

# Admatha Dementia Care Limited - Admatha Dementia Care, Admatha Lodge

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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 BSI Group New Zealand Ltd, 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:

<b>Legal entity:</b>	Admatha Dementia Care Limited	
<b>Premises audited:</b>	Admatha Dementia Care  Admatha Lodge	
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Dementia care	
<b>Dates of audit:</b>	Start date: 12 January 2023	End date: 13 January 2023
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	41	



# 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 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

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

## General overview of the audit

Admatha Dementia Care and Lodge provide psychogeriatric and dementia level of care for up to 55 residents. The service provides care across two buildings, one a secure psychogeriatric unit of 25 beds and another is a secure dementia unit of 30 beds. Occupancy on the days of audit was 41 residents.

This unannounced surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand-Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families/whānau, management, staff and the general practitioner.

The service is managed by a clinical manager who is supported by an operations manager, regional clinical manager, clinical quality support and quality manager.

The service continues to make environmental improvements and room refurbishments. Family/whānau spoke positively about the care provided. There are quality systems and processes implemented. There is a stable team of experienced caregivers and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed.

An induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care. Competencies specific to the employee roles are reviewed annually.

The previous shortfall related to staff orientation has been addressed.

This surveillance audit identified shortfalls around staffing and education.

## 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 are fully attained.
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Admatha Dementia Care and Lodge provides an environment that supports resident rights and reflect culturally safe care. There is a Māori health plan. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the policies. The service is working towards partnering with Pacific communities to encourage connectiveness.

Residents are involved in providing input into their care planning in a manner that considers their dignity, privacy, choices and independence. Staff receive training on Māori health, cultural safety and awareness at orientation.

Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family.

There is an established system for the management of complaints that meets the guidelines established by the Health and Disability Commissioner.

## 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 business plan reflects a holistic model to service delivery and ensure wellbeing outcomes for Māori and tāngata whaikaha are achieved. The clinical manager and care staff are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is progress towards the implementation of strategies to collaborate with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.

There is a staffing policy documented. Residents receive appropriate services from suitably qualified staff. An orientation programme is in place for new staff. An education and training plan is implemented. There is a schedule of competencies to equip staff with the necessary skills to provide cultural and clinically safe care.

## 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.		Subsections applicable to this service fully attained.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals.

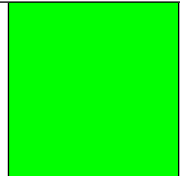
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for the consumer group. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences, dietary requirements, cultural, traditional and religious practices and choice related to food are respected.

Transfer, exit and discharges occur in a coordinated manner.

## **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 are fully attained.
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Both buildings have a current building warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. Both units are secure. There is a printed up-to-date resident list for evacuation purposes.

## 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 are fully attained.

The infection control programme includes a pandemic plan. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking occurs. There have been two outbreaks documented since the last 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 are fully attained.

The restraint coordinator is the clinical manager. There facility is restraint free since January 2022. There is leadership commitment to maintain a restraint-free environment. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort; should this ever be required. Emergency restraint has not been utilised.



## 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	20	0	1	0	0	0
Criteria	0	53	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 service is developing support to increase Māori capacity. There are no staff currently employed who identify as Māori. The recruitment related policies reviewed evidence an organisational commitment towards equal opportunities. Caregivers and managers interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff.</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</p>	Not Applicable	<p>The organisation is working towards the development of a Pacific health plan and is in the process of forming partnerships with Pacific groups to have input into the Pacific health plan. The clinical manager (CM) interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals and identity are respected.</p>

