

# Bethsaida Trust Board Incorporated - Bethsaida Retirement Village

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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:

**Legal entity:** Bethsaida Trust Board Incorporated

**Premises audited:** Bethsaida Retirement Village

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

**Dates of audit:** Start date: 16 May 2024 End date: 16 May 2024

**Proposed changes to current services (if any):** Bethsaida Trust continue to build villas around the rest home and hospital.

There are four currently under construction. These do not impact on the residential facility.

**Total beds occupied across all premises included in the audit on the first day of the audit: 57**



# 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
Yellow	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
Red	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

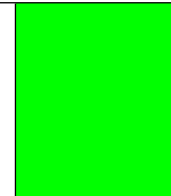
Bethsaida Retirement Village provides rest home and hospital level care for up to 57 residents. There have been no significant changes to the service, a new chairperson of the board has been appointed from among the six members, and the rest home and hospital facility remains unchanged.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau members, a member of the governance group, the village managers, clinical manager, staff, and two general practitioners.

A strength of the service is the open communication style of the village manager, which was observed with staff, residents and whānau during the audit. There were eight corrective actions from the previous audit, with the areas related to registered nurse (RN) availability on night duty, medication management, testing and tagging of electrical equipment, completion of care plans, lack of an infection control programme, analysis of infection surveillance data, and monitoring of the use of bed rails. All of these have been addressed. One area remains for improvement related to residents' goals. Additionally, three areas were identified for improvement because of this audit: completing short-term care plans, documenting general practitioner (GP) reviews, and recording allergies in the medication chart.

## 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.

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

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

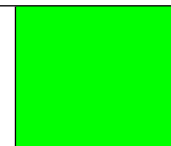
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training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

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

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

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical manager provides oversight to meet the needs of the service, supporting and monitoring good practice.

The electronic quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality indicator data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery. Professional qualifications are validated prior to employment and ongoing. Staff felt well supported through the orientation programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

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

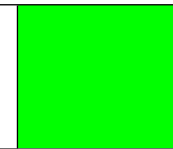
Medicines are safely managed and administered by staff who are competent to do so.

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

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

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

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

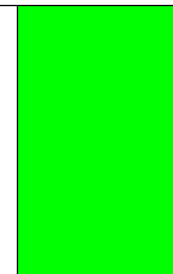


Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety, including testing of electrical equipment.

## 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.

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

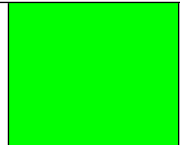
The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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



Infection surveillance is undertaken, with follow-up action taken as required.

## 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 service has been a restraint-free environment since the last audit, and no restraints were observed to be used during the audit. This is supported by the governing body, policies and procedures.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	0	2	0	0
Criteria	0	46	0	2	2	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Bethsaida Retirement Village has policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work and mana motuhake is understood and respected.</p> <p>A member of the board and the village manager (Te Atiawa) identified as Māori. The village manager spoke of providing support to ensure service integration, planning, equity approaches, and support for Māori. There was one Māori resident at the time of audit. Staff have been given training on Te Tiriti o Waitangi and mana motuhake and at interview felt culturally safe. The daughter of a resident who identifies as Māori has provided a training session for staff on cultural safety.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific</p>	FA	<p>Bethsaida Retirement Village has policies and processes to support services that are underpinned by Pacific worldviews. There were no Pasifika residents in the facility, and the village manger stated there have not been any during their time at the facility. There is one staff member who identifies as Pasifika. Culturally appropriate services are provided to all residents.</p>

<p>worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff, resident and whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property is respected; staff do not handle residents' money.</p> <p>Professional boundaries are maintained by staff.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the patient, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements, and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>

<p>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>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. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements when identified. The service assures the process works equitably for Māori by being open and transparent and supportive of a support person being part of the complaints process.</p> <p>There is a complaints register; review showed there were two complaints for 2023 and one for 2024 to date. The process reviewed in a sample of two complaints, met the requirements of the Code time frames, with investigation and resolution to the satisfaction of the complainant.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Residents were happy with the service they were receiving.</p> <p>One Health and Disability Commissioner (HDC) complaint has been open since the last audit. A letter from the HDC, in March of this year, apologised for the delay in getting the provisional report to Bethsaida Retirement Village. The village manager has not heard anything further.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The board assumes accountability for delivering a high-quality service to residents and their whānau. This was confirmed by one of the board members interviewed.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the village manager, with external advice sought as required, such as from a legal or financial service.</p> <p>There is a strategic plan 2023-2028, which details the purpose, direction, objectives and plans for the facility. The values are detailed on the website and in brochures. Monitoring and reviewing of performance occur through regular reporting by the village manager to the board and at staff meetings at planned intervals.</p>

