>The general manager and clinical nurse manager are available to answer any questions regarding the admission process, and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available or if the residents' needs could not be met with current staffing ratios or resources. Potential residents are provided with alternative options and links to the community, if admission is not possible. Should there be a delay for the person accessing the service, then the general manager or clinical nurse manger takes responsibility for ensuring they are kept updated regarding progress.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents; however, are yet to develop a system that ensures the analysis of this information is completed for the purposes of identifying entry and decline rates.</p> <p>The facility has links with a local iwi through their established relationship with a Māori cultural advisor. Contact details are easily accessible to staff. Established links in place with local Māori ensure support is available for Māori and whānau to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities. Formal connections in place ensure the managers can access Māori health practitioners to benefit Māori individuals and whānau.</p> |
| <p>Subsection 3.2: My pathway to wellbeing<br/>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>FA</p> | <p>Seven resident files were reviewed for this audit: two dementia; three hospital, including one respite and one receiving accident corporation compensation (ACC) funding; and two rest home. The registered nurses are responsible for conducting all assessments and for the</p>   |

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| <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>development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent family/whānau of tāngata whaikaha from independently accessing information are identified, and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy are in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. All residents have collected admission assessment information and completed an initial care plan upon admission. All reviewed files had interRAI assessments and initial long-term care plans completed in a timely manner.</p> <p>The long-term care plan includes interventions to guide care delivery. The interventions were reflective of the assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed, and amendments were made as needs changed, which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised, with evidence of the required interventions being transferred to the long-term care plan. The nurse practitioner (NP) or the general practitioner (GP) from the contracted medical practice ensure that residents are assessed within five working days of admission. The nurse practitioner or GP reviews each resident at least three-monthly and is involved in the six-monthly resident and family/whānau reviews (multi-disciplinary meetings). Residents can retain their own general practitioner if they choose to. The contracted medical practice ensures the provision of a on-call service after hours and on the weekend. The clinical nurse manager participates in the rostered-on-call schedule, providing support for all clinical matters after hours. The general manager provides after-hours support for all operational matters. When interviewed, the nurse practitioner expressed satisfaction with the standard of care and quality of nursing proficiency at Beetham HealthCare. The nurse practitioner was complimentary of the clinical assessment skills and the quality of</p> |
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|  | <p>referrals received from the registered nurses after hours.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for two to three hours a week. A podiatrist visits five to six-weekly and a dietitian, speech-language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. A handover was sighted on the day of the audit and found to be comprehensive in nature. All staff receive a written summary of resident care needs. Progress notes are written daily by healthcare assistants and registered nurses. The registered nurse adds to the progress notes if there are any incidents, NP or GP visits, or changes in health status. Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau member. When a resident's condition alters, the registered nurses initiate a review with the NP or GP. Family/whānau stated they were notified of all changes to health, including infections, accidents/incidents, NP or GP visits, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. One resident had an unstageable pressure injury. There was one chronic ulcer and minor wounds, including skin tears and bruising, being monitored at time of audit. The reviewed wounds had assessments, management plans, documented evaluations, and photographs showing healing progression. The wound care specialist had input into chronic wounds and pressure injuries. The healthcare assistants and registered nurses interviewed confirmed adequate clinical supplies and equipment, including continence, wound care, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Neurological observations are completed for</p> |
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|  |    | unwitnessed falls and suspected head injuries according to policy.  |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.<br/> Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br/> 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>There is one diversional therapist and a diversional coordinator. The diversional therapist is completing their (level four) training. Activities are provided across all three care levels, seven days a week. The programme is supported by the healthcare assistants, volunteers, various church denominations and community groups. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. Photos capture residents' activities, and these are shared with family/whānau/EPOA and placed on noticeboards around the facility. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the residents' cognitive, physical, intellectual, and emotional needs.</p> <p>The diversional therapist outlined how they put together the monthly activity programme in line with the needs of the residents, across the three care levels. This includes a focus on maintaining independence and ensuring the connection with the community is maintained. Those residents who prefer to stay in their rooms or cannot participate in group activities, have one-on-one visits, and activities such as hand massages, book and newspaper reading, letter writing, and reminiscing. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. This is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; bingo; happy hour; and cooking. There are regular van drives for outings, regular entertainers visiting the residents, and interdenominational church services. There are resident meetings planned two-monthly. Meeting minutes sighted evidenced these are occurring as per schedule.</p> |

