

# Lynton Lodge Hospital Limited - Lynton Lodge Hospital

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## Introduction

This report records the results of a Provisional 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 Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Lynton Lodge Hospital Limited
<b>Premises audited:</b>	Lynton Lodge Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 23 November 2023    End date: 24 November 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	37

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

## General overview of the audit

Lynton Lodge Hospital is a privately owned facility certified to provide hospital level care (medical and geriatric), and residential disability services (physical) for up to 40 residents. There were 37 residents on the day of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021, the contract with Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland, and Whaikaha - Ministry of Disabled People. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The facility manager is appropriately qualified and experienced. She is supported a clinical manager (registered nurse), and a team of experienced care staff. There are quality systems and processes being implemented. Feedback from residents and family was very positive about the care and the services provided.

The prospective buyer, Lynton Lodge Hospital Limited, has directors with extensive experience in the aged care industry, including the current directors of Sunrise Healthcare, and the current clinical manager. Lynton Lodge Hospital Limited will utilise the existing quality assurance programme, systems, and processes. There are no planned changes.

This audit identified areas for improvement related to registered nurse staffing, care plan interventions, wound care, and medication management.

## **Ō tātou motika | Our rights**

Lynton Lodge Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

## **Hunga mahi me te hanganga | Workforce and structure**

The 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure are established. HCAs are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all HCAs.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Residents are assessed before entry to the service to confirm their level of care. The registered nurse is responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whanau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Residents interviewed were complimentary of food services. A current food control plan is in place.

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

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

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible and provide shade and seating and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported a timely staff response to call bells. Security is maintained.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme are implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored.

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.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and there is adequate personal protective equipment and supplies. There have been no outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## **Here taratahi | Restraint and seclusion**

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There was one resident using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	2	0	0
Criteria	0	176	0	2	2	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Lynton Lodge Hospital acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. Lynton Lodge Hospital are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person's culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and links in the community.</p> <p>The service had residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation, continues as a regular in-service topic, and includes a cultural competency assessment. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.</p> <p>The service supports increasing Māori capacity by employing more Māori applicants. At the time of the audit, there were Māori staff</p>



		<p>members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with four residents (three hospital, and one younger persons with a disability) and eight family members (one hospital, and seven younger people with a disability). The director, facility manager, clinical manager, and ten staff interviewed; four HCAs, two registered nurses (RNs), one activities coordinator, one maintenance, one laundry, and one chef) described how the delivery of care is based on each resident's values and beliefs.</p> <p>The prospective buyer knows and understands the consumer rights and has a very good understanding of Te Tiriti o Waitangi, recognising Māori and supporting Māori. The prospective buyer will utilise the existing contacts with a cultural advisor who has input into the governance board.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written with Pasifika input.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The management team described how they encourage and support any applicants that identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with the management team and staff confirmed the service puts people using the services and the local community at</p>

		the heart of their services.
<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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family. The facility manager or clinical manager discusses aspects of the Code with residents and their family on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p> <p>The prospective owners know and understand the Code and that this must be adhered to, evidenced through interview.</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</p>	FA	<p>Staff interviewed described how they support residents in making their own choices. Residents interviewed confirmed this to be the case, and that they have control and choice over activities they participate in. Residents are supported to make decisions about whether they would like family members to be involved in their care.</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>		<p>It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey results confirm that residents are treated with respect. This was also confirmed during interviews by the consumer auditor with residents and family, including two residential disability family members who specifically commented positively regarding cultural support.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>The residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Lynton Lodge Hospital policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the management, registered nurse and HCAs confirmed their understanding of</p>