<p>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>	<p>FA</p>	<p>The service recognises Māori mana motuhake as evidenced through resident care plans, Māori health plan and discussion with staff. On the day of the audit, it was observed that staff provide residents with choice and the ability to decide for themselves, taking their cognitive ability into consideration.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>All staff receive training in Māori health awareness during orientation. Code of Rights (which includes Te Tiriti o Waitangi) in-service training was completed in November 2022 for all staff. Training also covered tikanga practices. Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs. There were no residents at Admatha Dementia Care and Lodge who identified as Māori on the day of audit.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi and tikanga. Māori cultural days are celebrated (eg, Matariki). Enduring power of attorney (EPOA) satisfaction survey 2022 states 100% of EPOAs are satisfied with their family member's cultural needs being met.</p> <p>Interviews with four managers (clinical manager, clinical quality support, regional clinical manager and quality manager) and eleven staff (one RN, five caregivers, one household assistant, the chef, two activities coordinators [DTs] and procurement manager) confirmed their awareness of Te Tiriti o Waitangi, te ao Māori and tikanga.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff are encouraged to address issues of racism and bias. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Relatives interviewed confirmed that the care provided to their family members is respectful. The staff survey for 2022 evidenced staff satisfaction related to approachable management, positive work environment and great teamwork. Education sessions encourage reflectiveness, self-awareness and thoughtfulness in the team and foster the desire to be effective with people they come into contact with.</p> <p>The service's electronic care plan reflects `the best friend approach to care` philosophy that reflects all aspects of wellbeing and integrate achievable goals as and when healthcare needs change for all residents, including Māori. The service provides education on cultural safety and provide opportunities for ways to improve 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.  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.  As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. The service follows relevant best practice tikanga guidelines to ensure cultural safe care. This is included in their newly reviewed informed consent policy. The registered nurses and CM have a good understanding of the organisational process to ensure Māori residents involved the family/whānau for collective decision making. Support services to Māori are available when required.</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</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff.</p>

<p>am taken seriously and receive a timely response.  Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.  As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>Complaints can be handed to reception. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process and forms are visible, and available.</p> <p>A complaints register is being maintained. Complaints management meets the Health and Disability Commissioner's guidelines and time limits. Four complaints were lodged in 2021/2022. Complaints are risk rated, and all but one complaint was closed off as resolved. One complaint is open for further investigation and relates to missing property. There have been no complaints lodged through external agencies.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. All complaints are documented as resolved and no trends were identified. Concerns and complaints are discussed at relevant meetings. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings (also evidenced in meeting minutes).</p> <p>The CM interviewed stated the complaints process works equitably for Māori, support is available and there is an understanding that face to face meetings with whānau are preferred in resolving issues for Māori. The complaints policy had recently been reviewed to provide an equitable process for Māori.</p> <p>Discussions with five family members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues are addressed promptly. Family members interviewed reported they felt comfortable discussing any issues with the registered nurses, or the management team.</p>
<p>Subsection 2.1: Governance  The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>Admatha Dementia Care and Lodge is located in Christchurch. Both are subsidiaries of Dementia Care New Zealand (DCNZ) and governed by two directors. Admatha Dementia Care provides</p>

<p>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>dementia level of care for up to 30 residents and Admatha Lodge provides psychogeriatric (PG) care for up to 25 residents.</p> <p>On the day of the audit there were a total of 17 residents receiving dementia care under the aged related residential care agreement (ARRC) and 24 residents receiving psychogeriatric care under the of aged residential hospital specialised services (ARHSS) agreement. There were no residents on other contracts.</p> <p>The day-to-day clinical operations is overseen by the clinical manager who is supported by an operational manager, who oversees the non-clinical part of the operations. The operations manager was not available on the day of the audit. Strategic and business planning is undertaken by the directors and executive team for the wider organisation. Plans sighted outlined the scope, direction and goals of the organisation, which incorporates the values framework document. The organisational management team have engaged a Māori advisor to consult with updating the current Māori health plan, and governance planning, including business planning, quality, and risk management, to improve Māori health through clinical assessment and organisational policy and procedures. The governance body is committed to supporting the Māori health strategies, including implementation of systems to assist with identification and analyse variances in Māori health (i.e. infection control and adverse events).</p> <p>Tāngata whaikaha are supported to provide feedback through surveys and resident meetings, as evidenced in meeting minutes. Plans are in place for the organisational management team to attend cultural training to ensure that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</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</p>	<p>FA</p>	<p>Admatha Dementia Care and Lodge is implementing a quality and risk management programme as part of the business plan. Quality goals, health and safety goals, and infection control goals for 2022 are documented and reviewed. Goals for 2023 are yet to be formulated with the business plan for 2023/2024. The quality and risk management systems include a risk-based approach and</p>

