

Graceful Home No.2 Limited - Shelly Beach Dementia

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Graceful Home No.2 Limited

Premises audited: Shelly Beach Dementia

Services audited: Dementia care

Dates of audit: Start date: 2 December 2025 End date: 3 December 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: 11

Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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 |
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|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service are fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service are fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service are partially attained and of low risk |

| Indicator | Description | Definition |
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| Yellow | 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 |
| Red | 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

Graceful Home No. 2 Limited, operating as Shelly Beach Dementia, provides dementia care for up to 13 residents. The facility is managed by a facility manager (FM) and is supported by a registered nurse who is the clinical manager. The director was available by phone and interviewed prior to the audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the provider's contract held with Health New Zealand – Te Whatu Ora.

The audit process included review of policies and procedures, review of residents' and staff records, observations, and interviews with whānau, the director, the facility manager, the clinical manager, staff, and a general practitioner.

As a result of this audit, four Improvements have been identified. Two findings were in relation to the clinical manager not having a performance appraisal completed annually and not completing an annual medication competency. Two areas of improvement related to the infection prevention programme including resident ethnicity data not being collated in the infection prevention surveillance process, and the appointed infection prevention coordinator and the clinical manager who oversees the IP programme, had both not completed the relevant training for these roles.

Ō tātou motika | Our rights

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

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

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

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

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

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 low risk. |
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Whānau are encouraged to provide regular feedback, and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Shelly Beach Dementia works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

Medicines are safely managed and administered by healthcare assistants who have completed medication administration competencies

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

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

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

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

Subsections applicable to this service are fully attained.

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

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff and whānau understood emergency and security arrangements. Residents would be fully assisted by staff in the case of an emergency. Call bells are located in all service areas. Security is maintained and resident safety was always promoted.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

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

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

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

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

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

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

Here taratahi | Restraint and seclusion

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

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
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| Subsection | 0 | 23 | 0 | 3 | 1 | 0 | 0 |
| Criteria | 0 | 163 | 0 | 3 | 1 | 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) |
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| 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 |
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| <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>Shelly Beach Dementia has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with Māori organisations to support service integration, planning, equity approaches, and support for Māori. A Māori health plan has been developed with input from cultural advisers available through the contracted quality consultant. The director interviewed is Māori and ensures residents who identify as Māori have their identified needs met. The model of care adopted and used at this facility for Māori residents is Te Whare Tapu Whā.</p> <p>At the time of the audit, no residents identified as Māori. Staff reported that should a Māori resident be admitted to the service, they would be respected, their right to Māori self-determination and aspirations would be met, and they would ensure the resident felt culturally safe. Staff had completed training in cultural safety, as recorded in the education records reviewed.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</p> |

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| <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>Shelly Beach Dementia identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>Pacific residents, family, and staff interviewed, understood and felt their worldview, cultural needs, and spiritual beliefs were embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported, resulting in Pacific staff employed across roles.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code in English, te reo Māori, and New Zealand Sign Language were posted on notice boards within the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Māori mana motuhake is upheld when required, as guided by the Māori health plan. Staff gave examples on how these are applied during care delivery when required.</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>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All</p> |

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| | | <p>residents have a private room.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through information in te reo Māori posted around the facility, including locations labelled in English and te reo Māori. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected. Residents' enduring powers of attorney (EPOAs) manage residents' money.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model and Ola Manuia Pacific Health and Wellbeing Action Plan when required.</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</p> | <p>FA</p> | <p>Residents (where applicable) and their EPOAs are provided with the time and opportunity to discuss any concerns they may have to make informed decisions, either during admission or when required. Residents and EPOAs reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse</p> |

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| <p>their choices.</p> | | <p>events and during the management of any complaints. Staff knew how to access interpreter services, if required.</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>Residents as able and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Legal representatives were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. All residents had enacted EPOAs or legal representatives.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>The documented complaints procedure and flow chart reviewed showed that complainants would be informed of findings following investigation. Where possible, improvements would be made as a result of an investigation. The complaints register was reviewed, and there have been no complaints since the previous audit. Compliments received are reported back to staff at handover and/or at the staff meetings.</p> <p>The service assures the process works equitably for Māori by displaying the Code in all areas of the home. The complaints procedure is also available in te reo Māori.</p> <p>There have been no complaints received from external sources</p> |

