

Hardwill Group Limited - The Lodge

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:

Legal entity:	Hardwill Group Limited
Premises audited:	The Lodge
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services - Psychiatric; Residential disability services – Sensory
Dates of audit:	Start date: 15 November 2023 End date: 16 November 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	30

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 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

The Lodge provides rest home and hospital level care for up to 31 residents. The service is owned and operated by the Hardwill Group Limited, a private company owned by a small group of directors. The only significant change to the service since the last surveillance audit in June 2022, has been the employment of a clinical lead nurse.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty (Te Whatu Ora Hauora a Toi Bay of Plenty).

The audit process included a pre-audit review of policies and procedures, residents' and staff files, observations and interviews with residents, family/whānau members, a director owner/operator, RN/facility manager, clinical lead nurse, staff, and the nurse practitioner (NP) by telephone.

There were no non-conformances identified at this audit. Two areas were rated as continuous improvement in the outcomes for residents of a quality project and for strengthening preparation for emergency situations.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

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

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

Residents and family are informed of their rights according to the Code of Rights and these are upheld. They report open communication, feel listened to and included when making decisions about care and treatment. Personal identity, independence, privacy, and dignity are respected and supported.

Residents and relatives confirmed that they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were being followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

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

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

Management of health records complies with this standard and the Health Records Standard NZS 8153:2002.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight 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.

Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

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

The service uses an electronic medicine management system for e-prescribing, dispensing, 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 preferences with special cultural needs catered for. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment had been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of younger people, including those with disabilities. Hazards are identified.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. 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

Includes five 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 governing body ensures the safety of residents, staff, and visitors through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced registered nurse with infection prevention training leads the programme.

The infection control coordinator is involved in procurement processes related to decontamination of reuseable items or devices.

Staff demonstrated good principles of, and practices around, infection prevention and control. Staff, residents, and their family were familiar with the pandemic/infectious disease response plan.

All infections are included in the surveillance undertaken with follow-up actions taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry and cleaning services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	168	0	0	0	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.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Lodge has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Mana motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>The organisation works to support Māori capacity by encouraging staff use of te reo Māori with residents who are fluent in the language. At least a quarter of the staff currently employed identify as Māori, the majority of whom are health care assistants (HCAs). Residents who identify as Māori said they are supported in a culturally safe way and that their mana and culture is respected. Ethnicity data is gathered when staff are employed, and this data is analysed at a senior management level.</p> <p>A Māori health care plan, developed with input from cultural advisers, has recently been reviewed by four Māori residents. They confirmed it as suitable for residents who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	FA	<p>On the days of audit, there were no residents who identified as Pasifika. The organisation's Pacific health policy refers to Ola</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>		<p>Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for Pasifika groups available for guidance and consultation and there are Pasifika staff employed. The policy also states Pacific models of care will be utilised within the plan of care when indicated. There have never been any residents who identify as Pasifika admitted. On the days of audit there were no staff employed who identified as Pasifika. This reflects the demographic of the area.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (The Code) and were observed supporting residents in accordance with their wishes.</p> <p>Twelve residents and six family members were interviewed by the consumer auditor during the audit.</p> <p>Residents and their whānau/family reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify rights.</p> <p>A resident provides advocacy for all residents, chairs the residents' meeting, and reports potential issues/concerns to the senior management team and director.</p> <p>Staff and whānau interviewed indicated that Māori mana motuhake is recognised and supported in this service.</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 supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau/family, including people with disabilities, confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have private single rooms and allocated bathrooms to</p>