		<p>Ensuring there are no barriers to access, improving outcomes, and achieving equity for Māori was evident in the use of te reo in information provided and signage around the facility.</p> <p>A commitment to the quality and risk management system was evident, with the use of electronic and paper-based quality tools being used. There is an electronic risk register which includes health and safety risks, and these are added to and reviewed regularly.</p> <p>Reports to the board showed sufficient information being communicated to ensure risks, including emerging risks, were minimised. The board member spoken with felt well informed on the operation and risks of the organization. This was confirmed in a sample of reports to the board.</p> <p>The clinical structure is appropriate to the size and complexity of the organisation, with regular reporting to the village manager on the monitoring of resident safety and clinical indicators, which can be benchmarked with other facilities using the electronic quality system.</p> <p>The service holds an age-related residential care (ARRC) contract with Te Whatu Ora – Health New Zealand, for rest home, hospital level care and respite care. At the time of audit there were 57 residents in the facility, with 38 residents receiving rest home level care, two of whom were respite, and 19 receiving hospital level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation uses an external company's quality and risk system which has been modified to meet the individual situation of the facility. This reflects the principles of continuous quality improvement, and includes adverse events, policies and procedures, audit activities and clinical indicators including infections, falls and pressure injuries. Alongside this, the organisation has some paper processes such as for complaints.</p> <p>Resident, whānau and staff satisfaction surveys are undertaken annually. The last whānau survey in August 2023 showed a high degree of satisfaction with the service. Resident meetings occur quarterly. The minutes of the meetings showed opportunities to give feedback and give opinions of the service. Overall, a high degree of satisfaction with the service was seen in the minutes and confirmed by residents interviewed.</p>

		<p>Relevant corrective actions are developed and implemented to address any shortfalls. Trending and analysis occur in the electronic system and results can be benchmarked against similar organisations which use this system. The trending of incidents showed a reduction of falls and challenging behaviours over the last year.</p> <p>The village manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. These were reviewed on the organisation risk register.</p> <p>The administrator keeps a list of improvements that are being undertaken and showed that where an issue is identified, a plan, do, study, act cycle is undertaken to ensure improvement.</p> <p>Staff documented adverse and near-miss events in line with the National Adverse Events Reporting Policy. There is a good culture of reporting events, with 82 sighted on the electronic register for this year to date. A sample of incidents reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The village manager and clinical manager understood and have complied with essential notification reporting requirements. The most recent involved a report to the Ministry of a Section 31 notification related to the admission of a resident with an unstaged pressure injury.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week, with a fixed patterned roster in use. There was evidence that the facility had sufficient staff to meet the changing needs of residents. At the last audit the service was unable to cover the night duty with a registered nurse (RN); this had been reported to the Ministry on those occasions that this occurred. Recruiting has been ongoing and there are now sufficient RNs to cover all duties. The roster pattern has two RNs rostered on morning and afternoons and one rostered on at night. Where only one RN is on duty in the morning or afternoon, a senior health care assistant, who has been assessed as medication competent, fills the gap. Staff interviewed stated there were sufficient staff to allow them to carry out their assigned</p>

		<p>work.</p> <p>A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Residents and whānau interviewed did not raise any concerns about staffing levels and were complimentary about the staff providing care. All RNs and most health care assistants hold a current first aid certificate.</p> <p>The employment process, reviewed via a sample of staff files, includes a job description defining the skills, qualifications and attributes for each role, and ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned, based on the required mandatory competencies, to support equity, issues identified or suggestions from staff. The training calendar goes out three months in advance.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Data provided showed the following health care assistant levels:</p> <p>Level 4 – 18</p> <p>Level 3 – 4</p> <p>Level 2 – 3</p> <p>There was evidence of other health care assistants having undertaken nursing training overseas and some who are currently undertaking nursing training in New Zealand.</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</p>	<p>FA</p>	<p>The human resources management policies and processes are based on good employment practices and relevant legislation and are kept current by the external provider of the electronic quality management system. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable) prior to employment.</p>