		<p>professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident (electronic) forms have a section to indicate if next of kin have been informed (or not). Family members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This included families of YPD residents who stated they were very happy with communication, information and how staff communicated with residents, and two who believed the facility might be able to improve in this respect. There was evidence of timely and appropriate communication on the accident/incident forms.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who were unable to speak or understand English; however, the service had well documented communication strategies that are able to be implemented by staff when and if required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team and</p>

		residents/relatives provide consent and are communicated with regarding the range of services available. Health professionals involved with the residents may include specialist services. The management team could describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.
<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>	FA	<p>There are policies around informed consent. The resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</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>	FA	<p>The complaints procedure is provided to residents and families on entry to the service and is available in te reo Māori. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. The service has policies and procedures relating to timely follow-up letters, investigation and resolution enabling complaints to be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been three complaints since the previous audit in 2023, all of which have been resolved to the satisfaction of the</p>

		<p>complainant. There have been no external complaints.</p> <p>Discussions with residents and family confirmed they are provided with information on complaints, with complaints forms, and advocacy brochures being available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held monthly and are another avenue to provide residents with the opportunity to voice their concerns. The management and staff encourage residents and family to discuss any concerns. It is an equitable process for all cultures.</p> <p>Residents and family making a complaint are supported to involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</p> <p>The prospective buyer is aware of the complaints process and timeline for responding to complaints.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Lynton Lodge Hospital, located in Westmere, Auckland, provides hospital level care, and residential disability services – physical, for up to 40 residents. On the day of the audit, there were 37 residents, including two respite residents (hospital), sixteen residential disability (hospital-physical) and two under the long-term support chronic health contract (LTS-CHC), with the remaining 17 residents being under the age-related residential care contract (ARRC). There are nine double rooms suitable for two residents sharing. Eight of these rooms were occupied with two unrelated residents at the time of the audit.</p> <p>Lynton Lodge Hospital is the trading name of Sunrise Healthcare Limited - a privately owned company with two directors. There is a facility manager (non-clinical), with the support of an experienced clinical manager (RN) who provides clinical governance input, and an experienced care team. The facility manager (also a director) meets at least weekly with the other director to facilitate the link between management and governance. There is a 2023 business</p>

		<p>plan that outlines objectives for the period. Objectives are signed off when fully attained. A mission, philosophy and objectives are documented for the service. The regular meetings provide an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The facility manager, clinical manager, and director 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 Board has Māori representation. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with governance, staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The facility manager has been in the role for seven years and has extensive experience in the aged care sector. The clinical manager has been in the role for five years. The management team regularly attends aged care conferences, and both the facility manager and clinical manager have maintained over eight hours of professional development per year relating to their role and responsibilities.</p> <p>The prospective buyer has entered into a conditional sale and purchase agreement for the purchase of the Lynton Lodge Hospital. At the time of the audit, the proposed settlement date is 19 December 2023. Te Whatu Ora-Te Toka Tumai Auckland portfolio manager has been informed. The prospective buyers are the current directors in going into partnership with the current clinical manager. The directors and clinical manager have completed education related to Te Tiriti, health equity, and cultural safety as core competencies through undertaking the same training as the facility staff members.</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>FA</p>	<p>Lynton Lodge Hospital has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the Board. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with management and staff confirmed both their</p>

<p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support hospital, and residential disability levels of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa standards are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified.</p> <p>Resident meetings are held monthly. Both residents and families have provided feedback via annual satisfaction surveys. The 2023 resident survey indicates that residents are very satisfied with the services received. A corrective action was raised around food satisfaction, and a separate food satisfaction survey process planned. Results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Board members and staff are kept informed, evidenced in management and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The management team are aware of situations that require essential notifications. Section 31 reports have been submitted related to registered nurse shortages, and a police involvement (resident's family matter).</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>The prospective provider will continue with the established and</p>
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		<p>implemented quality and risk management programmes at Lynton Lodge Hospital. It is anticipated this will have minimal impact on staff and residents as all systems and policies currently in use will remain in place.</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>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. There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (the majority of PM and night shifts), for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), acting as night shift duty leads on site, in addition to having the experienced clinical manager on-call. This has remained ongoing since the previous surveillance audit in March 2022.</p> <p>The clinical manager, registered nurse, and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager, and clinical manager are available Monday to Friday. The clinical manager provides out of hours on-call cover.</p> <p>Interviews with HCAs, RN and the management team 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 being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff have completed training around the needs of younger people with this added into each topic, and a specific session related to interacting with the younger person (April 2022). Medication competencies are completed by staff. Competencies include (but are not limited to); manual handling, hoist training, chemical safety, emergency management personal protective equipment (PPE) training and</p>

