

# Henrikwest Management Limited - The Beachfront Home and Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Henrikwest Management Limited	
<b>Premises audited:</b>	The Beachfront Home and Hospital	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 27 February 2024	End date: 27 February 2024
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40	



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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 Beachfront Home and Hospital (Beachfront) provides rest home and hospital services for up to 55 residents. There has been a change of clinical manager since the previous certification audit in September 2022.

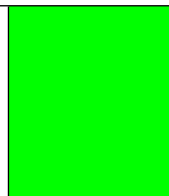
This surveillance audit process was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's agreement with Te Whatu Ora.

The audit process included a sample of residents' and staff files, observations, and interviews with residents, family/whānau members, a director, management, staff, and a general practitioner. Clinical oversight of the facility is managed by the clinical manager who is a registered nurse (RN). Residents and family/whānau were complimentary about the care provided.

Previous findings that required improvements had been resolved. These were related to staffing, evaluation of care plans, management of weight loss and aspects of the environment. The finding about staff shortages is ongoing; there is not always a RN on site. A new corrective action has been raised regarding an external environmental risk.

## 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.

The organisation is aware of their responsibilities under Te Tiriti o Waitangi and endeavours to enact the principles into everyday practice.

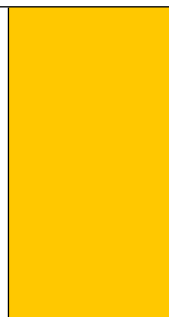
Pasifika policies and procedures are aligned with national strategies embracing world views, cultural and spiritual beliefs.

The organisation maintains a socially inclusive and person-centred service which is aligned with the Code of Health and Disability Services Consumers' Rights (the Code). Consent is obtained where and when required. Whānau and legal representatives are involved in consent processes that comply with the law. Residents and family/whānau confirmed they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

The complaints process aligns with consumer rights legislation.

## 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.



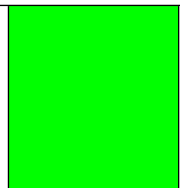
Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The directors and managers assume accountability for delivering a high-quality service with the support of clinical staff. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori and people with disabilities. There were no perceivable barriers or equity issues for Māori. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Organisational performance is monitored and reviewed at planned intervals.

The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focused on improving service delivery and care. Staff are involved in quality activities through staff meetings. Residents and families/whānau provide feedback via resident meetings and through the resident satisfaction survey. Adverse events are documented with corrective actions implemented. The service complies with 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. Staff attend regular education/training, and individual competencies are assessed.

## 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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Residents' assessments and care plans are completed by suitably qualified personnel in a timely manner. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. The transition, transfer, or discharge plan was documented. Transfers to other health care services and discharges are managed in an appropriate manner to allow residents' safety and continuity of care.

Medicines were safely stored and administered by staff who have current medication administration competency.

A holistic approach to menu development was adopted ensuring food preferences, dietary needs, intolerances, allergies, and cultural preferences are undertaken in consultation with residents and family/whānau where appropriate. Residents verified satisfaction with meals.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There have been no changes to the facility since the last audit. There is a current building warrant of fitness.

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

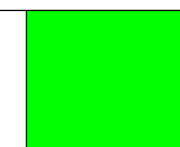
<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to 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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The infection prevention coordinator oversees implementation of the infection prevention programme, which is linked to the quality management system. Annual reviews of the programme are reported to the governance body, as are any significant infection events.

Staff receive infection prevention education during the induction period and annually.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively. Appropriate processes were implemented to prevent the spread of infection.

## 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 directors, managers and staff are committed to providing a restraint-free environment. Relevant policies and procedures are available.

There were three residents using a restraint at the time of audit. Staff attend regular training and education on safe restraint use.