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|   |                        | <p>Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>   |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>PA<br/>Moderate</p> | <p>A medication management system appropriate to the scope of the service, is in place. Improvements are required to ensure that storage and security of medications meets policy requirements. The medication room was sighted during the audit.</p> <p>All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The interviewed registered nurses and healthcare assistants could describe their role in medication administration.</p> <p>Beetham HealthCare uses plastic rolls for regular use and 'as required' medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. The medication fridge and medication room temperatures are monitored daily. The medication fridge and room temperature records reviewed showed that the temperatures were within acceptable ranges.</p> <p>All medications, including stock medications, are checked monthly. All eyedrops were dated upon opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements, or alternative therapies residents choose to use, are prescribed by the NP or GP, and charted on the electronic medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per the schedule.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed that the NP or GP reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were no residents self-administering medication on the days of audit. The RNs described how they follow documented policies and procedures, should residents wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the</p> |

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|  |           | <p>electronic medication system. Medication competent healthcare assistants or registered nurses are expected to sign when the medication has been administered; however, medications were left for residents on top of the trolley, if the resident was not available.</p> <p>There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>Clinical staff described the process of working in partnership with residents and family/whānau, to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required. The clinical nurse manager described how they work in partnership with residents to understand and access medications when required.</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>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped, and a current approved food control plan was evidenced, expiring September 2025. Dry ingredients were decanted into containers for ease of access. All dry goods had a decanting date and expiry date visible.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian. The head chef is supported by a part-time cook, who also works as kitchen hand. Full and part-time kitchen hands further complement the team. All kitchen staff (bar the newest employee) have completed safe food handling/safety training. There is a food services manual available in the kitchen. The head chef receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy-free, pureed foods) or residents with weight loss. The head chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements.</p> <p>Dietary profiles sighted were in the process of being dated. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with the menu in advance, with additional daily information updated on the noticeboards regarding</p> |

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|   |    | <p>the menu of the day. Residents have access to nutritious snacks. On the day of the audit, meals were observed to be well presented. Staff interviewed confirmed their understanding of tikanga in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen team all have specific duties they complete daily or weekly.</p> <p>This includes cleaning schedules and completing daily fridge, freezer, and chiller temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Meals are directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas, and modified utensils were available for residents to maintain independence when eating as required. The residents and family/whānau were complimentary regarding the standard of food and the food service overall. They can offer feedback at the resident meetings, through resident surveys and are encouraged to share any concerns directly with the head chef and staff.</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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure that the discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation, including the use of the "yellow envelope" checklist.</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</p>   | FA | <p>The building holds a current building warrant of fitness (BWOFF). The environment is inclusive of peoples' cultures and supports cultural practices. There is a part-time maintenance person, who is supported</p>   |