<p>achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>A range of meetings are held monthly, including: resident meetings; family focus meetings; quality; resident event analysis meetings (REA); health and safety; infection control; RN meetings; and staff meetings. Discussions include (but are not limited to): quality data, including complaints, health and safety, infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with quality improvements and corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data, analysis and trends in data are made available to staff through meeting minutes. The corrective action (quality improvements) log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Opportunities to minimise future risks are identified by the clinical manager and registered nurses. Benchmarking occurs on a national level against other DCNZ facilities. Electronic reports are completed for each incident/accident, a severity risk rating is given and immediate action is documented with any follow-up action(s) required, evidenced in eight accident/incident forms reviewed. Results are discussed in the quality and staff meetings and at handover.</p> <p>Staff received a wide range of culturally diverse training, including cultural sensitivity and awareness, with resources made available to ensure a high-quality service is provided for Māori and residents with diverse ethnicities.</p> <p>The 2022 satisfaction survey completed in November 2022 demonstrates an overall satisfaction with all areas of service delivery. Corrective actions were implemented to improve the areas of concern.</p> <p>Health and safety policies are implemented and monitored by the health and safety representatives that meet monthly. Hazards are</p>
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		<p>identified and added to the hazard register (reviewed in November 2022). There are procedures to guide staff in managing clinical and non-clinical emergencies. Staff incident, hazards and risk information is collated at facility level, and reported to national level.</p> <p>Discussions with the management evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been weekly notifications completed since May 2022 for RN unavailability for up to six shifts per week in the psychogeriatric unit. Three notifications occurred to notify HealthCERT in relation to a change in clinical managers since the last audit. There were nine Section 31 notifications related to absconding residents (all incidents related to new admissions settling into the service). There had been two Covid-19 exposure events in March and August 2022 and these were appropriately notified to Public Health.</p> <p>Critical analysis of organisational practice is completed through: benchmarking, analysis and reports at national level; annual review of the quality programme; review of policies by a policy development group; and internal audits.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. Casual staff are additional staff added to the roster to cover staff absences. Family members interviewed are of the view that there are adequate staff numbers to meet their family/whānau's needs.</p> <p>The roster reviewed for Admatha Dementia Care is adequate and sufficient to meet the needs of the residents. There is a registered nurse on duty Monday to Friday in the dementia unit (main house) for 40 hours per week and a weekend RN from 9 am-2 pm. The RN is supported by a sufficient number of caregivers and household assistants distributed over a 24- hour period. Household assistants provide non-clinical tasks.</p> <p>Admatha Lodge (PG unit) is on the property next door from Admatha Dementia Care but not co-located. Call bells from one unit cannot be heard in another unit. There is not currently a full complement of</p>