		<p>infection control, and restraint. A record of completion is maintained in each staff members files. The HCAs are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are seven with a level four NZQA certificate in health and wellbeing, three with level three, four with level two and four with level one.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Two RNs (including the clinical manager) are interRAI trained.</p> <p>Training for the registered nurses has been provided by Te Whatu Ora -Te Toka Tumai Auckland in-services and online training. The service encourages all their staff to attend monthly staff meetings. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the most recent literature on health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers. Training is provided for staff around cultural safety, and this includes information around Māori health information, and health equity for the residents who use the service.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, including cultural days and shared meals at meetings.</p> <p>The prospective purchasers interviewed (director, and clinical manager) stated there are no immediate plans to make any staff changes. They plan to provide all staff with education and training, continuing with the education and training plan currently being implemented.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p>

<p>capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually.</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 when first employed. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for HCAs supports them to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p> <p>The prospective owners have no immediate plans to change the recruitment process.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are kept securely electronically, and in hard copy.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived paper documents are securely stored in a locked room, and electronic records are held securely in the cloud. Both are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for National Health Index registration.</p> <p>The prospective buyer plans to maintain current methods of collection, storage, and use of health information, with continued use</p>

		of the electronic resident management system.
<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>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the resident, EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) authorisation forms for young people with disabilities (YPD), long term support chronic health conditions (LTS-CHC), accident compensation corporation (ACC), respite and hospital level of care residents were sighted.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required time frames and signed on entry. Family/whānau were updated where there was a delay in entry to the service. This was observed on the days of the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical manager reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The resident and family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity focussed.</p> <p>The service engages with local kaumātua, who are available to provide support to residents and whānau as required. The clinical manager interviewed reported they also work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>A total of seven files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The files reviewed included two on younger persons with disability (YPD) contract, five hospital level of care that included one resident on respite and long-term support chronic health contract residents. InterRAI assessments (excluding YPD) were completed within 21 days of admission and all outcome scores were identified on the long-term care plans. In addition, the service uses assessment tools (and specifically for YPD residents) that include (but not limited to) cultural needs, values, and beliefs, skin, nutritional, pressure risk, dietary, falls, functional behaviour, cognitive, pain, oral and transfer.</p> <p>Goals were appropriately set and documented in the resident care plan. Interventions were resident focussed; however, did not provide detail to guide staff in the management of each resident's care. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. Resident, family/whānau and EPOA, specialists and GP involvement is encouraged in the plan of care.</p> <p>The clinical manager reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. The handover is between the registered nurse and the healthcare assistants on each shift. Interviewed staff stated that they were updated daily regarding each resident's condition. Each resident's care was evaluated on each shift and reported in the progress notes by the care staff. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Where progress was different from expected, the service, in collaboration with the resident or EPOA and family/whānau responded by completing assessment, referral to GP and initiating changes to the care plan as indicated. Any change in condition is reported to the registered nurse and clinical manager. Care plan evaluations were completed six monthly or earlier where there have been significant changes to the care needs of the resident. EPOA and family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any</p>
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		<p>resulting changes.</p> <p>The GP completed the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident centred. The specialists from Te Whatu Ora - Te Toka Tumai Auckland are readily available as required. Residents' files sampled identified service integration with other members of the health team. There is a contracted podiatrist who visits the service six weekly, and an employed physiotherapist who works two days a week to complete assessments of residents and manual handling training for staff. Notations were clearly written, informative and relevant.</p> <p>Any incident involving a resident reflected a clinical assessment and a timely follow up by the registered nurse. Family/whānau were notified following incidents. Opportunities to minimise future risks were identified by the clinical manager in consultation with the registered nurse and care staff. Neurological observations were completed for unwitnessed falls or where head injury was suspected.</p> <p>There were three active wounds at the time of the audit. There were no pressure injuries. Wound management plans were implemented; however, evaluation did not evidence progress of wounds towards healing. Wound care nurse specialists were consulted when required.</p> <p>A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</p> <p>Short-term care plans including for infections and wounds were developed. In the event of any significant change interventions are added to the long-term care plans. Interviews verified residents and EPOA and family/whānau were informed of all changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts, turn charts, bowel charts, neurological observations forms, blood glucose and restraint monitoring charts.</p>
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<p><b>Subsection 3.3: Individualised activities</b></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>	<p>FA</p>	<p>Activities are facilitated by an activities coordinator who has been in the role since April 2023. The activities coordinator works five hours a day Monday to Friday and care staff assist on weekends. The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within three weeks of admission in consultation with the family and residents. Each resident had an activities assessment including spiritual, cultural and leisure profile detailing the past and present activities, career, and family. The service has a contracted physiotherapist who assists with the exercises, mobility, and walking programme. A monthly calendar is developed and displayed on the notice board to remind residents and staff.</p> <p>The activity programme is formulated by the activity's coordinator in consultation with EPOAs, residents, and care staff. The activities were varied and appropriate for young persons with disability (YPD) and those assessed as requiring hospital level of care. Activities of choice for YPD residents were developed as required. The care plans reviewed described management strategies that can be used to minimise, distract, or de-escalate behaviours that challenge.</p>