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| <p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>by the part-time village maintenance manager when required. The maintenance manager (interviewed) addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging. Calibration of medical equipment was included in the maintenance plan and was completed annually. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Residents have access to different areas within all levels of the facility, to have privacy, spend time with visitors, and partake in cultural activities.</p> <p>All rooms have ensuites bar four. There are sufficient toilets available for all residents without ensuites, staff, and visitors. All bedrooms were spacious with at least one window and sufficient room for the resident to mobilise and cares to be provided. All areas had a heating and cooling systems in place. The residents interviewed were satisfied with the temperature of the facility throughout the year.</p> <p>There is no further development planned for the facility; however, should this occur, a co-design approach would be implemented, including the provider's current connections with local Māori.</p> <p>The dementia wing has restricted access and exit to specific staff, who are given the code for the locked doors. The environment is designed to give residents easy access to all internal and external areas. The nursing station is in the main hub of the dementia wing, providing a clear vision of the residents in the main lounge, dining area and external courtyard. The residents have easy access to a well-maintained courtyard, which has been purposefully planted to distract attention away from the secure fences in place. The residents can walk in a figure-eight pattern, which ends back at the main entry point. The unit is spacious and has natural lighting, preventing the need for additional artificial lighting and helping create a homely feeling in the environment. Bathrooms have appropriate lighting and are clearly identifiable. There is no access to hot water within resident areas, and electrical appliances are kept to a minimum, with switches placed out</p> |
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|   |           | <p>of easy reach. The noise levels were noted to be kept to a low level over the course of the audit. All resident rooms are identifiable with the resident name and two photos. There are additional spaces for the residents to utilise, which included an area set up as a children's nursery, complete with dolls, soft toys, and bassinets. These areas included different seating arrangements, with the outdoor options providing shade.</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>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, 30 September 2011. Fire evacuation drills are held six-monthly; the last one was completed in April 2025.</p> <p>A large civil defence kit is kept within the facility. The health and safety representative and maintenance person check this monthly. The kit contains appropriate provisions to support the care home appropriately. A generator has recently been purchased. The maintenance person ensures the maintenance of this. There is gas cooking (BBQ and gas cookers) also available. There is an adequate food supply available for each resident, for a minimum of three days. There are adequate supplies in the event of a civil defence emergency, including water supplies (4000 litre tanks) to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and the ongoing education plan.</p> <p>A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, ensuites, communal toilets/bathrooms, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways, to alert them of who requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the health and safety audit schedule. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call</p> |

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|  |        | bells are answered in a timely manner. The facility is secured at night.   |
| <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 control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk, and incident reporting system. The infection control programme is subject to annual review by the management team, and there is a schedule to ensure infection control audits are conducted, but these have not been completed (link 2.2.2).</p> <p>Infection rates have not been consistently presented and discussed at staff and management meetings (link 2.2.2). At the time of the audit there was no evidence of consistent review of infection data by the management team and benchmarking (link 5.4.3). Infection control is part of the strategic and quality plans (sighted). Interviews with the infection control coordinator and the clinical nurse manager confirmed that any significant events are managed using a collaborative approach and involve the management, the NP or GP, and the public health team. There is a documented pathway for reporting infection control and anti-microbial stewardship (AMS) issues to the Board; however, there is no evidence of this being implemented (link 5.4.4). Significant issues including outbreaks are escalated in a timely manner.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand. There are hand sanitisers strategically placed around the facility. Residents and staff are offered relevant vaccinations. Visitors are asked not to visit if they are unwell.</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</p>  | PA Low | <p>The service has a pandemic response plan which details the preparation and planning for the management of outbreak, screening, transfers into the facility and positive tests. The infection control coordinator is a registered nurse who leads, oversees, and coordinates the implementation of the infection control programme at Beetham HealthCare. The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS), including reporting lines to</p>  |

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| <p>prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>management and the Board.</p> <p>The infection control coordinator has completed external education on infection prevention and control for clinical staff (May 2025) through Health NZ. There is good external support from the NP or GP, laboratory, and Health New Zealand infection control nurse specialist, should this be required. There are sufficient quantities of PPE available as required.</p> <p>The infection control manual was developed by an external consultant, well known and respected in the industry, which outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are approved by the Board and are available to staff. The infection programme has not been reviewed annually as scheduled since the last audit.</p> <p>There are policies and procedures in place around reusable and single use equipment and there is an auditing process to monitor effectiveness against the policy, however, this has not been completed as scheduled (link 2.2.2). All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (records sighted). There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff (including registered nurses) have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Educational resources regarding good infection control practice were displayed in English, and te reo Māori.</p> |
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|  |               | <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the general manager and clinical nurse manager. The management team and the Board would liaise with Beetham HealthCare Māori Advisor and local iwi, should the design of any new building or significant change be proposed to the existing facility.</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>  | <p>PA Low</p> | <p>The service has a clearly defined and documented antimicrobial stewardship programme that was developed with input from external infection control and industry specialist. The infection control and antimicrobial stewardship programme aligns with the business quality and risk management plan and has been approved by the Board. The service has an antimicrobial use policy and procedures and access to medication prescribing charts, prescriptions, and medical notes. Beetham HealthCare does not currently monitor compliance of antimicrobial use. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates have not been monitored monthly or reported consistently to staff through meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>PA Low</p> | <p>Infection surveillance is an integral part of the infection control programme and is described in the Beetham HealthCare infection control manual. Infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered onto the resident infection register. There is no evidence of data being reviewed monthly as per policy, or of any monitoring or analysis of trends.</p> <p>Infection control surveillance is not consistently discussed with governance and at staff, registered nurse, and management meetings. The service does not incorporate ethnicity data into surveillance methods. There is no process in place for internal analysis, comparator</p>   |