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| | | since the previous audit. |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | FA | <p>The director assumes accountability for delivering a high-quality service to the resident communities served. The director is Māori and demonstrated expertise in Te Tiriti, health equity, and cultural safety.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The facility manager (FM) has worked at this facility since 2022 and is supported by the clinical manager (CM), who has been in the role since August 2024.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through the business plan, which was personalised for the service. Objectives included minimising any barriers for admission to the service. A commitment to the quality and risk management system was evident. The director interviewed felt well informed on progress and risks. The FM reported directly to the director.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services and their whānau participate in the planning and evaluation of services through satisfaction surveys. There had been, however, minimal response from the survey sent out to whānau in July this year.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora. Contracts were reviewed for age/related residential care (ARRC) dementia care, respite care, and long-term support – chronic health care (LTS-CHC). The facility had beds for up to a</p> |

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| | | <p>maximum of 13 residents. On the day of the audit, there were ten (10) dementia-level care residents, and one resident under 65 years of age who was admitted under a verified compulsory treatment order (dementia and mental health), which was recently renewed in the Auckland Court until 2027. Additional training was provided for staff to manage this resident. There were no residents receiving respite care. One resident who had been receiving dementia-level care had been admitted to Auckland Hospital. One room is a designated double room; however, only one resident resides in this room.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint elimination. Residents and whānau contribute to quality improvement through annual surveys. All staff completed a survey in June this year. There was minimal response to the resident/whānau survey in July 2025; however, improvements were made from comments made from both surveys undertaken. Whānau contacted by telephone and interviewed at this audit were pleased with the care provided for their relatives.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including</p> |

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| | | <p>health and safety risks, and development of mitigation strategies. Staff meetings are held two- to three-monthly, with attendance recorded, and the minutes of all meetings were reviewed. Health and safety meetings are held six-monthly and were appropriate to the size and nature of the services provided.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The risk register was sighted and had been reviewed on 20 October 2025.</p> <p>The FM and the CM understood and have complied with essential notification reporting requirements. The appointment of the clinical manager was the only Section 31 notification made since the previous audit.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service, and their whānau. Additional training was provided to staff in relation to the one under 65 years of age resident admitted under a compulsory court order. High-quality Māori health information is accessed and</p> |

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| | | <p>used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with the Health New Zealand – Te Whatu Ora and this included dementia care training. All staff have either completed or are enrolled in the required education, which includes dementia care training. There was a total of 11 health care assistants (HCAs) employed at this facility. Five HCAs have completed Level 4 of a recognised course, four have completed Level 3, and one HCA who had already completed Level 3 was now enrolled in Level 4 training. One casual HCA was not yet enrolled in the training programme.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>PA Low</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. All health professionals employed and contracted had their practising certificates validated annually by the CM and a record was maintained.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months after appointment and yearly thereafter, as confirmed in records reviewed. The clinical manager had completed the staff appraisals; however, the clinical manager had not had a performance review completed for nearly two years. This was an area identified for improvement (refer to 2.4.5).</p> |

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| | | <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Education is provided at orientation and is ongoing. The annual programme was reviewed. Records are maintained and attendance lists for all individual staff members.</p> <p>Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed, to ensure their wellbeing.</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> | <p>FA</p> | <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and maintained electronically, and met current documentation standards. Information is accessible for all those who need it.</p> <p>Staff have individual passwords to the resident electronic records, medication management system, and interRAI assessment tool. The clinical manager completes all interRAI assessments and re-assessments. The visiting general practitioner (GP) and allied health providers also document as required in the individual residents' records. Policies and procedures guide staff in the management of information. Staff have their own logins. An external provider maintains backup database systems. Staff individual records and training records were still in hard-copy (paper) format. The service was transitioning over to the electronic system.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering the residents' National Health Index (NHI) numbers. All residents have an NHI number on admission.</p> |

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| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | <p>FA</p> | <p>Residents enter Shelly Beach Dementia when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency and the specialist services. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. Residents' legal representatives consented for admission to the service. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed three monthly, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service, when required.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>The multidisciplinary team work in partnership with the resident and whānau/EPOA to support wellbeing. A care plan, based on the provider's model of care, is developed by the registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau/EPOA input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. This was verified by sampling residents' records and from interviews of clinical staff. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan when required.</p> |

