

Avonlea Dementia Care Limited - Avonlea Dementia Care

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: Avonlea Dementia Care Limited

Premises audited: Avonlea Dementia Care

Services audited: Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care

Dates of audit: Start date: 20 July 2023 End date: 21 July 2023

Proposed changes to current services (if any): A 15-bed wing (previously certified for dementia level care) was verified as suitable to provide psychogeriatric level care.

Total beds occupied across all premises included in the audit on the first day of the audit: 58



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

General overview of the audit

Avonlea Dementia Care provides hospital (medical, and geriatric), psychogeriatric and dementia level care for up to 75 residents. The service is divided into seven separate units - two secure psychogeriatric units, four secure dementia units and a hospital unit. Occupancy on the days of audit was 58 residents.

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

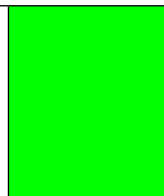
An operations manager, and clinical manager manage the service on a day-to-day basis. They are supported by a governance and clinical management team from Dementia Care New Zealand (DCNZ). Staff interviewed feel supported in their roles. The families/whānau interviewed all spoke positively about the care and support provided.

The service has addressed the three previous audit shortfalls in relation to completing fire drills, fire evacuation and receiving a code of compliance certificate for the new 10-bed unit.

This surveillance audit identified there are improvements required around RN staffing.

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.

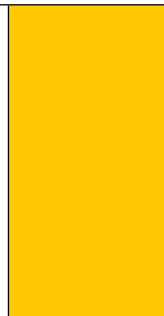
A Māori health plan and a Pacific health plan are in place for the organisation. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The management are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

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.

There is an established system for the management of complaints that meets 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 medium or high risk and/or unattained and of low risk.

The governance body ensures equity of services through addressing barriers in service delivery and plans to incorporate this in their business plan. The service delivery supports diversity, inclusion, and equality for all residents.

The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Internal audits, meetings and education occur as planned. Staff are competent to provide and deliver high quality healthcare for Māori, with corrective actions as indicated.

There is a staffing and rostering policy and the service invest in opportunities to develop their staff. Staff receive adequate orientation to their specific roles.

Ngā huarahi ki te oranga | Pathways to wellbeing

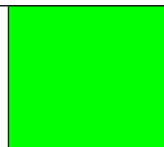
Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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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. Care plans demonstrate service integration. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. Electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The 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. The service celebrates cultural events celebrating Māori and other ethnicities. Food preferences, and dietary requirements of residents are identified at admission and the kitchen staff provides meals which support the individuals' cultural beliefs and values.

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.

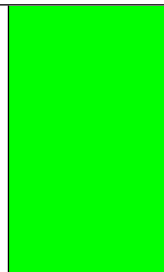


Subsections applicable to this service fully attained.

Electrical equipment has been tested and tagged. The service has a 52-week annual maintenance plan. Emergency management policies and procedures, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency.

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.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. 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 since the previous audit, and these have been well documented.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical manager. There were three restraints in use (lap belts, emergency restraint/hand holding) at the time of audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	21	0	0	1	0	0
Criteria	0	60	0	0	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>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to the Treaty of Waitangi in the overarching business and strategic plans (2021-2024). The recruitment policy includes provision of an equitable recruitment process. Interviews with five managers (managing director, operations manager, clinical manager, regional clinical manager, quality systems manager) and ten staff (five caregivers, two registered nurses, one cook, one diversional therapist, one activities coordinator) confirmed that the service supports a Māori workforce through an equitable recruitment process. There were no staff identifying as Māori at the time of the audit.</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</p>	FA	<p>The service has policies and a Pacific health plan in place that have been produced in partnership with Pacific communities. These are underpinned by Pacific voices and Pacific models of care. At the time of the audit, there were no residents who identified as Pasifika.</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Residents receive information on the Code at residents' meetings. The service is recognising Māori mana motuhake through actively engaging residents and whānau in determining their own health goals. The team at Avonlea regularly review their policies and service delivery to ensure inclusiveness, and that they take account of residents' voices, perceptions, understandings, and experiences.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by staff who are able to speak and understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective; to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p> <p>Interviews with staff and managers confirmed their understanding of tikanga best practice, with examples provided.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	FA	<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</p>

<p>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>conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.</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 residents who are Māori, but did not identify with their culture. Care plans contain cultural information specific to Māori when identified by the resident or family (whānau).</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>Staff at Avonlea Dementia Care follow relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care. The RNs interviewed demonstrated a good knowledge of tikanga guidelines in relation to consent. Te Whatu Ora Health New Zealand - Waitaha Canterbury requested confirmation of applicable residents' powers of attorney. All resident files reviewed evidenced activated enduring powers of attorney on file.</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</p>	<p>FA</p>	<p>The complaints procedure is equitable and provided to all residents and families/whānau on entry to the service. The operations manager maintains a complaints' register containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. The complaints process is linked to quality and risk management processes.</p> <p>There have been seven complaints since the previous certification</p>