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|  |           | <p>of infection data, and quality improvements being implemented for infections of concern. The infection surveillance policy describes how action plans are required for any infection rates of concern. These have not been completed. Internal infection control audits have not been completed as scheduled (link 2.2.2). The service receives information from Health New Zealand for any community concerns.</p> <p>There have been no outbreaks reported since last audit. There are processes in place to ensure that outbreaks are reported, well documented and with debrief meetings, identifying what went well and areas of improvement in place for each outbreak, as confirmed on interview with the infection control coordinator. At the time of the audit there were adequate PPE supplies stored in case of an outbreak.</p>   |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | <p>FA</p> | <p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) in each area and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on site by dedicated staff, seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. The washing machines and dryers are checked and serviced regularly. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. Once washed, dried, and sorted, residents' clothes are delivered in labelled trays to the residents' rooms. The linen cupboards were well stocked with good-quality linen.</p> |

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|   |           | <p>Cleaners' trolleys are always attended to and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been consistently maintained for daily and periodic cleaning (records sighted on the day). All chemicals on the cleaner's trollies were labelled. Appropriate personal protective equipment was readily available.</p> <p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. The infection control coordinator has oversight of Beetham HealthCare testing and monitoring programme for the built environment through scheduled internal audits, that include those related to cleaning, laundry, and the environment. However, these have not been completed as scheduled (link 2.2.2).</p> <p>The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.</p>   |
| <p><b>Subsection 6.1: A process of restraint</b></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>The service, the Board and management team demonstrate a commitment to eliminating restraint. The restraint policy is in accordance with the standard and outlines that the care be delivered in the least restrictive way possible. The restraint policy outlines restraint elimination and use of alternative interventions.</p> <p>There are currently 10 restraints in use for a total of seven residents. The restraints used included bed rails, and lap belts. The restraint policy confirms that restraint consideration and application must be made in partnership with families/whānau. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The quality assistant (registered nurse) undertakes the restraint portfolio, with an addendum outlining the roles and responsibilities of the role. Two files were reviewed for residents currently using restraint. The documentation included assessment, frequency of monitoring, family/whānau communication, and comprehensive details outlined in the long-term care plan regarding all the details of the restraint and management of this. The reporting of all episodes of restraint were</p> |

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|  |           | <p>comprehensive and includes the type and frequency and accompanying graphs, capturing the rates of restraint for the preceding 12 months. This information is shared with the Board.</p> <p>Restraint minimisation and managing behaviours that challenge is included as part of the mandatory training plan and orientation programme.</p>   |
| <p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p> | <p>FA</p> | <p>The restraint policy documents the requirements of safe restraint use and the type of restraints approved. The restraint assessments reviewed addressed alternatives to restraint use before restraint is initiated. Cultural considerations are included in the restraint assessments. Written consent was obtained by the resident's EPOA following a comprehensive discussion. The use of the restraint, risk associated with restraint use, and frequency of monitoring were stated in the resident's care plans for the two files reviewed.</p> <p>The care plan acknowledges the resident's cultural, physical, psychological, and psychosocial needs. All episodes of restraint are reviewed in conjunction with the resident and/or family/whānau. Māori staff are available as required for cultural aspects of the restraint.</p> <p>Any information related to restraint use is recorded in the progress notes. The service does not approve the use of emergency restraint practices, as documented in the restraint policy. Any incident or accident that occurred because of restraint would be referred to the health and safety team for investigation, review and identification of any corrective action plans that may be required consequently. Residents are reviewed three-monthly with the NP or GP, and family/whānau. Restraint use is discussed at handover.</p> <p>A restraint register is maintained with comprehensive documentation of each restraint episode. This included the type of restraint used, (chair briefs, lap belts or bed rails), if it had been requested by a cognitively competent resident; the details for initiating the restraint (for example, use of a bed rail to provide a resident with security whilst lying in bed); and monitoring of the restraint. The service does not utilise emergency restraint.</p> |