		<p>Activity participating register were completed. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The activities coordinator reported that large group activities were provided in the main lounge and small lounge was available for smaller groups or those requiring one on one. Activities sighted on the planners included quiz, bingo, floor games, Anzac, Matariki, table games, sensory, outdoor walks, van outings, music, and relaxing time with manicure therapy. The service promotes access to EPOA and family/whānau and friends. There were weekly outings and drives. Resident meetings (monthly) provide a forum for feedback relating to activities.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals such as Matariki, Waitangi or Māori language week.</p> <p>EPOA and whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</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>The medication management policy is current and meets legislative requirements. A safe system for medicine management was in use. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. A total of 14 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts; however, the effectiveness of PRN medications was not consistently documented in the electronic medication management system or progress notes. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p>



		<p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication rooms temperatures was being conducted daily and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley and the locked treatment room. There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use and no vaccines are stored in the facility.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was confirmed in interviews with the clinical manager, registered nurse and family members, and residents who identify as Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The chef (interviewed) reported that all food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires May 2024. The menu was reviewed by a registered dietitian on 2 November 2023. Kitchen staff have received current food safety training.</p> <p>Diets are modified as required and the kitchen staff confirmed</p>

		<p>awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and at night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in bain-marie and served by the kitchen staff. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. also, raw fish, corned beef and pork were included on the menu, and these are offered to residents who identify as Māori when required. The healthcare assistants interviewed understood basic Māori practices and the kitchen staff were observed implementing processes 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>	<p>FA</p>	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The clinical manager reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical manager and registered nurse who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented</p>

<p>coordinate a supported transition of care or support.</p>		<p>on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, Huntington's disease specialists and physiotherapists, were sighted in the files reviewed. Residents and family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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 building has a current warrant of fitness that expires on 28 May 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in the facility with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Residents are assisted to activities in different areas if they require it. The dining areas are homely, inviting, and appropriate for the needs of the residents. Quiet spaces for residents and their whānau to utilise are available inside and outside on the decks or gardens where sitting and shaded areas are available.</p> <p>The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. There is a maintenance request book for repair and maintenance requests located at reception. Equipment failure or issues are also recorded in the handover book. This is checked daily and signed off when repairs have been completed. The service has access to certified tradespeople where required. The service employs a maintenance person who works at least 35hrs a week doing maintenance work and looking after the gardens.</p>