<p>in a manner that leads to quality improvement.</p>		<p>audit in July 2021. There is a process of acknowledgement and investigation for each complaint received. Two complaints received in 2023 were reviewed in detail, with evidence sighted of response timeframes being met. Both complaints were documented as resolved.</p> <p>One complaint lodged with HDC in 2022 remains open. Information requested by HDC has been sent in a timely manner. Corrective actions have been implemented as a result of this complaint in relation to personal hygiene, single use items, and communication.</p> <p>Discussions with six families/whānau (three dementia, three psychogeriatric) confirmed they are provided with information on the complaints process. Complaints forms are readily accessible at the entrance to the facility. Consumers have a variety of avenues they can choose from to make a complaint or express a concern. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori.</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>Dementia Care NZ Limited (DCNZ) is the parent company under which Avonlea Dementia Care operates. Avonlea Dementia Care provides hospital, dementia and psychogeriatric (PG) levels of care for up to 75 residents. There are 10 hospital beds, 41 dementia beds across four units, and 24 psychogeriatric (PG) beds across two units.</p> <p>This audit verified one of the 15-bed PG wings (The Hoa wing which was previously certified as a dementia wing).</p> <p>There were 58 residents residing at Avonlea during this audit: nine hospital level residents; 31 dementia level residents, including one resident on a younger person with a disability (YPD) contract; and 18 residents at PG level of care, including one YPD. The remaining residents were under the aged related residential care (ARRC) agreement or the Aged Residential Hospital Specialised Services (ARHSS) Agreement.</p> <p>DCNZ operates nine aged care facilities throughout New Zealand. The organisation has a corporate structure that includes two managing owner/directors supported by a management team of eight</p>

		<p>managers, advisors, and team leaders. Avonlea Dementia Care is managed by an operations manager (non-clinical) and a clinical manager/registered nurse. The operations manager (non-clinical) has been in the role since 28 June 2022. She has over six years of experience working in the disability sector and is currently studying management and leadership. The clinical manager is an experienced RN that was appointed in March 2023. They have worked in clinical management roles for 18 months prior to this appointment and worked in aged care for four years after completing the nursing competency assessment programme (CAP).</p> <p>For the purpose of this audit, an interview was conducted in relation to governance with the DCNZ managing director. The strategic plan (2021-2024) and the annual business plan (2022-2023) have been reviewed. A vision and values, philosophy and objectives are documented for the service and are posted in visible locations in English and te reo Māori. The operations manager and clinical manager meet regularly with the DCNZ management team to review the day-to-day operations and to review progress towards meeting the business objectives. The management team analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. The annual resident/family survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities.</p> <p>The management team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending cultural training programmes, both locally and nationally.</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>FA</p>	<p>The service has an established quality and risk management programme, which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery. Corrective actions are carried over to register and are signed off following their evaluation. Findings and results are discussed in monthly meetings (eg, quality, clinical). For those staff who do not</p>