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| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p> | <p>FA</p> | <p>The provider is passionate about adhering to residents wishes and preferences. Restraint is discussed and reviewed six-monthly at the care plan review meetings. There is clear documentation of the discussion and whether the resident wants to look at reducing the restraint or not. All of the restraints currently in place, are all at the request of the resident and/EPOA for safety and security. The residents and family/whānau interviewed were all adamant the restraints in place enhanced the resident's quality of life and were happy they remain in place. The residents reported they want the restraint in place for peace of mind.</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)   |
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| <p>Criterion 2.1.4</p> <p>Governance bodies shall evidence leadership and commitment to the quality and risk management system.</p> | PA Low            | <p>An interview with the Board chair confirmed that the governance body remains informed about business activities within Beetham HealthCare through two-monthly reports provided by the management team, with an overview of staff events; health and safety; staffing; restraint; complaints; business plan progress evaluation; and aspects of the quality and risk assurance. However, the general manager’s reports to the Board do not evidence reporting of resident adverse events, infections of concern, and antimicrobial stewardship.</p> <p>The reports and additional information are discussed at the Board meetings two-monthly, with quality improvements identified where needed.</p> | <p>The general manager’s reports to the Board do not evidence reporting of critical resident related information or progress against key performance indicators, including (but not limited to) adverse events, infection, incidents of concern, and anti-microbial stewardship.</p> | <p>Ensure that reports to governance include all aspects of quality and risk, including resident adverse events, infections, and antimicrobial stewardship.</p> <p>90 days</p> |

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| <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 Low</p>      | <p>Beetham HealthCare has established quality and risk management programmes. These systems include performance monitoring through internal audits, the collection, collation, and internal benchmarking of clinical indicator data. Internal audits that include those related to falls, kitchen dietary requirements, staff files, medication management, complaints, cultural safety, progress notes, education, infection prevention and antimicrobial stewardship, and restraint have not been completed as scheduled. Collation of data, trend analysis, and benchmarking of clinical data from adverse events, has not been occurring consistently since the last audit.</p> <p>Although meetings were taking place as scheduled, meeting minutes reviewed did not provide consistent discussions in relation to quality data; adverse events; trends analysis; infection prevention and antimicrobial stewardship; occupancy; resident and staff movements; outcome of internal audits (and corrective actions as applicable); and restraint.</p> | <p>(i). Review of the quality system processes does not evidence collation of data, trend analysis or benchmarking of adverse events, and therefore does not evidence a documented risk-based approach or critical review to improve service delivery.</p> <p>(ii). Internal audits have not been completed as scheduled.</p> <p>(iii). Review of the meeting minutes does not evidence consistent discussion and review of the service's quality assurance and risk management programme.</p> | <p>(i). Ensure there is a risk-based approach or critical review of adverse events to improve service delivery.</p> <p>(ii). Ensure internal audits are completed as scheduled.</p> <p>(iii). Ensure meetings evidence review of the service's quality assurance and risk management programme.</p> <p>90 days</p> |
| <p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p> | <p>PA Moderate</p> | <p>There is a training plan that identifies competencies that registered nurses are expected to complete, including restraint, medication management, syringe driver and interRAI assessment competencies. Interviews with managers confirmed that registered nurse training is self-directed. Evidence of any training when completed is added to the staff records. At the time of the audit there was no documented specific required training for registered nurses. A review of the registered nurses' records confirmed that only one</p>   | <p>(i). A training plan for registered nurses is not documented.</p> <p>(ii). Eight of nine registered nurses do not have a current syringe driver competency.</p>   | <p>(i). Document and implement a training plan for registered nurses, with monitoring to confirm that this is completed.</p> <p>(ii). Ensure that there are sufficient registered nurses trained and competent to use syringe drivers.</p>   |

