

The Lady Bug 2019 Limited - The Lady Bug

Introduction

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

The audit has been conducted by 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: The Lady Bug 2019 Limited

Premises audited: The Lady Bug

Services audited: Dementia care

Dates of audit: Start date: 13 November 2025 End date: 14 November 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: 13

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

The Lady Bug is located in Kumeu. The Lady Bug provides care for up to 15 female residents at dementia level of care. On the day of the audit there were 13 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with family/whānau, management, staff, and a general practitioner.

The registered nurse house manager has managed The Lady Bug since October 2022, and has previous experience with Health New Zealand. The registered nurse house manager is supported by a clinical manager, a director of nursing, and an experienced care team. There are quality systems and processes being implemented. Feedback from families/whānau is 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.

There were no shortfalls identified at this surveillance audit or the previous certification audit.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. The Lady Bug demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business and quality improvement plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents 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.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurse house manager is responsible for each stage of service provision, and assesses, plans and reviews residents' needs, outcomes, and goals with the resident (as able) and family/whānau input.

Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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

Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. 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 two outbreaks (Covid-19) since the previous audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the RN house manager. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	18	0	0	0	0	0
Criteria	0	48	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the service, which The Lady Bug utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently does not have residents who identify as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	The Lady Bug 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 Fonofale model.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	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 registered nurse (RN) house manager discusses aspects of the Code with residents and their family/whānau on admission. Interviews with two family/whānau confirmed they are informed of their rights and their choices are respected.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	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. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents is prioritised. Five staff (one registered nurse [RN], three caregivers and the maintenance person) and management (one RN house manager, one clinical manager and one director of nursing) interviewed confirmed an understanding of holistic care for all residents. The service implements a process to manage residents' comfort funds, such as sundry expenses.
Subsection 1.7: I am informed and able to make choices 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. 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,	FA	Staff and management have a good understanding of the organisational process to ensure informed consent for all residents reflects the requirements of the Code. Resident files reviewed and interviews with resident's family/whānau confirmed their choices regarding decisions and their wellbeing is respected. Appropriately signed consent forms were evident in the residents' files reviewed, as well as enacted enduring power of attorney, and the approval from the needs assessment and coordination service (NASC) for secure dementia care.

keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and the complaints process are visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been two complaints made year to date since the previous audit, and no complaints from external agencies were received. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. On interview, family/whānau stated they felt comfortable to raise issues of concern with management at any time. 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 for Māori. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable	FA	The Lady Bug is located in Kumeu. The Lady Bug provides care for up to 15 female residents at dementia level of care. On the day of the audit there were 13 residents. All residents were under the aged related residential care (ARRC) agreement. The Lady Bug has a current business and quality improvement plan (2025-2030) in place, with clear goals to support their documented vision, mission, and values. The mission and vision includes a resident first approach, to enhance the quality of life for elders through love, compassion and companionship. The model of care sits within this framework and

for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.		incorporates Māori concept of wellbeing – Te Whare Tapa Whā, and the Eden Alternative philosophy of care. The director of nursing was able to describe the company's quality goals and commitment to meet compliance with legislative, contractual, and regulatory requirements. The service's philosophy and strategic plan reflect a resident/whānau-centred approach to all services. The current business and quality improvement plan outlines objectives for the period. Objectives are regularly reviewed, and signed off when fully attained. The director of nursing confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Management and community Māori links provide advice to the owners in order to further explore and implement solutions on ways to achieve equity for all. The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed during the monthly combined staff/quality meetings. Clinical governance is facilitated by the director of nursing (not a company director) who has over 13 years' experience in senior nursing and aged care management roles. The RN house manager has managed The Lady Bug since October 2022, and has previous experience working with Health New Zealand. The house manager is supported by a clinical manager and an experienced care team. The clinical manager from the sister facility supported the RN house manager during this audit. The management team have completed more than eight hours of training related to managing an aged care facility, including cultural training, business courses, privacy training, and attend aged residential care meetings.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a	FA	The Lady Bug has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.

focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	Weekly management meetings, monthly quality/staff meetings, and director meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed, with sign-off when completed. Quality initiatives are documented, and progress is evaluated. The relative satisfaction survey completed in June 2025 evidences a high level of satisfaction in clinical care. Health and safety is a part of all quality/staff meetings. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register were implemented. Health and safety policies are implemented and monitored by the health and safety officer 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. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Family/whānau are notified following adverse events. Opportunities to minimise future risks are identified by the RN house manager, registered nurse, and director of nursing who review every adverse event. Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one serious incident that has been reported to the Health Quality and Safety Commission and one Section 31 reported for a wandering resident. There were two Covid-19 outbreaks since the last audit, which were appropriately reported and managed.
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Subsection 2.3: Service management 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.	FA	The roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a staffing policy that describes rostering requirements. The RN house manager, diversional therapist, and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The RN house manager, clinical manager, and director of nursing are available Monday to Friday, and are on-call out of hours. Interviews with staff, and management team confirmed that their workload is manageable. Staff and resident's family/whānau are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident/family/whānau meetings. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes dementia, de-escalation and challenging behaviours and cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently six staff members have attained an NZQA level 3 or above qualification. Of the eight caregivers, seven have attained their dementia standards, and one is in progress. The RN house manager completes the same competencies as other care staff, as well as an interRAI assessment competency.
Subsection 2.4: Health care and support workers 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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide	FA	Five staff files (all caregivers) reviewed included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. 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. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers

clinically and culturally safe, respectful, quality care and services.		to provide a culturally safe environment to Māori. All staff who have been employed for a year or more have a current performance appraisal on file. New staff have a three-month review documented.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Five files were reviewed for this audit (all dementia residents). The RN house manager is responsible for conducting all assessments and for the development of care plans. There is evidence of resident (as able) and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. In the resident files reviewed, all interRAI assessments, reassessments, long-term care plans, and evaluations have been completed within expected timeframes. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. The LTCPs are holistic, covering physical needs, assistance required with activities of daily living, psychosocial, cultural needs and aspirations, and interventions to address medical conditions in sufficient detail to guide staff. Care plan evaluations were completed as needs changed and within the required timeframes. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service supports and advocates for residents with disabilities to access relevant disability services. Residents have behaviour assessments and behaviour plans, with associated risks and supports needed, and includes strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine that reflects a 24-hour reflection of resident's usual pattern, and behaviour management strategies to assist caregivers in management of the resident behaviours.

		The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident and family/whānau reviews. The RN house manager provides 24/7 on-call support as required. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency at The Lady Bug. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has access to a physiotherapist as required. A podiatrist visits six-weekly and a dietitian, speech language therapist, mental health support team, continence advisor and wound care specialist nurse are available as required. An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Evaluations were completed at each dressing change. Where wounds require additional specialist input, this can be accessed by the service. At the time of the audit, there were two minor skin tears. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls and completed as per policy. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; and blood glucose levels. Staff interviews confirmed they are familiar with the needs of all residents in the facility, and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift. Short-term acute issues are documented and managed appropriately.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.	FA	There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The RN manager

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.		and medication competent caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the medication room. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops have been dated on opening. Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all residents' medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications on the medication charts, including over-the-counter medications and supplements. The effectiveness of PRN medications is consistently documented in the electronic medication management system and progress notes. Self-administration of medications is not facilitated within a secure dementia unit. No standing orders are used. There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Apart from breakfast, all meals are prepared and cooked offsite at Kumeu Village. Meals are transported in hot boxes and food temperatures are checked on arrival. Kumeu Village has an approved food control plan, which expires in March 2027. The four-weekly seasonal menu has been reviewed by a dietitian (September 2025). The menu reviewed considers dietary needs, intolerances, allergies, and cultural preferences. Nutritious snacks are available 24/7. The family/whānau interviewed were complimentary regarding the standard of food provided. Residents were observed at lunch time; the caregivers are very supportive, and the dining area is beautifully arranged for meals.
Subsection 3.6: Transition, transfer, and discharge	FA	There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge

The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The buildings, plant, and equipment are fit for purpose at The Lady Bug and comply with legislation relevant to the Health and Disability Services being provided. The environment is secure and inclusive of people's cultures and supports cultural practices. The building warrant of fitness is current, expiring June 2026. The maintenance person explained the maintenance programme. There is a maintenance request book for repair and maintenance requests located at the front desk. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.
Subsection 5.2: The infection prevention programme and implementation 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.	FA	The director of nursing and the clinical manager, with support from the RN house manager, are responsible for the infection prevention and control programme. All have completed online training around infection control. The infection control manual outlines a comprehensive range of policies, standards and guidelines, and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team, and all policies are available to staff.

As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.		Infection control links to the overarching quality programme and the infection control programme is reviewed, evaluated, and reported on annually. The pandemic plan is available for all staff. Infection prevention and control is part of staff orientation and included in the annual training plan. 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.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually so improvements can be made to reduce healthcare acquired infections (HAI). The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality/staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. There have been two Covid-19 outbreaks since the previous audit. These were well documented, managed, and reported appropriately.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The governance body demonstrated a commitment to maintain a restraint-free environment. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free. The RN house manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the staff/quality meetings and to management (including directors).

		Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.