<p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>attend the meetings, they are required to read and sign the meeting minutes.</p> <p>Resident/family satisfaction surveys are completed annually. The survey completed in 2022 reflects overall satisfaction of the service. A family focus group has been completed in 2023, with plans to conduct a survey later in the year. Corrective actions are implemented where areas identified for improvement are brought forth (eg, environment, external grounds, activities, communication).</p> <p>The service improves health equity through critical analysis of the organisation's practices, through internal benchmarking and an ongoing review process of their mission, philosophy, and annual business planning.</p> <p>The service has provided training, health literature resources, and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p> <p>Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>The clinical manager evaluates interventions for individual residents. Each incident/accident (adverse event) is documented electronically. Ten accident/incident forms reviewed (pressure injury, challenging behaviours, witnessed and unwitnessed falls) indicated that they are completed in full, signed off by the clinical manager, and document opportunities to minimise risk. Incident and accident data is collated monthly, reported in the staff meetings, and is benchmarked against the other DCNZ facilities.</p> <p>Three health and safety representatives are appointed to the service and have received health and safety training. Health and safety meetings occur monthly. Hazards are documented, addressed in a timely manner and are reviewed six-monthly. Staff receive education related to hazard management and health and safety at orientation and annually.</p> <p>Discussions with the operations manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed since the</p>
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		<p>previous audit to notify HealthCERT of a coroner's inquest; two residents who absconded; one pressure injury; and ongoing registered nurse shortages. There has been one Covid-19 outbreak in 2023. This was appropriately notified, managed, reported to Public Health and staff were debriefed after the event to discuss lessons learned.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There are seven units (four dementia – rest home; two psychogeriatric (PG); one hospital), referred to as homes, within Avonlea, with 9-11 residents living in each home. The staffing levels policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. The operations manager and the clinical manager work full-time Monday to Friday. The operations manager is on call for non-clinical concerns and the clinical manager provides 24 hours on call for clinical matters. The clinical manager also assists with RN staffing shortages where able.</p> <p>There is a first aid trained staff member on duty 24/7. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. Seven RNs are employed by the service. There were five RN vacancies at the time of the audit.</p> <p>The aim is to ensure there is an RN for each PG unit and in the hospital, with RN input and oversight in the dementia units. There is currently a minimum of one RN on duty each shift over 24 hours, which meets the requirements of the ARRC contract; however does not meet the requirements of the ARHSS contract.</p> <p>Strategies being implemented include ensuring an experienced level four caregiver or an internationally qualified RN (waiting on registration and working as a senior caregiver) can replace an RN gap. Avonlea Dementia Care is also a competence assessment programme (CAP) provider for RNs arriving from overseas without a NZ practising certificate and have two designated assessors in place.</p> <p>There are adequate numbers of caregivers rostered in each of the units. All caregivers are able to rotate through all the homes if</p>

	<p>required to provide cover; however, care staff and home assistants (cleaners) are allocated to a specific home to provide consistency of care for residents that they know so well. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Families/whānau interviewed stated there were sufficient staff on duty when they visited, although the staff are very busy.</p> <p>Interviews with staff members confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person, including the dementia friendly 'Best Friends' sessions. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-two caregivers are employed. Five have completed their level one Careerforce qualification, three have completed their level three qualification, and thirteen have completed their level four qualification. Dementia training (which includes unit standards for working in the PG units) begins during the caregiver's orientation. At the time of the audit, 25 caregivers had completed the required dementia qualification and 17 caregivers were working towards completion. These 17 caregivers have been employed for less than 18 months.</p> <p>All care staff are required to complete competency assessments as part of their orientation and ongoing training. Competencies cover: restraint; infection control, including (but not limited to) hand hygiene and correct use of personal protective equipment (PPE); medication administration (if medication competent); the aging process; Māori cultural training, including Te Tiriti o Waitangi, Māori health outcomes and disparities and health equity; abuse/neglect; Code of Rights; emergency procedures; and moving and handling. Additional RN</p>
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		specific competencies cover syringe driver, and interRAI.
<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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed (one RN, three caregivers, one activities coordinator) evidenced recruitment processes are being implemented and includes reference checking, qualifications, and annual practising certificates for the registered nurses. A register of practising certificates is maintained for all health professionals.</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 and then as part of the ongoing education plan. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment to Māori.</p> <p>Staff files are held securely. The service collects ethnicity data for employees and maintains an employee ethnicity database in accordance with Health Information Standards Organisation (HISO) requirements.</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</p>	FA	<p>The operations manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, which is shared with the regional clinical manager. The information is stored in the viewing log which is accessible by head office. The service collects and collates analysis of ethnicity data specific to entry and decline rates.</p> <p>Staff at Avonlea Dementia Care identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. At the time of the audit, there were residents identifying as Māori. The organisation has developed meaningful partnerships with Māori communities and organisations to benefit residents and their whānau. The service also utilises the contacts from family/whānau to provide support for residents and</p>

communicated to the person and whānau.		family/whānau where required.
<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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed (one hospital level, two psychogeriatric (including on a YPD contract), and two dementia rest home level of care.</p> <p>All assessments, interRAI assessments and reassessments, long-term care plans and evaluations were completed within expected timeframes. Outcomes of the assessments are addressed in the initial and long-term care plans. Evaluations reviewed were completed six-monthly or sooner for a change in health condition and included written progress towards care goals. All resident files reviewed included interventions or strategies to minimise assessed needs. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term issues such as infections, weight loss, and wounds were documented in short-term care plans or incorporated within the long-term care plan. Care plans contain cultural information specific to Māori when identified. The service support Māori and whānau to identify their own pae ora outcomes. The staff interviewed described supporting all people with disabilities by providing easy access to all areas and supporting residents (where appropriate) to maintain individuality through involvement in their care plan and decision making.</p> <p>All residents had been assessed by a general practitioner (GP) at admission and at least three-monthly or earlier if required. The GP visits twice a week and more often if required and records their medical notes in the integrated resident file. The GP provides phone cover and end of life cover after hours as required. A local 24-hour service is available for after hours on-call services. The GP interviewed commented positively on the care, communication, and the quality of the care staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly. A palliative care nurse from Nurse Maude visited on the day of audit and on interview stated they visit monthly and as required to provide support and education. The physiotherapist is contracted to attend two to three hours a week</p>