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|  |             | <p>registered nurse has a current syringe driver competency on file.</p> <p>Training for healthcare assistants (HCAs), housekeepers, kitchen, activities, and maintenance staff has been completed as scheduled. A record of completion is maintained in the staff files. External training opportunities are available for staff including training through Health New Zealand and hospice.</p>  |   | 60 days   |
| <p>Criterion 3.1.5</p> <p>Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.</p> | PA Low      | <p>The provider is collecting information regarding entry and decline rates, which includes information pertaining to Māori. However, discussion with the general manager and review of documentation evidenced that systems in place that allow for this information to be analysed, requires improvement.</p>   | <p>A process is not yet in place to ensure that all information pertaining to entry and decline rates for all people, including Māori, is routinely analysed.</p>   | <p>Ensure a system is implemented that ensures all information pertaining to entry and decline rates for all people, including Māori, is routinely analysed.</p> <p>90 days</p>   |
| <p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>   | PA Moderate | <p>A medication management system is in place that is appropriate to the scope of the service. Morning medications for three residents had been removed from their original plastic roll or bottle and placed on top of the medication trolley for administration later in the day. The staff stated that residents were sleeping in, or were not available during the medication round. Medication for a resident using respite level of care were found in the medication room pinned to the wall.</p> <p>The medication policy states that all medication is to be stored securely. The auditors observed that the medication trolley and medication</p> | <p>(i). Medication is taken from the original packaging and left on the medication trolley in the medication room, if a resident is not available at the time of the medication round.</p> <p>(ii). The medication trolley and medication room are not always locked.</p> | <p>(i). Ensure all medications remain in their original packaging, are secured until use, with documentation completed at the time of administration.</p> <p>(ii). Ensure that medication is safely secured when not in use.</p> <p>30 days</p> |

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|   |        | room were not locked on four occasions on day two of the audit.  |  |  |
| <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 | <p>The infection control manual was developed by an external consultant. The manual has a comprehensive range of policies, standards and guidelines that includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff.</p> <p>Policies and procedures have been approved by the Board and are available to staff. There is a process in place to ensure that there is an annual review of the infection control programme; however, since the last audit, there is no evidence to demonstrate review of the programme.</p> | <p>The infection prevention and control programme and the antimicrobial stewardship programme has not been reviewed annually as scheduled.</p> | <p>Ensure that the infection prevention and control programme and the antimicrobial stewardship programme is reviewed as scheduled.</p> <p>90 days</p> |
| <p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p> | PA Low | <p>The service has anti-microbial use policy and procedures and access to medication prescribing charts, prescriptions, and medical notes, as well as to laboratory results. Interviews with the infection control coordinator and review of the records shows that Beetham HealthCare does not currently monitor compliance of antibiotic and antimicrobial use and therefore, not identifying areas of improvement and evaluation of the programme.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>   | <p>The quality and quantity of antimicrobial prescribing is not monitored.</p>   | <p>Ensure that there is consistent monitoring of quality and quantity of antimicrobial prescribing.</p> <p>90 days</p>                                 |

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| <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 is an integral part of the infection control programme, as described in the Beetham HealthCare infection control manual. Infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered onto the resident infection register. However, there is no evidence of monthly collation, or analysis of infection trends occurring within the facility.</p> <p>At the time of the audit, the service was not including ethnicity data in the collection of data related to infections.</p> <p>Staff have received training related to infection prevention and control.</p> | <p>(i). There is no documented evidence of collation and analysis of data related to infections or of trend analysis.</p> <p>(ii). The service does not include ethnicity data in the surveillance of infections.</p> | <p>(i). Document evidence of collation and analysis of data related to infections and analyse trends to support improvements in service delivery.</p> <p>(ii). Ensure ethnicity is included as part of surveillance data.</p> <p>90 days</p> |
| <p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p> | <p>PA Low</p> | <p>Infection control surveillance is not consistently discussed with the Board or at staff, registered nurse, or management meetings. The managers could describe obligations for surveillance as per policy. Staff are made aware of residents with infections during handovers, as observed on the day of the audit.</p>   | <p>There is no documented evidence that results of surveillance of infections are reported to the Board, to managers or to staff.</p>   | <p>Inform the Board, staff, and managers of the results of surveillance, along with any recommendations to improve performance in a timely manner.</p> <p>90 days</p>  |

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

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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.

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End of the report.