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| | | <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Behaviour management plans were completed for all residents. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through the assessment and care planning processes with the support of their EPOAs or whānau. Examples of choices and control over service delivery were discussed with staff and with tāngata whaikaha/whānau.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. The GP expressed satisfaction with the standard of care provided to residents and the communication received from the clinical team. Interviewed staff understood processes to support residents and whānau when required.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. The activities programme is led by a qualified diversional therapist (DT). A weekly programme is completed by the DT and is posted on the notice board. The DT stated that activities on the calendar can be adjusted to meet the needs of residents when required.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals, interests, and ordinary patterns of life, and included normal community activities. Twenty-four-hour diversional therapy plans were available in residents' files. Opportunities for Māori and whānau to participate in te ao Māori when required are facilitated. Community initiatives meet the needs of Māori and include the celebration of Waitangi Day, Matariki, and</p> |

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| | | <p>Māori Language Week with art, craft and music.</p> <p>Residents were observed participating in a variety of activities on the days of the audit, including art, craft, sign-a-long to music, dancing, indoor bowls, puzzles, short walks around the secure garden, and shopping trips. One-on-one activities are provided for residents who are unable to participate in group activities, as observed on the days of the audit. Residents can freely access the secure garden around the facility. Feedback on the programme is provided through the annual resident/whānau satisfaction survey. Residents interviewed confirmed they found the programme meets their needs.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>PA Moderate</p> | <p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. A health care assistant was observed administering lunchtime medication. Appropriate processes were followed. All health care assistants who administer medicines were competent to perform the function they managed. Current medication administration competency records were available in files sampled for review. The clinical manager has not completed a medicine management competency, and this was identified as an area of improvement (refer to 3.4.3).</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> |

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| | | Self-administration of medication is not supported due to residents' cognitive impairment and associated safety risks, as confirmed by the clinical manager. Residents, including Māori residents (when applicable) and their whānau, are supported to understand their medications. |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | FA | <p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration that is valid until 25 June 2026.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. The chef stated that menu options that are culturally specific to te ao Māori will be provided when required.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews and satisfaction surveys. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity. Snacks and drinks are provided on a 24-hour basis for residents.</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.</p> | FA | <p>Transfer and discharge policies guide staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p> |

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| <p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | | |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained, and that they meet legislative requirements. The building warrant of fitness (BWOFF) was displayed, and the expiry date was 2 June 2026. Testing of all electrical resources and equipment is completed by a contracted service provider, and the report reviewed was dated 30 April 2025. An inventory was maintained. Testing of biomedical equipment and calibration of equipment were completed on 7 October 2025 and were next due in October 2026. Maintenance was completed by an external contracted maintenance company.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. There are no ensuite bathrooms.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people’s cultures and supported cultural practices. There were no new buildings or additions added to the leased facility. The decoration of the facility reflects the identity and aspirations of the Pacific people who reside in this home and Māori residents when they are admitted to the facility.</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</p> | <p>FA</p> | <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> |

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| <p>and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | | <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 12 August 2009. Staff can provide a level of first aid relevant to the risks for the type of service provided. The last fire evacuation training for all staff was held on 17 September 2025.</p> <p>There are adequate supplies for use in the event of a civil defence emergency to meet the National Emergency Management Agency recommendations for the region. Emergency resources included a first aid kit, notebook, pencils, personal protective equipment, blankets, can opener, hand sanitiser, emergency radio, batteries, torches and head torches, emergency stock foods including canned food, dry stuffs and frozen foods, spare water bottles, and spare water. Expiry dates are checked regularly. A barbecue and gas cylinder were also available.</p> <p>There was no generator on site however, in an emergency a portable generator can be accessed from another of the director's facilities. A new hot water tank has been installed and new rear and front ramps to access the facility safely have been erected. New furniture for the main lounge has been purchased since the previous audit. The exterior of the facility has been painted/refreshed.</p> <p>Call bells are in the service areas, bathrooms, and residents' rooms and are accessible for contacting staff for assistance. Whānau reported that staff responded promptly to call bells.</p> <p>Appropriate security arrangements are in place. There is a bell at the front gate for contractors and/or visitors to summon staff on arrival to the facility. Staff, residents and whānau were familiarised with emergency and security arrangements, as and when required.</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> | <p>FA</p> | <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. The GP, contracted laboratory microbiologist, and staff at</p> |