	<p>RNs to provide 24/7 cover in the PG unit. The service is actively recruiting for three RNs to cover the roster. Section 31 notifications are completed weekly to notify the funder of RN unavailability for an average of six shifts per week, across afternoon and night shifts in the PG unit.</p> <p>The operations manager (non-clinical) and the clinical manager are on site full time and available on call- after hours. During the week (from 8.30 am to 5 pm) the quality manager or regional clinical manager provide RN oversight in the psychogeriatric unit when a shift RN is not available.</p> <p>Medication competent caregivers with overseas registered nurse qualifications are overseeing the psychogeriatric unit in the absence of an RN. There is an additional diversional therapist (DT) rostered in Admatha Lodge that acts as a weekend manager from 9 am-2 pm. Additional caregivers are allocated on those days to mitigate clinical risk. There are adequate numbers of caregivers distributed over a 24-hour period to safely care for the residents. The roster reviewed evidence caregivers are added to the roster to meet the acuity and needs of the residents. Family interviewed stated they are mostly unaware of any staff shortages as their relatives are well cared for.</p> <p>There are DTs rostered from Monday to Sunday to provide activity support.</p> <p>The annual training programme exceeds eight hours annually. Training is conducted via zoom and led by the DCNZ educator (also a mental health nurse). There is an attendance register for each training session and educational topics offered include: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, caregivers, and activities team members have a current first aid certificate. There is at least one person on each shift with a valid current first aid certificate. There is a range of competencies specific to the employee`s role. There is a schedule and register in place. All competencies had been completed for 2021; however, reassessment of some competencies for 2022 had fallen behind. Three (two permanent RNs and one regular casual RN) of seven</p>
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		<p>RNs are interRAI competent.</p> <p>The education and training schedule includes mandatory training across 2021 and 2022, this has been fully implemented. Training topics include: health and safety and hazard management; infection control; Residents Code of Rights; cultural safety training; chemical training; emergency preparedness; and pandemic planning. Staff complete cultural safety and are provided with the learning opportunity to learn about Māori health outcomes, disparities, and health equity trends. The DCNZ educator ensures the attendance and content of the sessions are filed. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori.</p> <p>The majority of the staff have been employed for over ten years. Caregivers are encouraged to gain qualifications with the New Zealand Qualification Authority (NZQA). There are 32 care staff and 27 had gained the appropriate qualifications to satisfy the Aged Residential Hospital Specialist Services contract (ARHSS) clause D17.11 and aged-related residential care services contract (ARRC) and clause E4.5.f. There are five staff (four enrolled) that have been employed for less than 12 months. The DCNZ educator supports staff to complete their National certificates in Health and Wellbeing through Careerforce.</p> <p>Registered nurses are supported to maintain their professional competency. RNs are provided with opportunities to attend external training when available. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments including (but not limited to) infection control, wound management medication and insulin competencies.</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</p>	<p>FA</p>	<p>A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe</p>

<p>capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. The educator and quality manager monitors completion of the orientation programme. The orientation learning package and orientation policy was reviewed in June 2022. The orientation learning packages reviewed were consistently signed off as completed within six weeks of employment. One newly appointed caregiver confirmed they received a comprehensive orientation to the service. The previous finding related to (NZS 2008:8134 criteria 1.2.7.4) has been addressed.</p> <p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required.</p> <p>There is a policy governing management of personnel files. Information held about staff is kept secure, and confidential. Nationality data is identified during the employment application stage. The service collects ethnicity data and plans to report analysis of this at governance level.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Ethnicity for resident is recorded at admission. There is a declined entry record. The service is working towards gathering ethnicity for routine analysis specific to entry and decline. The service has an established relationship with a kaumātua (Māori advisor) and developed meaningful partnerships with Māori communities through this established link. This relationship benefits Māori individuals and whānau. There is a communication pathway to include Māori health practitioners, traditional Māori healers, and organisations to benefit their Māori individuals and whānau.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed (two dementia and three psychogeriatric unit). Registered nurses (RN) are responsible for conducting all assessments and develop the care plans. The service implemented an electronic management system since the last audit.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. Risk assessments and interRAI outcomes form the basis of the care plans and are addressed in the care plan. InterRAI assessments and reassessments are completed in a timely manner and when there is a significant change. Cultural assessments include cultural considerations, spiritual wellbeing and beliefs and details are weaved through all sections of the care plan. Long-term care plans are developed and reviewed within expected timeframes. Interventions and personal strategies are recorded to meet the individual resident's physical, medical needs and pae ora outcomes. Challenging behaviour is assessed when this occurs and includes triggers and personal strategies.</p> <p>There is evidence of resident and family involvement in the interRAI assessments and the review of the long-term care plans. Care plans are holistic in nature and reflect a person-centred care plan that give tāngata whaikaha choice and control over their supports. The diversional therapist (DT) completes a 24-hour leisure plan describing the resident's usual morning, afternoon and night-time habits/routines. Care plan evaluations reflect progression towards the goals. Six-monthly multidisciplinary meetings occur where residents and whānau are involved in care plan review. Any short-term acute issues such as infections, weight loss, and wounds are added to the care plan.</p> <p>There were no residents who currently identify as Māori; however, the appropriate cultural supports and interventions are detailed in the electronic care plans.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. The GP (interviewed) routinely visits</p>