		<p>The service is divided into two wings, east and west, both providing services to hospital and younger people with disability. Residents' rooms are personalised according to the residents' preferences. There are nine double rooms, all other resident's rooms are single occupancy. The double rooms have privacy curtains to provide resident privacy when required and consent has been given.</p> <p>Shared rooms, shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating. All heating is thermostatically controlled. Staff and residents interviewed, stated heating and ventilation within the facility is effective. There is a monitored outdoor area where residents may smoke. All other areas are smoke free.</p> <p>Rooms have a hand basin, and all communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. The service has no plans to expand or alter the building but is aware of the need to 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>	FA	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service and was current. A trial evacuation drill was performed on 22 June 2023. The drills are conducted every six-months, and these are added to the annual</p>

		<p>training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the front of the building is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continent products, and a gas BBQ to meet the requirements for 40 residents including rostered staff. There is no generator on site, but one can be hired if required. The registered nurses, activities coordinator and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, whānau, and staff members to summon assistance. Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated show on a display panel and give an audible alert. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by the maintenance officer. Residents and whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings. Whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is CCTV in common areas.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers and masks are available to wear as required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>The clinical manager (registered nurse) oversees infection control and prevention across the service. The infection control coordinator job description outlines the responsibility of the role of infection prevention and control. The infection prevention control and</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>antimicrobial stewardship (AMS) programme is appropriate for Lynton Lodge Hospital. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. Infection prevention and control matters are discussed as part of the staff meetings. Infection prevention and control is included in the business and quality plans. The coordinator can access advice from the Te Whatu Ora - Te Toka Tumai Auckland infection prevention and control specialist, an external consultant, and the GP. The Board are informed of any infections through the manager's report and are informed of any outbreaks immediately.</p> <p>Lynton Lodge Hospital has a process in place to mitigate their risk around pandemics, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations.</p> <p>The prospective purchaser has no immediate plans to change the established infection control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator has undertaken online education in infection prevention and control and has peer support from a fellow clinical manager at a nearby sister facility. There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the management team and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eye protection, blood pressure equipment, and hoists are appropriately disinfected between resident use. Single use items (eg, wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in</p>

		<p>the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The clinical manager, in collaboration with the facility manager is responsible for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Te Whatu Ora - Te Toka Tumai Auckland for advice if required.</p> <p>The service provides te reo Māori information around infection control for Māori residents. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that Lynton Lodge Hospital is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p> <p>There are no plans to change the current environment; however, the prospective purchasers include the infection control coordinator who will have input if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and infection control coordinator monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>The infection prevention control policy describes surveillance as an</p>

<p>(HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Three monthly benchmarking via an external consultant also occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. Lynton Lodge Hospital receives regular notifications and alerts from Te Whatu Ora - Te Toka Tumai Auckland for any community concerns. There have been no outbreaks reported since the previous audit in March 2023.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Lynton Lodge Hospital has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There are sluice rooms with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>All laundry is processed on site by dedicated laundry assistants seven days per week. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Material safety data sheets are available, and all chemicals are within closed systems. The numerous linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The cleaning trolleys were always attended and locked away when not in use. All chemicals on the cleaning trolleys were labelled.</p>



		<p>There is appropriate personal protective clothing readily available. Cleaning (including the environment) and laundry services are monitored through the internal auditing system, and results are reviewed by the infection control coordinator. The staff interviewed demonstrated their understanding of the systems and processes.</p> <p>The prospective purchaser has no immediate plans to change the current laundry or cleaning provision.</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>	FA	<p>The owners and management of Lynton Lodge are committed to providing services to residents without the use of restraint. Policies and procedures meet the requirements of the standards. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, and has a group representative with lived experience (part of the Sunrise Healthcare restraint oversight committee), to ensure resident voices are heard, and ensure services are mana enhancing.</p> <p>The designated restraint minimisation coordinator is the clinical manager and has a defined role of providing support and oversight for any restraint management. At the time of the audit, there was one resident using restraints (bed rail, and lap belt). The restraint steering committee (CM, physiotherapist, registered nurse, activity coordinator, level four healthcare assistants) is responsible for the approval of the use of restraints and the restraint processes. The use of restraint is reported in the facility integrated quality and staff meetings and to the owners via the clinical manager.</p> <p>Staff have received training in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my</p>	FA	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Residents and whānau confirmed their involvement in the process.</p>