		<p>meet their needs.</p> <p>Each room has a pleasant rural or garden view. There are many courtyards and gardens with outdoor furniture and shade for private conversations with whānau and visitors.</p> <p>The Lodge is a sprawling facility, and the décor provides interest and contrasts for easy recognition and navigation of residents and their visitors. It was observed that the kitchen is at the hub of the home, and the most wonderful aromas of food cooking makes it a very pleasant home. The director of the home, residents and whānau/ family members commented on how the smell of food cooking has a calming effect on the early dementia residents that food is coming, stimulates the appetites of all and discreetly orientates residents to the time of day.</p> <p>More independent residents can maintain their independence, attending to their own laundry using the residents' laundry and are supported with food preparation to manage their own menu preferences for example, with lunch and supper.</p> <p>One resident has required additional storage space for their hobby to ensure their bedroom is not overcrowded, keeping it a safe space.</p> <p>Te reo Māori and tikanga Māori are promoted within the service with residents and staff who speak te reo Māori.</p> <p>The Māori plan admission assessment is thorough and guides staff by informing and respectfully gathering information to support mana motuhake.</p> <p>The senior staff at interview described the community support, whānau and staff who can guide them to ensure respectful, culturally appropriate practices occur.</p> <p>Whānau interviewed told of how their loved ones' long-established morning routine continues in the service as it did at home.</p> <p>One tangata whaikaha needs were met with the director supporting/advocating with the Ministry of Social Development (MSD) for funding assistance to attend a tangi. There was a considerable shortfall in what MSD were able to offer and the</p>
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		<p>director, recognising their need, decided to ensure their attendance.</p> <p>Several residents reported the service aids/facilitates attendance at the church of their choosing. A multi-faith church service is held weekly at the Lodge. One resident reported their church visitors from their old parish are made most welcome when they visit.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The service has clear policies on abuse and neglect, with staff completing self-learning programmes. Staff were able to state what action they would take should there be any signs of abuse or neglect and are aware of always maintaining professional boundaries.</p> <p>Residents and whānau/family reported personal property is respected, they had no concerns of abuse or neglect and reported staff were always kind, respectful and professional. They reported “the laundry service is effective, the environment clean, food is as desired with lovely staff and resident banter/interaction, laughter and always a pleasant atmosphere”.</p> <p>Whānau/family feel they are included, and their input is sought to ensure safe practices occur as desired by the resident to meet their needs.</p> <p>The resident advocate facilitates the residents meeting raising issues of barriers, negative experiences or practices not welcomed in the home.</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>	FA	<p>Residents and whānau/ family reported that communication is open, willingly shared, effective, and they felt listened to. They identified communication as one of the strengths of this smaller service and said they felt involved and consulted in the care and wellbeing of their loved one.</p> <p>Changes in the residents’ health status were communicated in a timely manner.</p> <p>Staff stated they would access interpreter services through Te Whatu Ora or the resident’s funder, if required.</p>

		Residents who are te reo Māori speakers can communicate with Māori staff, although the resident's class themselves as "speakers of old te reo."
<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>The staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans, and advance directives were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) or nurse practitioner (NP) for residents who were unable to provide consent. The clinical lead nurse (CLN) reported that the GP/NP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's whānau. This was verified in interviews with residents, their whānau, and the GP/NP. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved with the resident's consent. Information about the nominated resident's representative of choice, next of kin, or EPOA is provided on admission. Communication records verified the inclusion of residents where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code and this standard. Residents and whānau understood their right to make a complaint and knew how to do so. Staff described how they keep complainants informed during and after investigations. There have been no complaints received since the previous audit. There have also been no known complaints</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>received and/or investigated by the office of the Health and Disability Commission, Te Whatu Ora or any other external agencies.</p> <p>Māori residents and whānau said the complaints process had been explained to them in ways they understood and that they felt very comfortable raising concerns or complaints.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Lodge is governed by a small group of directors/owners who acquired the property in 2018. This group is experienced in owning and operating care facilities. Two of the directors/governance whakapapa back to an iwi. They work in ways that ensure services are delivered safely and appropriately for Māori, tāngata whaikaha (people with disabilities) to facilitate improvement in their health outcomes and achieve equity. Interviews and education certificates sighted confirmed that training in Te Tiriti o Waitangi, and foundation studies in cultural safety and equity have occurred. Two of the directors live next door to the facility and maintain daily communications with the RN/facility manager, residents and staff.</p> <p>There is a clearly described business, quality and risk plan that defines the service's purpose, values, scope, direction, performance, and goals. The annual service and quality goals are monitored for progress at regular management meetings. The plans clearly describe governance commitment to the quality and risk system, improving outcomes and ensuring equity for Māori and tāngata whaikaha. The RN/facility manager (FM) has previous experience in aged care and is maintaining knowledge and competency in nursing and health management by attending at least eight hours of professional development annually. A clinical lead nurse (CLN) has been employed in the last 12 months to oversee care delivery and clinical practice and support the FM.</p> <p>Residents and whānau are provided regular opportunities to participate in service planning and evaluation, through one-to-one and group meetings, formal surveys and other defined roles, such as the nominated resident advocate.</p> <p>Clinical governance is overseen by the CLN with the other RNs at their regular meetings and is informed by research, and frequent</p>

