

Seniorcare Geraldine Incorporated - Waihi Lodge Care Centre

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:

Legal entity: Seniorcare Geraldine Incorporated

Premises audited: Waihi Lodge Care Centre

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 13 April 2023 End date: 13 April 2023

Proposed changes to current services (if any): The whanau room has been verified as suitable for occupancy at rest home level care increasing total bed numbers to 21.

Total beds occupied across all premises included in the audit on the first day of the audit: 21

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

Waihi Lodge Care is certified to provide rest home level of care for up to 21 residents. There were 21 residents on the days of audit.

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

This audit verified a whānau room as suitable to provide rest home level of care, increasing the total number of beds to 21.

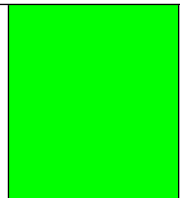
The facility manager has worked at Waihi Lodge Care for fifteen months, has management experience and is supported by registered nurses. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed twelve of thirteen previous audit shortfalls related to: hazard registers; completion of internal audits and resident meetings; implementation of education programme; completion of orientation documentation; annual appraisals; timeframes of care planning; aspects of care plan documentation; activities documentation; testing of electrical equipment; completion of fire drills for staff; and infection control.

Improvements continue to be required around aspects of medication management.

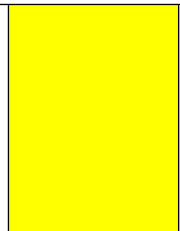
This audit identified improvements are required around documentation of staff meetings.

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.
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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/whānau. A Māori health plan and Pacific health plan are in place. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

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

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and 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 is implemented that meets the needs of the residents. The service facilitates opportunities for residents to participate in te ao Māori.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food.

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 building holds a current warrant of fitness. There is an approved evacuation scheme. Appropriate security measures are in place.

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.
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The type of surveillance undertaken is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks (Covid-19) since the previous audit.

Here taratahi | Restraint and seclusion

Includes 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.
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The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. The restraint coordinator is a registered nurse. There was no restraint in use at the time of the audit and maintaining a restraint-free environment is included as part of the education and training plan.

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	1	0	0
Criteria	0	63	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 facility manger confirmed that the service supports a Māori workforce with staff identifying as Māori and having whānau connections at the time of the audit. A recent staff recruitment advertisement incorporated the use of te reo Māori. There are policies in place around equitable employment processes.</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>	FA	<p>The service has a Pacific health plan in place which was developed in partnership with Pasifika. The facility has linkages to Pasifika through staff and has plans to formally strengthen links locally.</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 Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service recognises Māori mana motuhake through the Māori health plan. The aim of the updated business plan includes collaboration with both Māori and Pacific peoples. Residents interviewed stated they were supported to be as independent as possible. Care plans reviewed included a focus on maintaining and encouraging independence.</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>Signage in te reo Māori is in place in various locations in the facility. The activities planner has days of the week in te reo Māori. Staff are encouraged to use te reo Māori when greeting residents. Te reo Māori is reinforced by those staff who are able to speak and understand the language.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Interviews with five care staff (one registered nurse, four health care assistants) confirmed their understanding of tikanga best practice, with examples provided. This training is also included in the caregiver orientation programme and is supported by a cultural competency questionnaire.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>held responsible for creating a positive, inclusive and a safe working environment.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were no residents who identified as Māori. A Māori health care plan is available.</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 to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. During interviews with six residents, they reported that they felt safe, protected, and listened to and happy with care/consent processes. Discussions with two family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process and is provided to all residents and relatives on entry to the service. The facility manger maintains a record of all complaints, both verbal and written on a complaints' register.</p> <p>There has been four complaints received in 2022 and none (year to date) in 2023. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been no complaints received from external agencies since the previous audit.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on the complaints process. Complaints</p>