<p>capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>The village manager keeps a register of current annual practicing certificates for all health professionals who work or provide contracted services. The register showed these were up to date.</p> <p>Staff reported that the orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur on an annual basis and this was confirmed in records reviewed. There were a few staff members who were overdue for review, but the village manager had sent out the forms for completion and is following these up.</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>PA Moderate</p>	<p>The registered nurse and the nurse practitioner/general practitioners supporting Bethsaida Retirement Village work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by the registered nurse following comprehensive nursing and medical assessment, including consideration of the resident's lived experience and wider service integration where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input. Clinical assessments, including for mobility, falls risk, pain, pressure injury risk, continence, and nutritional needs, inform care planning. An initial care plan guides care during the assessment process. Timeframes for the initial assessment, nurse practitioner or medical assessment, and initial care plan meet contractual requirements.</p> <p>Long-term care planning detailed strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. Cultural and spiritual needs are included in care planning.</p> <p>Short-term care plans were not always completed when a resident developed short-term needs; refer criterion 3.2.4. The facility has not completed all interRAI assessments within contractual timeframes. The Health New Zealand regional commissioning manager is aware of the deficit and has granted an extension to allow the facility to complete the assessments; review of emails confirmed this extension. Registered nurses have been rostered time to ensure the interRAI assessments are</p>

		<p>completed.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. These are reviewed weekly or earlier if clinically indicated. Changes to a resident's condition were documented in progress notes. Where progress is different to that expected, or new needs are identified, changes were made to the care plan. The corrective action raised at the last audit in relation to this is now closed. Residents are reviewed by a general practitioner (GP) of their choice; however, not all GP reviews were documented in the clinical files reviewed; refer criterion 3.2.5.</p> <p>Residents are supported to maintain their independence and care plans described the degree to which residents can complete their own personal care, including for residents with a disability.</p> <p>Staff understood the need for residents and family/whānau, including Māori, to have input into their care and identify their own goals. However, goals sighted in care plans reviewed remain generic in nature and do not reflect the individual choices of residents; refer criterion 3.2.3. Nursing and medical review occurs with resident and family/whānau input when possible. Residents and family/whānau are given choices and staff ensure they have access to information. The resident is involved at every step of the assessment, care planning and review process. Those interviewed confirmed active involvement, including residents with a disability.</p> <p>Two general practitioners interviewed confirmed care was of an acceptable standard.</p> <p>Findings were verified by sampling residents' records, from interviews, and from observations.</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</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. Improvements have been made to medication management processes, medication labelling now meets requirements, stock checks of controlled drugs have occurred, and each</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>resident has individually prescribed medications. The corrective action raised at the last audit is now closed.</p> <p>All staff who administer medicines are competent to perform the function they manage, and any adverse events are responded to appropriately.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicine-related allergies or sensitivities were not consistently recorded for all residents; refer criterion 3.4.4.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Over-the-counter medication and supplements were considered by the prescriber. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Standing orders were not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Where there were difficulties accessing medications, this is identified, and support provided. The manager can support staff to access appropriate supports for Māori residents who wish to access traditional Māori medicines if requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. Māori and their</p>

		<p>whānau have menu options that are culturally specific to te ao Māori.</p> <p>All residents interviewed spoke highly of the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p>
<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>	FA	<p>It was observed that the building, plant and equipment were fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. There have been no changes to the environment since the last audit.</p> <p>The facility has a current Building Warrant of Fitness, expiry on 1 July 2024.</p> <p>At the last audit the electrical testing and tagging and calibration of equipment was not current. The village manager provided a copy of the electrical test and tagging spreadsheet which showed all were undertaken last year. The corrective action raised at the last audit is now closed. The maintenance person has yet to commence this year's testing, with a small number being overdue. This will be commenced in the next month. A copy of the calibration report, from an external company, showed all medical equipment had current calibration requirements. A new piece of equipment had been donated and this was awaiting testing prior to being introduced into use.</p> <p>There is an annual maintenance schedule which is being followed. The</p>

