

Hardwill Group Limited - The Lodge

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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Hardwill Group Limited
Premises audited:	The Lodge
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services - Psychiatric; Residential disability services – Sensory
Dates of audit:	Start date: 7 June 2022 End date: 8 June 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	29

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou 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 Lodge provides rest home and hospital level care for up to 31 residents. The service is owned and operated by the Hardwell Group Limited, a private company owned by a small group of directors. There have been no significant changes to the size or scope of the service since the last certification audit in November 2020.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the service providers agreement with the district health board (DHB). The audit process included considering a sample of policies and procedures, residents' and staff files, observations and interviews with residents, family/whanau members, a director owner/operator, RN manager, staff and the nurse practitioner (NP).

The previous non-conformances related to interRAI assessments identified at the 2020 audit is ongoing. One other non-conformance related to the quality and risk management system was also identified.

Ō tatou 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 service works collaboratively with staff, residents and the local community to support and encourage a Māori world view of health in all aspects of service delivery. A number of the workforce identify as Māori. All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

There have never been any residents admitted who identify as Pasifika. There is a Pacific plan and related policies and procedures to guide staff in delivering pacific models of care.

Residents and relatives confirmed that they are treated with dignity and respect at all times. There was no evidence of abuse, neglect, or discrimination.

A complaints register is maintained with complaints resolved promptly and effectively. The complaints process meets the requirements of consumer rights legislation and these standards.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 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 low risk
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The organisation is governed by a small group of directors and a nurse manager who monitor organisational performance and ensure ongoing compliance. The mission, values, scope and business goals of the organisation are documented and monitored for achievement. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data including adverse events is analysed to identify wanted and unwanted trends. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. A sufficient number of qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Competencies are defined and monitored. Staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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Policies and procedures at The Lodge provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team led by the registered nurse manager (RN/manager) is responsible for the assessment, development, and evaluation of care plans. All care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated as required.

The planned activities programme meets the needs and interests of the residents as individuals and in group settings. All activity plans are completed in consultation with EPOA/whānau /family and residents noting their activities of interest from past history. Residents and EPOA/whānau /family expressed satisfaction with the activities programme in place.

There is a safe medicine management system. All medications are reviewed by the general practitioner (GP) or nurse practitioner (NP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Menu options are culturally specific to te reo Māori. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

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 2 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.
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The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained. Hazards are identified.

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

Includes 5 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.

A pandemic preparedness plan is in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Apart from single episodes of Covid-19 infections, there were no infection outbreaks reported since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 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.

The service supports a no restraint policy. There were no restraints in use during the audit. Staff receive ongoing training on restraint minimisation and de-escalation techniques.

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	19	0	1	1	0	0
Criteria	0	49	0	1	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>The organisation works to support Māori capacity by encouraging staff use of te reo with residents who are fluent in the language. Five of the 22 staff currently employed identify as Māori, the majority of whom are care assistants. Four residents’ identity as Māori and those interviewed confirmed they are supported in a culturally safe way and that their mana and culture is respected. Ethnicity data is gathered when staff are employed, and this data is analysed at a senior management level.</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</p>	FA	<p>On the days of audit, there were no residents who identified as Pasifika. The organisations Pacific Health Policy refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>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 Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Four residents who identified as Māori said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected. EPOA/whānau /family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy when required for residents who identify as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service's admission process ensures that, residents and family/whanau are involved in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The RN/manager reported that residents are supported to maintain their independence. Residents were able to move freely within and outside the facility.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff was observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> <p>All staff completed training on the Te Tiriti o Waitangi and was</p>

		culturally inclusive of care. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures sighted had been updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. Residents and whānau reported that their values, beliefs and language is respected in the care planning process.
<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>The RN/manager stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the code of conduct.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p> <p>In interview conducted the RN/manager stated that Te Wheke and Te Whare Tapa Wha Māori health model is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p>	FA	<p>The service ensures that guidance on tikanga best practice is available and this was confirmed by residents in interviews conducted. The RN/manager stated that additional advice can be accessed from the organisation's Māori health advisor and through the DHB if required. Staff have received training on tikanga best practice.</p>