	<p>once a week and has regular contact with Te Whatu Ora Waitaha Canterbury older persons mental health team when required. The GP is on call for advice after hours. The clinical manager is also available for after-hours calls and advice. The GP interviewed is complimentary of the service provided. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health interventions were documented and integrated into care plans. The service has access to specialist services at Te Whatu Ora Waitaha Canterbury, including older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has contracted a physiotherapist that visits once a week.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and RNs complete weekly review entries. The RN further adds to the progress notes if there are any incidents or changes in health status. Progress notes reflect a clear picture of the resident's care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with the GP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. Wound records were reviewed for three residents with current wounds (abrasions, skin tears and a chronic wound). Input from the local Te Whatu Ora Waitaha Canterbury wound nurse specialist is accessible when required. Pressure injury prevention strategies are implemented; there were no pressure injuries at the time of the audit.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a</p>
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		<p>continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed within the required protocol frequencies for unwitnessed falls with or without head injuries. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Family are notified following incidents.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The monthly activities calendar reflects activities for a culturally diverse group of residents and includes celebratory themes and events and included Māori language week and Matariki. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained. The service facilitates opportunities to participate in te ao Māori through the use of Māori language signage, culturally focussed music, and using poi during exercises. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). There is a link with a Māori chaplain that is available to visit and perform blessings and karakia.</p> <p>The service engages and maintain links with the local community and include volunteers, entertainers and visitors. Regular van drives into the community occur. Various religious visitors visit monthly to see residents individually when required. Residents can give feedback on the activities at the monthly resident's meeting. Relatives interviewed confirmed their satisfaction around activities offered.</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>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotic roles for regular medication and blister packs for 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in both units. The medication fridge and room temperatures are monitored daily and were within acceptable ranges. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, have been reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were no residents self-administering medications at the time of the audit. There are current standing orders for nine medications and the documentation reviewed adhere to the Ministry of Health (2016) Standing Order Guidelines.</p> <p>There was documented evidence in the electronic clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse and clinical manager interviewed described working in partnership with all residents and family/whānau when required to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences.</p>	<p>FA</p>	<p>Kitchen staff are trained in safe food handling. The menu provides for choice and residents can choose from the menu what they would like to eat; likes and dislikes are catered for. The chef interviewed stated they can implement menu options for Māori residents when</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>required and also consult with residents on the food and their choices. Kitchen staff, homecare assistants and caregivers interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks are available 24 hours a day in both units.</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>	<p>FA</p>	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, EPOA or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Admatha Dementia Care and Lodge and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 June 2023 for Admatha Dementia Care and 1 April 2023 for Admatha Lodge. There is a documented preventative maintenance plan and includes checking and calibration of medical equipment, and testing and tagging of other electrical equipment; this occurred as required in July 2022. Hot water temperatures are maintained within suitable ranges and checked weekly.</p> <p>The environment is homelike and there are spaces to support whānau interaction. The organisation is improving the internal environment, art and decor to be reflective and inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the Māori cultural advisor will liaise with local</p>



		Māori providers to ensure aspirations and Māori identity is included.
<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>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service for Admatha Dementia Care 7 June 2005 and Admatha Lodge 23 June 2003 (sighted). A fire evacuation drill is repeated six-monthly and last completed on 15 September 2022 for both buildings, in accordance with the facility's building warrant of fitness requirements. There is a current fire register which list the assistance required for each resident in an event of an evacuation.</p> <p>Admatha Dementia Care and Admatha Lodge are both secure units and entry to the units are by keypad entry only. Both units have secure perimeter fencing to ensure safety of the residents. The buildings are secure after hours, staff complete security checks at night and this is documented. The front doors are closed and visitors can press a bell.</p> <p>Staff are identifiable and wear name badges. All visitors and contractors much sign in.</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>There are a suite of infection control policies and procedures that include a pandemic plan and the Covid-19 response plan. The service is working to access educational resources in te reo.</p> <p>There are outbreak kits readily available and a personal protective equipment (PPE) storage room and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. Cultural training includes tikanga practice in relation to infection control; staff interviewed could explain their understanding.</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>	FA	Infection surveillance and antimicrobial use is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>based on signs, symptoms, and definition of infection. Infections are entered into the electronic resident management system and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly, six-monthly and annually. Infection control surveillance is discussed at infection control, resident event analysis meetings and quality meetings. Meeting minutes and graphs are available to staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora Waitaha Canterbury, for any community concerns.</p> <p>There have been two Covid-19 exposure outbreaks reported between March and August 2022. All were appropriately managed with Te Whatu Ora Waitaha Canterbury and Public Health were appropriately notified. Outbreak logs were completed. The service is working towards incorporating ethnicity data with infection control data.</p> <p>There was daily communication with the portfolio manager of Te Whatu Ora Waitaha Canterbury. Daily outbreak management meetings occur (sighted) and captured `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks.</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. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing with least restrictive practices. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. At the time of the audit, the facility has been restraint free since January 2022.</p> <p>The restraint coordinator is the clinical manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and</p>