<p>care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint steering group meeting. The register contained enough information to provide an auditable record. Facility integrated quality and staff meeting minutes, and monthly reports documented discussions about restraint.</p> <p>If emergency restraint is required, the registered nurse will consult with the restraint minimisation coordinator (CM), resident, and family/whānau.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint steering group undertakes a three-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. Data analysis is completed monthly and discussed at the facility integrated quality and staff meetings. The steering group meetings, identify trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>As per the ARRC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to always have at least one registered nurse on duty; however, the service has been unable to provide a registered nurse on site for hospital level care residents for the majority of PM and night shifts. It was noted that the service has attempted to mitigate the risk of this situation by utilising senior HCAs (internationally qualified nurses awaiting New Zealand competency assessment) acting as shift leaders on site when this occurs and having robust on-call cover. This is a continuation of the finding at the previous surveillance audit in March 2022.</p>	<p>The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>60 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service</p>	<p>PA Low</p>	<p>The service has policies related to assessment, support planning and care evaluation. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss and pressure injury risks. Registered nurses are responsible for completing assessments (including InterRAI where applicable), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals.</p> <p>The registered nurse interviewed understand their responsibility in relation to care planning. The service has employed overseas trained nurses whom they are supporting with registration process and once registered, will be trained with care plan development.</p> <p>The outcome of assessments inform the long-term care plans with appropriate interventions to deliver care; however, interventions in long term care plans reviewed were not detailed to provide guidance for staff in the delivery of care.</p> <p>The findings must be viewed in the context of the registered nurse shortage at this facility. Interviews with residents, relatives and staff and observation of service delivery confirmed that this finding relates to documentation only and the residents received the required care;</p>	<p>There are no detailed interventions to guide staff in the delivery of care service for:</p> <p>(i). Management, risks, and care of Percutaneous Endoscopic Gastrostomy (PEG) for two YPD residents including instructions from dietitian.</p> <p>(ii). Care of the laryngostomy, suctioning requirements, risks, and management for one YPD resident.</p> <p>(iii). Diabetes management, including monitoring, risks, signs and symptoms of hypo and hyperglycaemia for one hospital resident.</p> <p>(iv). Catheter care and management for one hospital resident.</p> <p>(v). Falls minimisation strategies and falls management for two hospital residents.</p> <p>(vi). Pain minimisation strategies and management plan for one hospital resident on regular controlled medication.</p>	<p>(i-vi) Ensure care plans have detailed interventions to provide guidance to staff on care management and are updated to reflect changes to resident needs and management plan.</p> <p>90 days</p>
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integration as required.		therefore, the risk is assessed as a low risk.		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	PA Low	The clinical manager and registered nurse are responsible for the development of the support plans including (but not limited to) wound care plans. Interview with both the clinical manager and registered nurse confirmed their understanding of their responsibilities in relation to wound management. There are comprehensive policies in place related to wound management and care planning; however, not all resident wound care evaluations demonstrated evaluation / progress towards healing of the three wounds care plans reviewed.	Three of three wound care plans reviewed did not evidence wound evaluations / progress towards healing at dressing changes.	<p>Ensure that wound progress is evaluated</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented</p>	PA Moderate	The registered nurse and medication competent healthcare assistants are responsible for the administration of medications. Those responsible for	Twelve of fourteen charts did not demonstrate documentation on the effectiveness of PRN	Ensure effectiveness of PRN medication is consistently documented.

<p>appropriate to the scope of the service.</p>		<p>medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management including assessment of the effectiveness of pro re nata (PRN) medications.</p> <p>Effectiveness of PRN medication are recorded in the electronic medication management system; however, not all records reviewed demonstrated documentation on the effectiveness of PRN medications administered.</p>	<p>medication administered to residents.</p>	<p>60 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.