		<p>and as required. The psychogeriatrician or one of the team visits as required.</p> <p>On interview, the RN's and caregivers had knowledge of the four cornerstones of the Māori health model plan 'Te Whare Tapa Whā'. End of life care is provided based on Te Ara Whakapiri. Staff were also able to describe removing barriers to accessing information and services.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts included (but were not limited to) weights; vital signs; behaviour monitoring; turning schedules; nutritional intake; and fluid balance recordings. Charts reviewed evidenced completion as scheduled. The electronic system triggers alerts to staff when monitoring interventions are required. All residents in the psychogeriatric homes and dementia homes (units) had behaviour assessments, and monitoring charts that described the behaviour and interventions to de-escalate behaviours, including re-direction and activities and identification of triggers. Effectiveness of 'as required' medication is documented in the electronic medication system and in progress notes.</p> <p>When a resident's condition alters, the RN initiates a review with the GP. Relatives are invited to attend GP reviews and six-monthly care plan reviews and if they are unable to attend, the RN contacts the family/whānau to discuss, and ensures their input into care planning. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family interviewed reported the residents needs and their expectations were being met.</p> <p>Incident reports reviewed reflected a clinical assessment and a timely follow up by a RN. Neurological observations have routinely and comprehensively been completed for unwitnessed falls and those where a head injury was suspected as part of post falls management. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager, in consultation with RNs and caregivers.</p> <p>The caregivers interviewed could describe a verbal and written</p>
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		<p>handover at the beginning of each duty that maintains a continuity of service delivery. Caregivers document progress notes on each shift and as necessary by the GPs and allied health professionals. There was documented evidence the RN has added to the progress notes when there is a change in health status or following assessment. Registered nurses record an update on each resident regularly.</p> <p>The service currently has five wounds, including one stage I and one stage II pressure injuries. All assessments and wound management plans, including wound measurements, were reviewed. The wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is access to wound expertise from a wound specialist based at Te Whatu Ora – Waitaha Canterbury. The district nursing service and the GP are available as required. The RNs and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. The organisation has a clinical support and quality lead role who is readily available to support and guide RN's.</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 activities team ensure that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service currently has Māori residents; and staff ensure opportunities are facilitated for Māori residents to participate in te ao Māori. Matariki was celebrated with singing, word search, storytelling, and related movies. Staff related to residents using te reo Māori greetings and incorporated information on the importance of Matariki stars. The residents and their families/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Monthly resident meetings are held and include discussion around activities.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely and securely in the medication cupboards. The internal audit schedule includes medication management six-monthly. Education around safe medication administration has been provided. A safe system for medicine management using both an electronic system was observed on the day of audit.</p> <p>Ten medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes. One RN and one caregiver were observed administering medications correctly on the days of audit. Family/whānau interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. There were no residents self-administering medications.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Standing orders are in use at Avonlea Dementia Care. Standing order documentation and practice met medication guidelines and had been reviewed by the GP as required. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. Eye drops had prescription labels and evidenced date of opening. All medications no longer required are returned to pharmacy.</p> <p>The RNs and management described working in partnership with all residents and families/whānau to ensure the appropriate support is in place, advice is timely and easily accessed and treatment and access to medications are prioritised to achieve better health</p>
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		outcomes.
<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 cook oversees the on-site kitchen. Kitchen staff are trained in safe food handling. The staff have an understanding of tapu and noa, consistent with a logical Māori view of hygiene and align with good health and safety practices. Nutritious snacks are available 24 hours a day in all units. Residents and family members on behalf of the residents, can request a special meal in relation to their culture. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The RN interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There was evidence that residents and their families/whānau were involved for all exits or discharges to and from the service and have the opportunity to ask questions. Interviews with the clinical manager and RNs and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	FA	<p>The building has a current building warrant of fitness in place. The previous audit shortfall (HDSS:2008 1.4.2.1) has been addressed around the code of compliance which was issued 16 May 2022. The maintenance programme is overseen by the purchasing advisor who contracts tradespersons where required and assists with minor repairs. The purchasing advisor is available 24/7 with the managing director as backup. Maintenance requests are logged through an electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical</p>