		<p>procedures.</p> <p>An interview with the clinical manager described the organisation's commitment to continue to be restraint free. The reporting process to the clinical governance committee and senior management team includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A restraint-free committee meets every six months to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs. A review of the restraint documentation available include consent forms, assessment, monitoring and evaluation. The restraint approval process for the use of restraint (approved hand holding and T-belts) includes the resident, GP, clinical manager, registered nurse and family/whānau approval. Emergency restraint has not been used; however, is supported when required in the updated restraint policy.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a registered nurse on each day from Monday to Friday till 5pm and Saturday and Sunday till 2 pm and is based at Admatha Dementia Care (main house). Staff are supported by DCNZ educator to gain the appropriate qualifications to meet the needs of the residents. In-service training is provided monthly on a range of topics which staff are encouraged to attend. Staff complete the mandatory competencies to equip them with skills to provide cultural and clinically safe care. Residents' care needs are met and clinical risk is mitigated, as evidence through clinical and quality documentation review and observation on the day of the audit. The roster reviewed evidence Admatha Dementia Care is sufficiently staffed Monday to Sundays with an RN supported by a complement of caregivers distributed over a 24hour period and household</p>	<p>Due to a national workforce issue, not all shifts are covered by an RN for the PG unit as required by the ARHSS D17.3 and D17.4.</p>	<p>Ensure to adhere to D17.3 and D17.4 of ARHSS agreement related to RN coverage in the roster.</p> <p>60 days</p>

		<p>assistants that perform non-clinical tasks, including cleaning and kitchen duties.</p> <p>There are a sufficient number of caregiving staff allocated and distributed over a 24-hour period for Admatha Lodge; however, the roster does not meet the contractual obligations of the ARHSS D17.3 and D17.4 for RN cover 24/7 across the unit. Medication competent caregivers with overseas registered nurse qualifications are overseeing the psychogeriatric unit in the absence of an RN. There is an additional diversional therapist (DT) rostered in Admatha Lodge that acts as a weekend manager from 9 am-2 pm. Additional caregivers are allocated on those days to mitigate clinical risk. There are adequate numbers of caregivers distributed over a 24-hour period to safely care for the residents. The roster reviewed evidence caregivers are added to the roster to meet the acuity and needs of the residents. Family interviewed stated they are mostly unaware of any staff shortages as their relatives are well cared for.</p> <p>At the time this audit was undertaken, there was a national workforce shortage. This shortfall needs to be read within the context of the current national workforce shortage.</p>		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that</p>	PA Low	<p>There is an annual education schedule that include face to face and online training on various topics. The training is overseen and facilitated by the DCNZ educator. Staff are required to sign an attendance register when sessions are completed. Attendance registers reviewed for 2022 evidence low attendance numbers (below 50%) for attendance of</p>	<p>(i). Mandatory education sessions evidence low attendance numbers.</p> <p>(ii). Not all staff have completed annual re assessments for restraint and safe transfer/handling..</p>	<p>(i). Ensure good attendance of staff at education sessions.</p> <p>(ii). Ensure competencies for restraint and safe transfer/handling are</p>

<p>they can provide high-quality safe services.</p>		<p>mandatory topics. Competencies are completed as part of their orientation. Staff are required to complete medication competency, manual handling, and restraint minimisation competencies annually. There is a competency schedule in place; however, not all competencies have been completed for 2022.</p>		<p>completed as scheduled.  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 of this audit.

No data to display
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End of the report.