## 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	16	0	0	2	0	0
Criteria	0	48	0	0	2	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has embedded a Māori model of health into their care planning process and has care plans based on Te Whare Tapa Whā. The principles of Te Tiriti o Waitangi are actively acknowledged in the organisation’s literature, although there were no Māori residents on the day of audit.</p> <p>A small number of staff identified as Māori. The staff interviewed believed that services are being provided in a culturally safe manner and said that they have input into how services are developed and delivered.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples</p>	FA	<p>The Beachfront Home and Hospital (Beachfront) has a range of policies and procedures on cultural safety and on the cultural needs of Pasifika peoples. These reflect Pasifika worldviews, cultural, and spiritual beliefs. There were no Pasifika residents in the home at the time of the audit. Pasifika staff were employed in different roles within the organisation.</p>

for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility. Staff have received training on the Code as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. Residents confirmed that their rights were observed.</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>	FA	<p>Residents stated that they have not witnessed or suspected abuse and neglect, and that staff maintain professional boundaries. The staff orientation programme includes education related to professional boundaries. Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics is sought from residents and their family/whānau on admission. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these.</p> <p>Staff have received education on elder abuse and neglect. Residents reported that they are free to express any concerns to the management team when required, and these are responded to promptly.</p> <p>Residents' property is labelled on admission, and residents reported that their property is respected. There is a comfort account for safe keeping of residents' money.</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>	FA	<p>Residents confirmed they are provided with information and were involved in the consent processes. Where required, residents' legal representatives were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their legal representative sign on admission. Staff were observed</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>to gain consent for daily cares.</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>Policy and procedure outline the process for complaints, including specifying considerations for Māori. A fair, transparent, and equitable system is in place to receive and resolve complaints and which leads to improvements. This meets the requirements of the Code.</p> <p>Complaints information is given to residents and family/whānau on admission along with advocacy information. Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and understood their right to advocacy.</p> <p>The facility nurse manager enters information related to each complaint into an electronic complaint register. A sample of the complaints received since the previous audit confirmed these were being managed in a timely manner. Each complaint record contained evidence of investigation, follow-up, and communications with the complainant. Six of eight complaints had been resolved to the satisfaction of the complainant, the other two matters were only recently received and were in the process of being addressed. Corrective actions (where possible) had been identified and implemented.</p> <p>Two complaints received by the office of the Health and Disability Commissioner (HDC) in March 2023 and October 2022 were open and waiting for outcomes from the HDC investigation. The service provider had submitted all requested material to the investigating officer within the timeframes specified.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Managers, including a regional manager, the facility nurse manager (FM) and the clinical manager (CM) support the directors and operate in close liaison with them. The directors and managers meet regularly to plan and monitor performance and ensure services meet legislative, regulatory and contractual requirements. Planning includes a mission statement identifying the purpose, mission, values, direction and goals for the organisation, with monitoring and reviewing performance at planned intervals; the plan is reviewed annually or as required.</p> <p>Policy outlines the service’s commitment to improve outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. Health plans align with Te Whare Tapa Whā and Ola Manuia. Mechanisms are in place to gather equity data and improve outcomes, including infections. The organisation actively works to reduce any barriers to access, ensuring the entry process is equitable.</p> <p>The directors are receiving adequate information regarding performance of the services being provided. They attend the staff and management meetings and receive monthly reports on quality and risk management and key performance indicators.</p> <p>The facility manager is a registered nurse with 18 years of experience, including within the aged care sector. They have knowledge of the sector, regulatory and reporting requirements and maintain currency within the field. Ongoing professional development is occurring including around leadership and managerial skills.</p> <p>The service holds contracts to provide rest home (currently 18 residents) and hospital level care (currently 19 residents) under Aged-Related Residential Care agreements with Te Whatu Ora. One of the hospital residents is funded by the Ministry of Health under a Young Person with Disabilities contract. Three additional residents were on site receiving rest home level short term/respice care.</p> <p>Clinical governance is overseen by the RNs in consultation with the service general practitioners and geriatric speciality team members from Te Whatu Ora. Minutes of monthly RN meetings also demonstrated aspects of clinical governance.</p>