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| <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | | <p>Health New Zealand – Te Whatu Ora are available for advice if needed. A documented pathway supports risk-based reporting of progress, issues, and significant events to the director as needed.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>PA Low</p> | <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. The infection prevention programme was developed by an external consultant with expertise in infection prevention. There are direct lines of reporting to the director monthly. The infection prevention and control coordinator (IPCC) and the clinical manager who oversees the IPCC, had both not completed an external infection prevention and control training within the past two years.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention and control in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and health care assistants have been trained accordingly. The advice of the infection prevention coordinator and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery or facility changes, and policies.</p> <p>Staff were familiar with policies for the decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated. The process is audited to maintain good practice. Single-use medical devices are not reused.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> | <p>FA</p> | <p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the</p> |

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| <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>AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The effectiveness of antimicrobials used is recorded on the monthly infection summary form.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Surveillance did not include ethnicity data. Results of the surveillance programme are shared with staff and the governance body, and where necessary recommendations for improvement are identified.</p> <p>Communication between the clinical team, and those residents or EPOAs for residents experiencing a health care-associated infection (HAI), is culturally safe.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p> | <p>FA</p> | <p>A clean and hygienic environment supports the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning policies provide clear guidance to staff to ensure consistent and safe practice. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals are stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through</p> |

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| | | observations. |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | FA | <p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, there was no restraint in use, and this has been the case since 2000. Any use of restraint would be reported to the director.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. De-escalation technique training was last provided on 21 May 2025, and that of managing residents with challenging behaviour was provided to staff on 27 August 2025.</p> <p>As restraint is not in use and has not been used since the provider purchased this facility in 2000, subsections 6.2 and 6.3 have not been audited.</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 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p> | PA Low | The clinical manager was interviewed, and staff records were randomly selected for review. Checklists were sighted in the front of the records reviewed. It was noted that the clinical manager had completed the annual appraisals for all clinical staff however, had omitted to ensure that as clinical manager no performance review had been undertaken post-employment, and up to the current time of this audit for the role. | The clinical manager had completed the annual performance reviews for the staff, however; there was no record of the clinical manager having an annual review performance since commencing the role 18 months ago. | <p>Ensure the annual review performance for the clinical manager is completed by an appropriately clinically trained health professional.</p> <p>180 days</p> |
| <p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration,</p> | PA Moderate | Individual staff records were reviewed and the education records for all care staff who administer medicines. The clinical manager had personally ensured the staff who administered medicines at this facility had completed the required competency | Although the clinical manager had completed the medicine competencies for all care staff who administer medicines, The clinical manager has not completed a medication | To ensure a clinical personal assesses the medication competency requirements for the clinical manager to be completed annually. |

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| monitoring, safe disposal, or returning to pharmacy. | | education. However, the clinical manager had not completed the relevant training since commencing in the role eighteen months ago. | competency for the role, in the last eighteen months. | 90 days |
| <p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</p> | PA Low | The IP programme was developed by an external consultant with IP expertise. The nominated infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the director. The IPCC is supported by the clinical manager and the facility manager, who are members of the infection prevention and control committee. The responsibilities of the IPCC are defined in the infection prevention and control policy. The clinical manager and the IPCC have access to clinical records and residents' diagnostic results. The IPCC and the clinical manager have not completed continuing education in IP and AMS within the past two years; this was confirmed in education records and interview. | There was no evidence of IP and AMS training completed by the infection prevention and control coordinator and/or the clinical manager within the past two years. | <p>Ensure the IPCC and the CM receive the required education every two years to meet the criterion requirement.</p> <p>180 days</p> |
| <p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and</p> | PA Low | Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors, and required | Surveillance does not include ethnicity data. | Include ethnicity data in surveillance to meet the criterion requirements. |

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| assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data. | | actions. Ethnicity data is not included in surveillance. | | 180 days |
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.