		<p>liaison with the nurse practitioner and clinical specialty staff at Te Whatu Ora.</p> <p>The home can accommodate a maximum of 31 residents. On the days of audit 30 beds were occupied in single rooms. Thirteen residents were assessed at hospital level care and 17 at rest home level care. Of these, seven residents – four hospital and three rest home – were under the younger persons' with disability contract with Whaikaha/Ministry of Disabled People. Six residents, five rest home and one hospital, were funded by Te Whatu Ora as Long-Term Support-Chronic Health Care (LTS-CHC) The other 17 residents were under the Age-Related Residential Care Contract (ARRC) with Te Whatu Ora. This service agreement includes respite/short stay care, palliative and medical (non-acute) care. There were no respite, medical or palliative care residents at the facility on the days of audit.</p> <p>There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and whānau, taking into account the ethnicity and social equity of residents and ethnic composition of staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The Lodge has a documented and implemented quality and risk management system which is reviewed and kept current by the operator and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks, including inequities and corresponding mitigation strategies.</p> <p>The quality and risk system reflects the principles of continuous quality improvement. This includes management of incidents and complaints, regular satisfaction surveys, monitoring of outcomes, review of policies and procedures, and analysis of incidents including infection events. Quality monitoring includes carrying out regular internal audits on all areas of service delivery and encouraging resident and whānau feedback. Residents, whānau and staff contribute to quality improvement through providing feedback at meetings and in formal surveys. Every new resident is surveyed six</p>

		<p>weeks after admission, and the feedback from these has been positive. The 2023 resident/whānau satisfaction survey revealed no areas of concern. Relevant corrective actions are documented and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The service has implemented a range of quality improvements since the previous audit in 2022. These include:</p> <ul style="list-style-type: none"> • Implementing an electronic consumer information management system that integrates with InterRAI assessments and collates quality data. • Commencing agreement with a local tertiary institution to have student nurse placements (at all stages of their learning and development, including for internationally qualified nurses needing to complete competency assessment programmes). The CLN is a certified preceptor. • Māori residents have been involved in the review of Māori care plans. • Resident oral hygiene has significantly improved through the implementation of an oral hygiene/dental review project. Criterion 2.2.4 is rated continuous improvement. <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The facility manager and CLN understood and have complied with essential notification reporting requirements. The only notifications made to Manatū Hauora since the previous audit have been to report no RNs on shift. Notifications of positive COVID-19 cases were</p>
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		<p>reported to public health authorities in June and July 2023. There have been no police investigations, coroners' inquests, or issues-based audits.</p> <p>The service works to improve equity by using a person-centred approach to resident care, assessment and service delivery, meeting with residents and their whānau regularly and conducting comparison of demographic data. Ethnicity data is being consistently gathered. Tikanga is followed and respected. Equity is an integral component of the overall quality system.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, 7 days a week (24/7). More than 25% of staff employed identify as Māori. These staff members interviewed confirmed that Māori residents' cultural needs and aspirations are met. The business owners ensure staff work in ways to deliver health care that is responsive to the needs of Māori. Staffing levels are adjusted to meet the changing needs of residents.</p> <p>Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed said staff were always available to them.</p> <p>The FM is on site Monday to Thursday and works on the floor as the RN on Fridays. This person is on call after hours. Three care staff are rostered for morning shifts; two of these staff complete full shifts from 6.45am to 3.15pm and one does a short shift 6.45am to 10.45am, two care staff and one RN are on each afternoon shift and either one RN and one care staff or two senior care staff are on duty each night. RN shortage notifications have been submitted when there is no RN on site. Staff said they had been working longer shifts or additional days to cover absences, but the employment of internationally qualified nurses and other staff has greatly improved the availability of staff for all shifts. There is always at least one staff member on site with a current first aid certificate and medication competencies.</p> <p>Allied staff such as the activities coordinator, cleaners and kitchen</p>