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<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 complaints and incidents, internal audit activities, health and safety reviews, monitoring of outcomes including clinical, policies and procedures, clinical incidents including infections and restraint. Relevant corrective actions are developed and implemented to address any shortfalls. Follow-up actions are reviewed each month until they are resolved and closed out.</p> <p>An organisational risk management programme is in place. The risk management programme covers the scope of the organisation with risk levels and mitigation strategies documented. There was evidence that actions were being implemented, monitored and updated as required. Health and safety policies and procedures are documented along with a hazard management programme. Business and fiscal sustainability are closely monitored.</p> <p>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 process for managing adverse events mitigates the likelihood of repeat events occurring. The adverse events management system supports learning and improvement opportunities. Documented evidence of monthly incidents and infections being analysed to identify trends and address shortfalls was sighted in the quality folder. Information is presented at a range of regular staff meetings, attended by the directors and managers, that outline an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. A sample of staff meeting minutes showed adequate information to monitor performance is reported at these meetings.</p> <p>The FM and CM are aware of situations in which the organisation would need to report and notify statutory authorities. Multiple section 31 notifications of RN shortages have been submitted since the previous audit. Recent cases of gastroenteritis were also reported.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</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). A detailed framework is used as the basis for the roster. When applicable, the facility adjusts staffing levels to meet the changing needs of residents. At least one staff member on duty has a current first aid certificate. The previous corrective action related to staffing shortages is ongoing. The risk rating has not been raised as the service provider has done all it can to mitigate the risks related to this, and the number of shifts without a RN has reduced since 2022. Interviews and documentation demonstrated various methods that have been implemented to ensure 24/7 RN cover. For example, RNs working 10 hour shifts and the CM and FM extending their hours on site. There is no availability of agency staff in the area. Managers are actively recruiting for one more RN which will bring the total number of RNs employed to six.</p> <p>The regional manager is responsible for continuing education and professional development of staff. A two-year training calendar is currently being used and the topics cover mandatory training requirements and special interest topics. Related competencies are assessed and support equitable service delivery. Records sighted confirmed health care assistants have either completed or commenced a New Zealand Qualification Authority education programme. All staff are expected to undertake first aid. Staff records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The service provider has implemented methods for collecting and sharing Māori health information.</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>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A record of all employed and contracted health professionals' current practising certificates is maintained. These were all sighted as current.</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>The sample of seven staff records contained evidence of the recruitment process, signed employment agreements, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. The orientation programme is tailored for each job role. New staff are allocated a buddy or supervisor who supports them through their first few weeks. Competency assessments are completed after orientation to determine staff knowledge and understanding. All of the care staff on site during the audit had been employed for more than three years. The new clinical manager expressed satisfaction with their orientation process.</p> <p>Staff performance is reviewed annually.</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 registered nurses (RNs) complete admission assessments, care plans and care plan evaluations. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. Assessments were completed in a timely manner. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The cultural assessment tool for people who identify as Māori include Māori healing methodologies, such as karakia, rongoā and special instructions for taonga.</p> <p>Te Whare Tapa Whā model of care is utilised for residents who identify as Māori, when required. Relevant interRAI outcome scores have supported care plan goals and interventions. The care plans reflected residents' strengths, goals, and aspirations, and aligned with their values and beliefs. Early warning signs and risks that may affect a resident's wellbeing were documented where applicable. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified, were addressed in the care plans, where applicable.</p> <p>Changes in residents' health were escalated to the general practitioner (GP) and the nurse practitioner (NP). Timely referrals to relevant specialist services as indicated, were completed. The interviewed GP confirmed satisfaction with the care being provided. Medical assessments and routine medical reviews were completed regularly, with the frequency increased as determined by the resident's condition.</p>