		<p>forms and a suggestion box are located in a visible location at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Monthly resident meetings are chaired by an independent advocate and are held monthly.</p> <p>Interviews with the facility manger confirmed their understanding of the complaints process. Seven staff interviewed (four healthcare assistants, one registered nurse [RN], one cook and one activities coordinator) confirmed that they receive training on the complaints process, relative to their job role and responsibilities, and complaints are discussed at the staff meetings. Training begins during orientation to the service and is completed as part of the education planner.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Waihi Lodge Care is located in Geraldine and is certified to provide rest home level of care for up to 21 residents. Waihi Lodge is owned by Senior Care Geraldine and governed by a Board of Trustees. On the day of the audit, there were 21 residents, including one respite resident, one resident on a younger persons disabled (YPD) contract and one resident under a Lifelinks contract. The remaining residents are on age-related residential care (ARRC) contracts.</p> <p>This audit verified the whānau room as suitable for occupancy at rest home level care, increasing total bed numbers to 21.</p> <p>The facility manager has been in the role since November 2021 and is supported by two registered nurses (RN), an administrator and care staff. The facility manager reports monthly to the Board on a variety of management issues and key performance indicators (KPI). Business goals are reviewed at each Board meeting, as evidenced in Board meeting minutes reviewed. A member of the Board (interviewed) advised that strategic plan review is currently in progress. The business plan for year ending March 2024 and the draft strategic plan reflect a person-centred approach to all services. The draft strategic plan sighted outlined the scope, direction, and goals of Waihi Lodge. Quality goals are documented; however, regular reviews or discussion relating to the goals has not been fully</p>

		<p>implemented (link 2.2.1).</p> <p>The Board member (interviewed) advised that they have met with a kaumātua from the Arowhenua Marae to provide support and expertise to the management and the Board to ensure tāngata whaikaha have meaningful representation to support solutions on ways to achieve equity, and improve outcomes for tāngata whaikaha. The business plan and quality and risk management plans are being implemented. The facility manger collaborates with mana whenua (staff contacts) in business planning and service development to improve outcomes and achieve equity for future Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha people with disabilities.</p> <p>The facility manager works Monday to Friday and is supported by two registered nurses who together cover Monday to Friday and provide clinical on call. Both RNs are new to the position; however, both have extensive experience in aged care. The RNs are jointly responsible for clinical oversight, with support provided by the facility manager, healthcare assistants and activities staff.</p> <p>The facility manger and registered nurses have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training specific to Te Whare Tapa Whā and te ao Māori. Relevant cultural training is scheduled for the next Board meeting.</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</p>	<p>PA Low</p>	<p>The service has an established quality and risk management programme provided by an external consultant who is well-known and respected within the industry. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Corrective actions are documented to address service. Residents are updated on matters of concern at monthly meetings. The previous partial attainment (HDSS:2021 criteria 2.2.3) related to completion of internal audits and resident meetings have been addressed. Clinical indicator data</p>

<p>meet the needs of people using the services and our health care and support workers.</p>	<p>(eg, falls, skin tears, infections, infection control) is collected and analysed monthly and annually with comprehensive reporting of trends.</p> <p>Staff meetings occur monthly, and minutes confirmed discussion on complaints, staffing and education. Meetings also provide an avenue for discussions on quality data and on interview staff confirm this occurs; however, meeting minutes do not reflect discussion on quality data, health and safety or infection control/pandemic strategies.</p> <p>Resident/family satisfaction surveys are completed annually. The surveys completed consistently reflect high levels of resident/family satisfaction, which was also confirmed during interviews with residents and families/whānau.</p> <p>Staff noticeboards keep staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. Health and safety meetings are scheduled monthly as part of the quality meeting. The health and safety programme (including the hazard register) are reviewed annually, with evidence of progress and sign off when achieved. The previous partial attainment (HDSS:2021 criteria 2.2.4) has been addressed. Each incident/accident is documented electronically. Twelve accident/incident forms reviewed for February, March, and April 2023 evidenced that the forms are completed in full and are signed off by the registered nurse. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings.</p> <p>Discussions with the facility manger evidenced awareness of the requirement to notify relevant authorities in relation to essential notifications. The service has not submitted a Section 31 report since the previous audit. There have been two outbreaks documented since the last audit (Covid-19 in May/June 2022). This was appropriately notified, managed and staff debriefed.</p> <p>The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. The service actively looks to improve health equity through critical analysis of quality data (including ethnicity), to improve health outcomes for all residents.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager, registered nurses, and all healthcare assistants hold current first aid certificates. There is a first aid trained staff on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. There are two part-time registered nurses covering six days per week and an additional two casual RN's who provide cover if required. Good teamwork and a positive work culture amongst staff was highlighted during the healthcare assistant interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager and a registered nurse are available Monday to Friday and are on call when not available on site.</p> <p>All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment, medication administration (if medication competent) and moving and handling. A record of completion is maintained. Additional RN specific competencies include syringe driver and an interRAI assessment competency. All care staff are encouraged to also attend external training, webinars and zoom training where available.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 17 healthcare assistants; four staff have level one qualification, three staff have completed their level two qualification, seven staff have completed their level three qualification, and three have completed their level four qualification.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training took place in February 2023, including the provision of safe cultural care, Māori worldview and the Treaty of</p>