<p>belonging, independence, interaction, and function.</p>		<p>equipment, and monthly testing of hot water temperatures.</p> <p>Essential contractors such as plumbers and electricians are available 24/7 as required. Testing and tagging of electrical equipment and checking and calibration of medical equipment, hoists and scales has been completed. The service currently has no plans for building or major refurbishments; however, the management team interviewed were aware of their obligation to seek input from Māori to ensure their aspirations are reflected in the design.</p> <p>The 15-bed Hoa wing (previously certified dementia) was verified as suitable to provide psychogeriatric level care. All have handbasins, liquid soap dispensers and paper towels. Rooms are spacious with a call bell beside the bed and electric wall panel heaters.</p> <p>There are two communal toilets/showers large enough for mobility equipment, a large lounge and kitchenette.</p> <p>The Hoa Pumao lounge adjoins the other Awhi whanau psychogeriatric lounge. The Awhi wing has nine PG beds. There is a large sliding door between the two wings that remains open most of the time. There are three sling hoists and two standing hoists across the two wings.</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>The facility has an approved fire evacuation plan (13 January 2022). This previous audit shortfall (HDSS:2008 # 1.4.7.3) is now being met by the service. Fire drills take place six-monthly with one (false alarm) fire drill occurring during this audit. Appropriate and prompt action was taken. The facility uses a contracted evacuation specialist to conduct these fire drills. The previous audit shortfall (HDSS:2008 # 1.4.7.1) has been addressed.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed. Currently under Covid-19 restrictions, visitors are asked to complete a rapid antigen test.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>Staff follow the organisation pandemic policy which is available for all staff. Personal protective equipment (PPE) stock balance is</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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>maintained to support any outbreak. Adequate PPE stocks were sighted, and outbreak kits are readily available. Dementia Care NZ head office supplies extra PPE as required.</p> <p>The service has a comprehensive pandemic plan (which includes the Covid-19 response plan), which was developed by the clinical governance team and includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There was a declaration/sign in process, including the use of a rapid antigen test before commencing work. Sufficient staff were available to ensure all people coming to the site are screened.</p> <p>Personal protective equipment, including eyewear, was sighted in the sluice room/ laundry areas. Staff have access to handwashing facilities and hand sanitiser is available throughout the facility. All shared equipment is cleaned between use, and all shared PPE (eye wear) is cleaned appropriately between use.</p> <p>Educational resources in te reo Māori can be accessed online if needed. Staff are trained to encourage culturally safe practices, acknowledging the spirit of Te Tiriti. 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 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 infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance is discussed at infection control meetings and sent to DCNZ head office. Data is also extracted from the electronic database by the quality systems manager. Meeting</p>

		<p>minutes and graphs are displayed for staff.</p> <p>There have been two outbreaks since the previous audit: Covid-19 in May to July 2022 and June 2023. The facility followed their pandemic plan. All areas were kept separate, and staff were kept to one wing if possible. Staff wore personal protective equipment. Residents and staff completed rapid antigen tests (RAT) daily. Families/whānau were kept informed by phone or email. Visiting was restricted. The clinical manager and organisational clinical support and quality team leader (standing in for the infection control coordinator) interviewed described the daily update and debrief meeting that occurred, including an evaluation 'what went well, what could have been done better' and discuss any learnings to promote system change and reduce risks. Both outbreaks were documented and reported accordingly.</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>Avonlea Dementia Care, led by the operations manager and clinical manager and supported by the DCNZ governance team, are committed to providing services to residents without the use of restraint. 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. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit, the facility had three restraints in use. Two dementia level residents were using lap belts while in their specialised wheelchairs, and one psychogeriatric resident had arm restraints 'as required' in place to assist the caregivers with cares. The use, and an analysis of restraint is reported in the quality and RN meetings and to the governance team, in support of the agreed strategy to ensure the health and safety of residents and staff. Restraint minimisation is included in the education programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>Seven RNs are employed by the service. There were five RN vacancies at the time of the audit. A senior caregiver (internationally qualified RN) or level 4 caregiver replaces the unavailable RN on the roster with support by the RN in the hospital. A minimum of one RN is always available on site. Two RNs have recently been employed and begin work in August 2023. At the time of the audit, the service was not meeting the requirements of the ARHSS contract D17.3 and D17.4 with a registered nurse not always rostered across the PG units.</p>	<p>In response to the draft audit report, further evidence has been provided by the manager on 5 September 2023 to demonstrate the service now has sufficient registered nurses rostered to meet the ARHSS contract D17.3 and D17.4. A further two RNs have commenced, and another is back from leave.</p>	<p>Ensure a registered nurse is on duty 24/7 to meet the requirements of the ARHSS contract.</p> <p>60 days</p>

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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.