to exercise independence, choice, and control.		
<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>	FA	<p>Evidence from the complaints register, and interviews with a director, staff and nurse manager, residents and their whānau/families, confirmed that the complaint management system complies with the Code, meets the intent of this standard and works equitably for Māori.</p> <p>One complaint had been received since the previous audit. This had been acknowledged in writing, investigated and resolved to the satisfaction of all parties in a timely manner. There have been no known complaints received and/or investigated by the office of the Health and Disability Commission, the DHB or any other external agencies, no coroner's enquiries or police investigations since the previous audit in November 2020.</p> <p>Māori residents and whānau said the complaints process had been explained to them in ways they understood and that they felt very comfortable raising concerns or complaints.</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>	FA	<p>The Lodge is governed by a small group of directors/owners who acquired the lodge in 2018. This group is well experienced in owning and operating care facilities. The directors live on site and visit the facility most days of the week. They have daily communications with the RN manager, residents and staff.</p> <p>The home can accommodate a maximum of 31 residents. On the days of audit 29 beds were occupied. Eighteen residents were receiving rest home level care and 11 residents were receiving hospital level care. One resident was funded by the Accident Compensation Commission, and the majority of others were receiving services are provided under the Age-Related Residential Care (ARC) agreement with the local DHB. Eleven were under the age of 65 years either funded as Long-Term Support-Chronic Health Conditions (LTS-CHC) or under the Ministry of Health contract for physical disability and younger persons. The DHB service agreement includes respite/short stay care, palliative and medical (non-acute) care. The service provider has exited their agreement to provide services under</p>

		<p>a mental health agreement.</p> <p>Two of the directors/governance whakapapa back to an Iwi. They work in ways that ensures services are delivered safely and appropriately for tangata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity.</p> <p>There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and their whanau/family, the demographic population of residents and ethnic composition of staff. Refer to subsection 1.1.</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>PA Low</p>	<p>The Lodge has a documented and implemented quality and risk management system which is reviewed and kept current by the operator and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies.</p> <p>Significant staff shortages and five positive cases of COVID 19 amongst residents in this calendar year, has interrupted quality monitoring activities. There is a finding related to this in criterion 2.2.2</p> <p>The directors have been monitoring adherence to the business, quality and risk plan, and ensuring the service policies and procedures are updated as required. A staff satisfaction survey in June 2021 revealed approximately 50% of staff were not satisfied with accessibility of rooms and provision of products. This was addressed at the time.</p> <p>The organisation is establishing equity as an integral component of its quality systems. Ethnicity data is being consistently gathered. Tikanga is followed and respected.</p> <p>Essential notification reporting occurs. One Section 31 notification related to a stage 3 pressure injury was submitted to the Ministry of Health and the DHB in February 2022. An RN shortage notification</p>

		was submitted on 23 April 2022. There have been no other significant events.
<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 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). Five of the 22 staff employed identify as Māori. These staff members interviewed confirmed that Māori resident's cultural needs and aspirations are met. The business owners ensure staff work in ways to deliver health care that is responsive to the needs of Māori. Staffing levels are adjusted to meet the changing needs of residents.</p> <p>Care staff reported there were usually adequate staff to complete the work allocated to them, although a recent loss of staff and staff illness has created workforce shortages. Residents and whānau interviewed said staff were always available to them. The RN manager is on site Monday to Fridays and on call after hours. Three care staff are rostered for morning shifts; two of these staff complete full shifts from 6.45am to 3.15pm and one does a short shift 6.45 to 10.45am, two care staff and one RN are on each afternoon shift and either one RN and one care staff or two senior care staff are on duty each night. RN shortage notifications have been submitted where there is no RN on site. Staff said they had been working longer shifts or additional days to cover absences, but the situation is easing now. There is always at least one staff member on site with a current first aid certificate and medication competencies.</p> <p>Allied staff such as the diversional therapist, cleaners and kitchen staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery. The care staff carry out laundry and additional housekeeping duties on all shifts seven days a week.</p> <p>Continuing education for staff is planned on a bi-annual basis to support equitable service delivery. Education includes mandatory training topics such as infection control, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. There has been a recent focus on cultural safety, infection prevention related to COVID-19 and the Omicron variant including</p>

		<p>donning and doffing of personal protective equipment (PPE).</p> <p>All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Of the 13 care staff employed, nine have achieved level four on the NZQA framework and two are working toward completing theirs. Two staff with long time experience in aged care have not enrolled. Five of the five RNs are accredited and maintaining competencies to conduct interRAI assessments. Staff records sampled demonstrated completion of the required training and competency assessments. Staff reported feeling well supported and safe in the workplace. This was confirmed by a staff wellness survey conducted in June 2021.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Staff management policies and processes are based on good employment practice and meet relevant legislation. A sample of staff records confirmed the organisation's policies are being consistently implemented. Staff qualifications including current membership with professional bodies and annual practicing certificates were confirmed prior to employment and copies were held on file. Validation of other health practitioners practicing certificates, such as the dispensing pharmacist, nurse practitioner, physiotherapist and general practitioners was also being checked and monitored for currency.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts and a 90-day post-employment appraisal. Formal performance appraisals occur at least annually. The staff records sampled contained evidence that their performance had been reviewed in the past 12 months. Staff ethnicity data is recorded and used in accordance with Health Information Standards Organisation. There is a diverse mix of staff employed. The service provider has determined the cultural make-up of their workforce and estimated the percentage of Māori health care and support workers.</p>