		<p>second maintenance person provided evidence of a maintenance schedule which they were following, which included testing of hot water in a selection of rooms and temperature within the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</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>	FA	<p>Infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. There is an IP programme in place that has been approved by the Bethsaida governing body and is reported on annually. The corrective action raised at the last audit is now closed.</p> <p>The clinical manager, who is a registered nurse, is responsible for overseeing and implementing the IP programme with reporting lines to the village manager.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Ongoing education was relevant to the services provided. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> <p>There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data includes ethnicity data and is collated and analysed to identify any trends, possible causative factors, and required actions. The corrective action raised at the last audit is now closed.</p> <p>Results of the surveillance programme are reported to governing body and shared with staff.</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>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by the village manager, clinical manager and staff.</p> <p>Any use of restraint would be reported by the village manager to the board. There are currently no residents requiring restraint.</p> <p>Staff have been trained in de-escalation and managing challenging behaviour as well as the use of the least restrictive practices. Staff confirmed they had received training and were aware of what to do in the event of a resident becoming aggressive or challenging.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>At the last audit an area for improvement was identified related to the monitoring of residents who had bed rails in place. There are currently no residents requiring restraint and there has been no restraint, including the use of bed rails since that time. This was confirmed during the audit.</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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	<p>PA</p> <p>Moderate</p>	<p>Clinical assessments to identify the residents’ physical needs were completed by the registered nurse, and a diversional therapist completes a social profile which identifies cultural and spiritual values and beliefs. This was verified in files reviewed. However, review of files showed the residents’ strengths, goals and aspirations were not always identified through the assessment process, and individual goals were not always documented. Interventions and supports were documented to guide care, but care plans did not show how residents’ personal goals were to be met. This corrective action continues from the last audit and further work is required to meet this</p>	<p>In five of five files reviewed, the residents’ individual strengths, goals and aspirations were not identified and supports required to meet the residents’ individual goals were not documented. This included goals and supports for both physical and cultural/spiritual needs.</p>	<p>Ensure the assessment process identifies the residents’ individual strengths, goals and aspirations and that these are documented.</p> <p>Ensure care planning documents the supports required to meet the residents’ personally identified goals and that these supports are aligned with their values and beliefs.</p> <p>90 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;  (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;  (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;  (h) People’s care or support plan identifies wider service integration as required.</p>		<p>standard.</p>		
<p>Criterion 3.2.4  In implementing care or support plans, service providers shall demonstrate:  (a) Active involvement with the person receiving services and whānau;  (b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;  (c) That the person receives services that remove stigma and promote acceptance and inclusion;</p>	<p>PA Low</p>	<p>Long-term care plans are completed by registered nurses and described resident care required to meet needs identified from the assessment process. However, care was not always planned to meet residents’ short-term needs, such as infections. Two short-term care plans were sighted for minor wounds. However, for six residents with an identified infection, four did not have care planned to meet their needs, and for one resident with identified short term physical needs, including a pressure injury, the care plan in place did not identify the supports required.</p>	<p>Short-term care planning was not always in place to meet short-term needs. This included for four residents with an identified infection and one resident with a pressure injury.</p>	<p>Ensure short-term care planning is completed for all identified short-term needs.   90 days</p>



(d) That needs and risk assessments are an ongoing process and that any changes are documented.				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	PA Low	<p>Review of care occurs daily by registered nurses and is documented in progress notes. Formal review occurs in line with the interRAI assessments, and evidence was sighted to identify care plans were updated to reflect the residents' changing needs. These updates occur in collaboration with the resident and their whānau.</p> <p>Evidence was sighted of regular review by the medical or nurse practitioner of the resident's choice. Some GPs document in the electronic health record and others email a record of the consultation to the facility. In cases where the record is emailed to the facility, these were not always included in either the paper or electronic record, leading to an incomplete record of the resident's condition.</p>	<p>In four of five files reviewed evidence of regular GP review was not sighted. Nursing progress notes documented the reviews had occurred but medical notes from the reviews were not always included in the health file.</p>	<p>Ensure medical or nurse practitioner reviews are documented in the resident's health record for each visit.</p> <p>90 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate</p>	PA Moderate	An electronic medication management system is used which includes the ability to record medication sensitivities and/or	Not all medication charts included information related to the presence or absence of medication-related sensitivities	Ensure all residents' medication charts identify whether medication-related

<p>people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>		<p>allergies. However, in six out of eleven medication charts reviewed no information was present.</p>	<p>and/or allergies.</p>	<p>sensitivities and allergies are present or if there are no known allergies.</p> <p>90 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.

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End of the report.