		<p>Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The previous partial attainment (HDSS:2021 criteria 2.3.4) has been addressed.</p> <p>One of the two registered nurses is interRAI trained. InterRAI training is scheduled for the second RN.</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>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The service is transitioning to an online staff management system provided as part of the resident management from an external provider. Five staff files were selected for review (human resource manager, two healthcare assistants, one activities coordinator, and one registered nurse). A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation. The previous partial attainment (HDSS:2021 criteria 2.4.4) has been addressed.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and healthcare assistants to provide a culturally safe environment to Māori.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy documented, and all staff who had been employed for over one year have an annual appraisal completed. The previous partial attainment (HDSS:2021 criteria 2.4.5) has been addressed.</p> <p>A volunteer policy is documented for the service that describes the</p>

		<p>on-boarding process. Each volunteer is required to complete a police screening check. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and an employee ethnicity database maintained.</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>	FA	<p>The facility manger keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals; these capture ethnicity. Data is analysed and reported to the monthly Board meetings (sighted).</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service can access information available for Māori, in English and in te reo Māori. There were no residents identifying as Māori. The service currently engages with the Arowhenua Marae and local kaumātua in order to further develop meaningful partnerships with Māori communities and services to benefit 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>	FA	<p>Five resident files were reviewed, including one on an individual funding agreement and one on a YPD contract. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a nursing assessment and an initial support plan is completed within 24 hours of admission. Dietary requirements are completed on admission with a copy shared with the kitchen staff.</p>

	<p>Additional risk assessment tools include behaviour and wound assessments as applicable. Dietary profiles and reassessments including nutritional assessments have been updated within required timeframes. The outcomes of risk assessments are reflected in the care plan. Long-term care plans had been completed within 21 days for long-term residents and initial interRAI assessments had been completed within the required timescales for all residents. Care plans reflect the required health monitoring interventions for individual residents. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly. This is an improvement from the previous audit (HDSS:2021 criteria 3.2.1) and has been addressed. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and a regular GP visit weekly. The GP was happy with the care provided at Waihi Lodge and had no concerns. Out of hours cover is provided by a weekend rotating roster or by Te Whatu Ora- South Canterbury emergency department. The GP reviews the residents at least three-monthly or earlier if required. The GP notes from each visit are uploaded to the integrated resident's electronic file.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required and a podiatrist visit regularly. Mental health team support is well documented and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora- South Canterbury.</p> <p>Care staff 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 on every shift and as necessary by healthcare assistants and RNs. The RN further adds to the progress notes if there are any incidents or changes in</p>
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		<p>health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, an RN initiates a review with a GP. Family was notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>Family/whānau contact notifications and discussions are recorded in the electronic progress notes.</p> <p>Wound assessments, wound management plans with body map and wound measurements were reviewed for the three residents with wounds. Wound dressings were being changed appropriately and a wound register is maintained. There was regular communication and well documented input from the local wound nurse specialist.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Healthcare assistants and RNs complete monitoring charts, including bowel chart; weight; food and fluid chart; blood sugar levels; and toileting regime. Incident reports reviewed evidence timely RN follow up. Opportunities to minimise risks (where identified) were implemented. Neurological observations are completed for unwitnessed falls, or where there is a head injury. The RN's also review all neurological observations as a matter of routine weekly.</p>
<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</p>	<p>FA</p>	<p>The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language on planners, in activities, signage and culturally focused food related activities. Activities staff have contact with the local Arowhenua marae and a local kaumātua comes in to talk to male residents.</p> <p>Each resident has an activities assessment and plan developed on admission. The previous partial attainment (HDSS:2021 criteria</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>3.3.1) has been addressed. The activities assessment includes previous careers, hobbies, life accomplishments and interests which forms the basis of the activities plan. The resident files reviewed included a section of the long-term care plan for activities, which has been reviewed six-monthly.</p> <p>Residents and families/whānau interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. No vaccines are kept on site. Standing orders are not in use.</p> <p>Medications were appropriately stored in a dedicated medication room. The medication fridge and medication room temperatures are monitored. All medications are checked monthly and signed on the checklist form. There is a documented agreement with the pharmacy. The previous partial attainment (NZS8134:2021 criteria 3.4.1) has been partially met. Six-monthly controlled stocktakes have not been completed as scheduled. This aspect of the previous partial attainment (NZS8134:2021 criteria 3.4.1) continues to need addressing. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication</p>