		The owners also confirmed people's right to speak their own language, endorse tikanga and support connections to iwi, hapū, and whānau. This was observed during the audit and confirmed by staff and resident interviews and staff files.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	Not Applicable	<p>The admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form. In interview the RN/manager reported routine analysis to show entry and decline rates will be considered to comply with the requirements of the new standards. Specific data for entry and decline rates for Māori will be included where applicable. There were four residents who identified as Māori and five staff members at the time of audit.</p> <p>The service is actively making contacts to work in partnership with local Māori communities and organisations. The RN/manager stated that Māori health practitioners and traditional Māori healers for residents and whanau who may benefit from these interventions will be consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>The service uses both a paper-based and electronic (interRAi) record management systems. All five resident files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required time frames. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>The GP or NP complete the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The RN/manager reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated</p>

		<p>that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>All residents including YPD residents' care was evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the RN/manager and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau /family are included and informed of all changes.</p> <p>The long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau /family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau /family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health Care Plan in place reflects the partnership and support of whānau and the extended whanau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent, residents, tangata whaikaha and whānau from independently accessing information would be identified and strategies to manage these documented. Tangata whaikaha and whānau are given choice and control over their supports. The staff confirmed they understood the process to support residents and whanau.</p> <p>The previous area requiring improvement relating to reviewing</p>
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		interRAI assessments along with long-term care plans and activities care plan evaluations was addressed. Further improvement is required in completing interRAI assessments every six months to meet policy requirements.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The Lodge has an activity programme in place that covers rest home, hospital and YPD residents. YPD and other residents are encouraged and supported to access activities of choice or programmes both onsite and offsite. In interviews conducted the, YPD residents confirmed that they have access to a computer and WIFI at the service. The activities coordinator reported that the service uses an online Golden Carers programme which informs each resident's activities programme and planning. The activities programme sighted support community initiatives that meet the health needs and aspirations of Māori and whānau. Residents who identify as Māori are encouraged to connect or reconnect with their communities, local Marae, Kaumātua. There are organised celebrations of Waitangi Day and Matariki. Residents visit their EPOA/whānau /family in the community and family can freely visit the residents in the facility.</p> <p>The previous area requiring improvement relating to evaluating activities care plans at the same time with interRAI assessments was addressed.</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>	FA	<p>The medication management policy identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. The service uses an electronic management system for medication prescribing, dispensing, administration, review, and reconciliation.</p> <p>Indications for use are noted for pro re nata (PRN) medications, over-the-counter medications, and supplements, allergies are indicated, and photos were current.</p> <p>Medication reconciliation is conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. The RNs checked medicines against the prescription, and these were updated in the electronic medication management</p>

		<p>system. The NP completes three monthly reviews. Medication competencies were current, and these were completed in the last 12 months for all staff administering medication.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy in a timely manner. Monitoring of the medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The RN/manager was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley and locked treatment room.</p> <p>Self- administration of medicines is encouraged for YPD residents who wish to do so if appropriate. There were two residents self-administering medications and they were assessed as competent. Appropriate systems and processes to ensure the safe administration of medicines were in place. There were no standing orders in use.</p> <p>The controlled drug register was current and correct. Weekly and six-monthly stock takes were conducted. The RN/manager reported that controlled drugs are stored securely following requirements and checked by two staff for accuracy when being administered. Outcomes of as-required (PRN) medication were consistently documented. Administration records are maintained, and drug incident forms are completed in the event of any drug errors. The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</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</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and EPOA/whānau /family. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The menu in use was reviewed by a dietitian within the past two years.</p>