		<p>staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery. The care staff carry out laundry and additional housekeeping duties on all shifts seven days a week.</p> <p>Continuing education for staff is planned on a bi-annual basis to support equitable service delivery. Education includes mandatory training topics such as infection control, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. There has been a recent focus on cultural safety, equity, emergency planning, and infection prevention related to COVID-19, including donning and doffing of personal protective equipment (PPE).</p> <p>All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Of the 13 care staff employed, nine have achieved level four on the NZQA framework and two are working toward completing theirs. Two staff with long time experience in aged care have not enrolled. Three of the five RNs are accredited and maintaining competencies to conduct interRAI assessments. Staff records sampled demonstrated completion of the required training and competency assessments. Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	FA	<p>Staff management policies and processes are based on good employment practice and meet relevant legislation. A sample of five staff records confirmed the organisation's policies are being consistently implemented. Staff qualifications, including current membership with professional bodies and annual practicing certificates, were confirmed prior to employment and copies were held on file. Validation of other health practitioners' practicing certificates, such as the dispensing pharmacist, nurse practitioner, physiotherapist and general practitioners was also being checked and monitored for currency.</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts and a 90-day post-employment appraisal. Two recently employed staff members said their orientation covered all expected topics, including emergency procedures, and that they felt safe and supported in their new jobs.</p> <p>Formal performance appraisals occur 90 days after commencement of employment and then annually. The staff records sampled contained evidence that their performance had been reviewed in the past 12 months. Staff ethnicity data is recorded and used in accordance with Health Information Standards Organisation.</p> <p>There is a diverse mix of staff employed. The service provider has determined the cultural make-up of their workforce and estimated the percentage of Māori health care and support workers. The owners also confirmed people's right to speak their own language, endorse tikanga and support connections to iwi, hapū, and whānau. This was observed during the audit and confirmed by staff and resident interviews and staff files.</p> <p>There have been no significant events, but policy and systems to support staff wellbeing are in place.</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>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external provider. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely, including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. Paper-based files are archived onsite. No personal or private resident information was on public display during the audit.</p>

		The provider is not responsible for registering residents' National Health Index (NHI) numbers. All residents have an NHI number on admission.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission 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 are documented and communicated to the EPOA/whānau/family of choice (where appropriate), local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, hospital, Long Term Support-Chronic Health Care (LTS-CHC)/young people with disabilities (YPD), level of care was sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated when there was a delay to entry to service. This was observed on the days of the audit and in 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 lead nurse (CLN) reported that all potential residents who are declined entry are recorded. When an entry is declined, the referrer or inquirer is informed of the reason for this and made aware of other options or alternative services available. This was witnessed during the audit. The consumer/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 is collecting and analysing entry and decline rates, including specific data for entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>All files sampled showed that initial assessments and initial care plans were resident-centred, and that these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, EPOA and/or whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, whānau/EPOA, and general practitioner (GP) or nurse practitioner (NP) involvement is encouraged in the plan of care.</p> <p>The GP or NP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. The NP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CLN reported that sufficient and appropriate information is shared between the staff at each handover, and this was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve within three weeks. Any change in condition is reported to the nursing team and CLN, and this was evidenced in the records sampled.</p>