		<p>Residents' care was evaluated on each shift and reported in the progress notes by the health care assistants. Changes noted were reported to the RNs, as verified in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Care evaluation included the residents' degree of progress towards achieving their agreed goals and aspirations, as well as family/whānau goals and aspirations, where applicable. Where progress was different from expected, the service, in collaboration with the resident, family/whānau, responded by initiating changes to the care plan. The previous corrective action in relation to documentation of person-centred goals and evaluation of short-term care plans and long-term care plans (criterion 3.2.5), has been addressed.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Residents, family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>An electronic medication management system is used for long-term residents and a paper-based system utilised for short-term residents. All staff who administer medicines had a current medication administration competency. A health care assistant was observed administering medicines. Appropriate medication administration processes were observed.</p> <p>Medicine allergies and sensitivities were documented on the resident's chart where applicable. Standing orders are not used.</p> <p>The medication and associated documentation were stored safely. Medication reconciliation occurs as required. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. Medicine sighted in the medication room and trolley were within current use-by dates.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The</p>

		<p>controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Appropriate processes were in place to support self-medication administration for competent residents. Staff understood the requirements.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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 older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>The previous corrective action in relation to weight loss management and quality of meals has been addressed. Residents with significant weight loss were referred to relevant specialist services and the recommended treatment was implemented. Ongoing monitoring of quality of meals provided has been completed and residents stated that there has been an improvement in the quality of meals provided.</p> <p>The service operates with a current food control plan that expires in September 2024.</p>
<p><b>Subsection 3.6: Transition, transfer, and discharge</b></p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or</p>	FA	<p>A documented transfer and discharge policy is in place to 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 family/whānau or legal representative. Residents' current needs and risk management strategies are documented, where applicable. Residents' family/whānau reported being kept well informed during the transfer of their relative.</p>

support.		
<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>PA Moderate</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose and meet legislative requirements. There is a current building warrant of fitness (expires 26 May 2024), medical, personal and mobility equipment is being checked, electrical equipment test and tagging is up to date and a maintenance schedule is in place. The previous corrective actions about some aspects of the environment have been resolved.</p> <p>Refurbishment of the internal environment, including wall and floor resurfacing was well underway with some areas completed. A new lift had been installed enabling access to both upper levels. The environment was comfortable and accessible. Residents and whānau were happy with the environment, including heating, ventilation and privacy.</p> <p>See corrective action in criterion 4.1.2 related to the external environment.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention (IP) programme is led by an RN who is the nominated infection prevention and control coordinator. The IP programme has been approved by the governance body, links to the quality improvement system and is reviewed and reported on annually. It was last reviewed on 15 January 2024. The IP programme was developed in consultation with people with IP expertise.</p> <p>Staff have received relevant education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service. It is in line with priorities defined in the infection prevention surveillance programme. Surveillance methods,</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>tools, documentation, and analysis are described and documented using standardised surveillance definitions. Infection data is collected, monitored, and reviewed monthly. Ethnicity information is included in surveillance data. Surveillance data is reported to the governance body in monthly reports.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>An infection outbreak reported since the previous audit was managed effectively with appropriate notification completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The Beachfront Home and Hospital aims to maintain a restraint-free environment. The directors and senior managers demonstrated a commitment toward eliminating restraint via the service's values, policy and procedure sign-off and funding relevant training. At the time of audit three residents were using bedrails as a restraint, all of which is as a last resort after alternatives have been explored. Examples of alternatives tried were described.</p> <p>Staff education records confirmed they had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Education in all aspects of restraint minimisation is ongoing, with formal training occurring at regular intervals and staff competencies being tested through at least annual questionnaires.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	<p>There are five RNs employed which includes the CM. Planned and unexpected absences of RNs has continued to create a shortage of hours on some rosters. One of the fulltime employed RNs was on leave at the time of the audit which had led to gaps of two to three hours when there was no RN onsite. These gaps had been reported. The service provider is actively recruiting for one more RN. When an RN is not available a senior HCA is rostered to be on site. The CM and FM are on call after hours and live in close proximity to the facility.</p>	<p>There have been periods of time when there is no RN on site.</p>	<p>Ensure there is an RN on site 24 hours a day, seven days a week.</p> <p>90 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe</p>	PA Moderate	<p>Manatū Hauora requested that the audit team investigate risks posed by an unfenced area at the front of the property which drops to the beach. A corrective action has been raised.</p> <p>The property has been under the same ownership since 2011, and no incidents related to the beach</p>	<p>The risk of resident falls to the beach from the open front lawn area had not been clearly identified or</p>	<p>Investigate and implement methods to isolate, eliminate and mitigate all potential risks related to the open beachfront area.</p>

<p>mobility and independence.</p>		<p>access have occurred since that time. Weather events have created more subsidence and an approximate 2.4 metre graduated slope to the beach. The director/owner was curious that this had not been raised as a corrective action before as the open front has always been there and was uncertain what could be done as the land leading to the beach is owned and managed by local government. If the owner installs a fence on their land this will limit the green space available and the number of residents who gather there for picnics under the shade of the trees as a supervised activity. Beach access for residents has always been from the road reserve not far from the facility with staff support. The FM and owner said that no residents with any degree of confusion are allocated beachfront rooms. There had not been any events of confused residents wandering in this area. The risk of falls from this area was not identified in the hazard register, but this was added on the day of audit.</p>	<p>mitigated.</p>	<p>180 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.