<p>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>The Māori health plan in place included cultural values, beliefs and protocols around food. The cook stated that menu options are culturally specific to te reo Māori and these are offered to Māori residents when required. The cook gave some examples of culturally specific food that are offered every week such as boil-ups and Māori fried bread. EPOA/whānau /family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau /family expressed satisfaction with the food options.</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>There is a documented process for the management of transfers and discharges. A standard transfer notification form from the DHB is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau /family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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</p>	FA	<p>The building has a current warrant of fitness with an expiry date of 29 June 2022. Inspection of the internal and external environments revealed no concerns. The building is owned by the operators and is in good repair. Plant and equipment are being well maintained. Improvements have been made to all areas and the environment is inclusive of resident's cultures. For example, the code of rights is on display in Te reo and English.</p> <p>The service provider is preparing to start building a new two storey hospital rest home on site. The service operator/director has already undertaken the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori.</p>

<p>belonging, independence, interaction, and function.</p>		
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency, natural disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Six monthly fire evacuation drills had been occurring. The most recent drills occurred in December 2021 and again on audit day. The fire evacuation plan was approved by the New Zealand Fire Service in November 2017.</p> <p>Appropriate security arrangements are in place. On the days of audit, all entry points to the home were locked as all visitors required a rapid antigen test (RAT) before entry. All visitors are required to sign in and provide proof of identify if they are unknown to staff.</p> <p>Residents and staff said they were familiar with emergency and security arrangements.</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>A pandemic preparedness plan was in place and this is reviewed at regular intervals. There were single episodes of Covid-19 infections at the service and these were managed according to ministry of health guidelines. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate and recommended for long-term care facilities and is in line with the priorities defined in the infection control programme. The data is collated and analysed every month to identify any significant trends or common possible causative factors. Results of the surveillance data</p>

<p>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>are shared with staff during shift handovers, at monthly staff meetings, and management meetings. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The NP and GP were informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections.</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 Lodge is committed to a restraint free environment and this was reflected in the policy and during interviews with the governance body. The governance body has Māori representation. The directors are kept informed about any use of restraint and during interview confirmed the service was committed to maintaining a restraint free environment. The service has a restraint committee which has Māori representation. The nurse manager oversees the use of restraint. The policy defines the restraints that may be used within the service. There were no restraints in use during the audit. The most recent use of a safety and comfort device was in 2021 for a resident with tonic and repetitive limb movements who has since passed away.</p> <p>Policies and procedures for the management of restraint, if required, reflect current requirements. Staff have completed training on de-escalation practices and techniques and safe restraint use. Staff meeting minutes sighted confirmed that restraint use, including the type and frequency of restraint is reported to staff. The restraint committee meets at least annually and reviews all restraint use to ensure any use of restraint is as per policy and ensures the health and safety of residents and the staff.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Significant staff shortages and five positive cases of COVID 19 amongst residents in this calendar year, has interrupted quality monitoring activities. For example, internal audits have not been undertaken since August 2021, and the last resident/relative satisfaction survey occurred in 2020. The nurse manager is reviewing and investigating all incidents and infection events, and with assistance from a director, conducting routine analyses of the data to identify trends. The frequency of management, RN and staff meetings has also decreased from monthly to three monthly and resident meetings have also reduced from monthly to three monthly. Staff and residents interviewed said they were missing opportunities for formal feedback, although daily verbal communications are happening. The operator and the nurse manager had already identified this shortfall.</p>	<p>The monitoring of service delivery for satisfaction and compliance has not been occurring as scheduled and expected in the quality management framework.</p>	<p>Ensure that all aspects of service delivery are routinely monitored for compliance with policy and standards, that resident and family satisfaction is sought and that meetings occur regularly.</p> <p>180 days</p>

		A second nurse manager has been recruited and is due to start before the end of June, and a senior HCA has been allocated administration hours to restart quality monitoring.		
<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>	<p>PA</p> <p>Moderate</p>	<p>Nursing care is undertaken by appropriately trained and skilled staff including the RN/manager, RNs, and care staff. InterRAI assessments completed within 21 days were based on the assessment measurement outcome tools and the staff's observation of the resident. However ongoing interRAI assessments were not completed every six months as per the service's contractual requirements with the local district health board. The RN/manager and the owner/licensee reported that they had employed in the interim a competent interRAI trained RN to complete the assessments. The RN had already started completing the assessments. RN/manager stated that they were using facility's standardised nursing assessment tools to guide staff while awaiting the remaining interRAI assessments to be completed. Cultural assessments were completed by the nursing team who have completed appropriate cultural training. Long-term care plans were also developed. Resident, EPOA/whānau /family, GP and NP involvement are encouraged</p>	<p>Eight interRAI assessments were not reviewed six-monthly as per the service's contractual requirements with the local district health board.</p>	<p>Ensure interRAI assessments are completed six-monthly as per contractual requirements.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.