		<p>charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has photo identification and allergy status identified. There was one resident self-administering an inhaler. A competency was signed and reviewed three-monthly and medication is stored safely in the resident's room. The previous shortfall (HDSS:2021 criteria 3.4.6) has been addressed.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with all residents and whānau 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</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen manager oversees the on-site kitchen, and all cooking is undertaken on site. Kitchen staff are trained in safe food handling. The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. The cook advises menu options culturally specific to te ao Māori are available if required. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</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</p>	FA	<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/whānau and other service providers to ensure continuity of care.</p>

<p>coordinate a supported transition of care or support.</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 Waihi Lodge, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 July 2023. All electrical equipment has been checked. The previous shortfall (HDSS:2021 criteria 4.1.1) has been addressed. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>This audit verified the reconfiguration of one existing whānau room to be utilised for rest home level care. The room is spacious and provides adequate space for rest home level residents using mobility aids. A call bell is insitu. The room is close to a toilet and bathroom facilities. The room has a large window and has adequate heating and ventilation.</p> <p>The service has no plans to expand or alter the building but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The last fire drill was held in October 2022 and is scheduled for April 2023. The previous shortfall (HDSS:2021 criteria 4.2.3) has been addressed. The building is secure after hours, and staff complete security checks at night. All visitors sign in on entry to the facility.</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>FA</p>	<p>The service has a pandemic plan and a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and</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. 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>sufficient supplies of personal protective equipment.</p> <p>The infection prevention programme has been developed by an external consultant. Policies include the requirement for an annual review of all infections. An annual review of the policy was evidenced in March 2022. The infection control coordinator completed a comprehensive review of the infection control programme, including an annual review of all infections in March 2023. The previous partial attainment (HDSS:2021 criteria 5.2.2) has been addressed.</p> <p>The service is working towards incorporating te reo Māori information around infection control for Māori residents. Staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. 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>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the service's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary, which is recorded in the electronic resident management system. The previous shortfall (HDSS:2021 criteria 5.4.4) has been addressed. Surveillance data is analysed for trends monthly and annually. Staff interviewed confirmed infection control surveillance is discussed at clinical and quality/staff meetings; however, meeting minutes do not reflect this (link 2.2.1). The service is incorporating ethnicity data into surveillance methods and data captured and is able to report on this.</p> <p>There have been two outbreaks since the previous audit (Covid-19) in 2022. The facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore PPE and residents and staff had rapid antigen (RAT) tests daily. Families/whānau were kept informed by phone or email. Visiting was restricted.</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 aim of the service and the governing body is to remain restraint free. The restraint policy and strategic plan include objectives for maintaining a restraint-free environment. Monthly reports to the Board include incidents of restraints use and behaviours that challenge. Quality reports to the Board include restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible.</p> <p>The designated restraint coordinator is the registered nurse. There are no residents utilising restraint. The use of restraint is regularly reported in the monthly facility quality/staff meetings and to the directors via the facility manger.</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 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Low	Quality activities are being implemented by the facility manager and registered nurses using a resident management system. All adverse event and infection control data is accurately entered into the system and includes evidence of monthly analysis and identification of trends. Staff meetings are held monthly; however, minutes do not reflect evidence of discussion on quality trends, internal audit results and corrective actions or progress towards meeting quality goals.	<p>i). Staff meeting minutes do not reflect discussion of quality data, including infection control, adverse events, internal audit results, or corrective actions.</p> <p>ii). Meeting minutes do not reflect discussion around quality goals or related progress.</p>	<p>i).& ii). Ensure meeting minutes reflect discussion on quality data and progress towards meeting quality goals.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the</p>	PA Moderate	The medication policies comply with current medication legislation. All staff who administer medications were knowledgeable around their roles and responsibilities. All medication charts included current photo identification, allergies and	Six-monthly controlled drug stocktakes have not been completed.	Ensure six-monthly controlled drug stocktakes are completed.

service.		sensitivities were documented. The controlled drug register is maintained. Two medication competent staff check and administer controlled drugs, and sign for the medication once administered; however, weekly controlled drugs have been checked appropriately; however, a six-monthly stocktake has not occurred.		60 days
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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.