		<p>Interviews verified residents and EPOA/whānau are included and informed of all changes. Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>The Māori health care plan in place reflected the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>Residents who were assessed as LTS-CHC and YPD had their unique needs identified and managed appropriately. Improvements in residents' dental hygiene care have been identified in criterion 2.2.4.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by an activities coordinator. The programme runs from Monday to Saturday with Sundays reserved for church services, movies, EPOA/whānau/family visits, and other activities are facilitated by the care staff. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated, and resident meetings are undertaken monthly. An activity profile detailing residents' life history is completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by activities coordinators in consultation with the facility manager, nursing staff, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, and YPD. Residents assessed as YPD are involved in activities of their choice or programmes both onsite and offsite. They reported they have</p>

		<p>access to the Wi-Fi which enables them to use their electronic gadgets.</p> <p>Activity progress notes and activity attendance checklists were completed daily. 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 service promotes access to EPOA/whānau/family and friends. Outings are conducted once a week in the company of staff, or EPOA/whānau/family. Residents were observed walking outside the facility accompanied by staff, and family members.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals and Māori Language Week.</p> <p>EPOA/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>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. The system described medication prescribing, dispensing, administration, review, reconciliation and reporting errors. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP/NP completes three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photographs uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of pro re nata (PRN) medications was documented.</p> <p>Medication reconciliation is 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</p>

		<p>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.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures were being conducted regularly 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, locked treatment rooms, and cupboards.</p> <p>There were residents self-administering medications. Appropriate processes were in place to ensure this was managed in a safe manner.</p> <p>There were no standing orders in use.</p> <p>The medication policy clearly outlines how residents, including Māori residents and their whānau, are supported to access and understand their medications. This was reiterated in interviews with the NP, CLN and Māori residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 31 July 2024. The menu was reviewed by a registered dietitian on 18 October 2023. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. 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 were monitored regularly, and supplements are</p>

		<p>provided to residents with identified weight loss issues. Snacks and drinks are available for residents 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. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained, and these are recorded on the electronic management system. All decanted food had records of 'use by' dates recorded on the containers and no expired items were sighted.</p> <p>Whānau/EPOA and residents interviewed indicated satisfaction with the food service.</p> <p>The cook reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori also, 'boil ups', hāngi, and pork were included on the menu, and available to Māori residents when requested.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CLN reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team 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. A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' files.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, was sighted in the files reviewed.</p> <p>Upon discharge, current and old notes are collated and scanned onto the residents' electronic management system. If a resident's</p>

		<p>information is required by a subsequent geriatrician, a written request is required for the file to be transferred.</p> <p>Residents and EPOA/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>	FA	<p>The building has a current warrant of fitness with an expiry date of 24 June 2024. Inspection of the internal and external environments revealed no concerns. The building and chattels are owned by the operators and are being well maintained to keep these in good repair. Plant, electrical and medical equipment is being routinely tested, tagged, checked, and calibrated according to certificates sighted. Medical equipment was checked and calibrated on 17 November 2022 and was booked to occur the day after the audit. Wheelchairs, pressure relieving mattresses and electric beds had been checked in February, July, August and September by different service providers.</p> <p>Improvements have been made to all areas and the environment is inclusive of residents' cultures. For example, the Code of Rights is on display in te reo and English and there is bilingual signage throughout the home.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident group. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>The service operator/director has already undertaken the requirements to consult and co-design a proposed new environment to ensure they reflect the aspirations of Māori. A new facility is planned but building work has not commenced.</p>
Subsection 4.2: Security of people and workforce	FA	Emergency, natural disaster and civil defence plans and policies

<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>direct the service in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>The organisation has reviewed and improved its level of preparedness for natural disasters. For example, a generator is now on site, and management developed and implemented a specific plan for the cyclone event in February 2023. This resulted in no interruption to service delivery and no harm to residents or staff. The on-site civil defence policy has been reviewed and developed into a laminated single document that is displayed throughout the facility. This 'Be Ready kit' contains all necessary information, such as a list of resources/stores and where they are kept. The Lodge has its own water supply. Vulnerable residents are identified on the fire register which is updated regularly. The health and safety manual has also been reviewed, simplified and implemented. Criterion 4.2.3 is rated continuous improvement.</p> <p>Six-monthly fire evacuation drills were occurring. The most recent drills occurred on 11 January and 23 July 2023. The fire evacuation plan was approved by the New Zealand Fire Service in November 2017 and there have been no changes to the footprint of the building.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. Visitors are required to sign in and provide proof of identify if they are unknown to staff.</p> <p>Residents, whānau and staff said they were familiar with emergency and security arrangements.</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>Te Tiriti: Monitoring of equity for Māori is an important component of</p>	FA	<p>The infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the organisation, have been approved by the governing body, linked to the quality improvement system, are reviewed quarterly, and reported on yearly.</p>

<p>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>The draft 2024 IPC programme was sighted.</p> <p>Expertise and advice are sought from the general practitioner (GP) and medical centres nurse practitioner (NP). A documented pathway and direct communication support reporting of progress, issues, and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with direct reporting lines to the directors.</p> <p>The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to necessary resources and support. Their advice is sought when making decisions around procurement relevant to care delivery, design of new buildings or facility changes and policies.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff are familiar with policies through education during orientation and ongoing education and were observed to follow these correctly.</p> <p>There is no reuse of single use items or reprocessing of medical equipment.</p> <p>A pandemic/infectious disease response plan is documented and recently used in a Covid-19 outbreak in June and July 2023 of staff and residents. The outbreak was reported and managed appropriately. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Residents and their whānau/family are educated, and residents discreetly prompted about infection prevention in a manner that meets their needs. Resources are available in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	FA	<p>Responsible use of antimicrobials is promoted. The GP prescribes and has access to laboratory/ microbiologists/ infectious disease physicians, and resources required to manage infections.</p>

<p>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>		<p>The care facilities staff and health centres NP monitor progress and identify areas for improvement or changes in practice that are required.</p> <p>These are documented and reported in the surveillance data. New protocols for confirming urinary tract infections have been implemented which have led to a reduction in indiscriminate prescribing of antibiotics.</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.</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>	FA	<p>All infections are reported via the surveillance programme as appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme.</p> <p>The director of the service is on site daily and is informed directly of any potential infection issues.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, ethnicity of residents, possible causative factors and required follow-up actions.</p> <p>Results of the surveillance programme are shared with staff at the monthly meeting. Quarterly graphs of infections are presented to the governance body along with an annual report summary and the proposed next year's programme.</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>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Chemicals are safely stored.</p> <p>Laundry and cleaning processes are monitored for effectiveness as per the IP programme's auditing schedule.</p> <p>Staff involved have completed relevant training and were observed to carry out duties safely. They reported they have sufficient equipment and cleaning agents for the task.</p>

		Residents and whānau/family confirmed that laundry is well managed. The facility is kept clean and tidy. This was confirmed through observation.
<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 Lodge is committed to a restraint-free environment, which was reflected in the policy and during interviews with the governance body. The governance body has Māori representation. The directors are kept informed about any use of restraint. The directors interviewed confirmed the service was committed to maintaining a restraint-free environment. The service has a restraint committee which has whānau and Māori representation. The FM and CLN oversee the use and non-use of restraint. The policy defines the restraints that may be used within the service. There were no restraints in use during the audit and none have been used for more than three years. Restraint issues are a standing item on the staff and management meeting minutes but as there have been no restraint events reported, data analysis cannot occur. Criterion 6.1.4 is rated not audited.</p> <p>Policies and procedures for the management of restraint, if required, reflect current requirements. Staff have completed training on de-escalation practices and techniques and safe restraint use. Staff meeting minutes sighted confirmed discussion about preventing the use of restraint. The restraint committee meets at least annually and reviews all restraint use to ensure any use of restraint is as per policy and ensures the health and safety of residents and the staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

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 audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	CI	Several quality improvement projects that impacted positively in residents have been implemented and evaluated. One of these projects merits special recognition. Many of the residents have histories of social deprivation, homelessness or diagnoses that impacted their ability to self-care or seek support. Urgent dental care, loss of teeth and halitosis amongst residents was not uncommon. A dental hygiene health check project which commenced on 10 January 2023, assessed each of the 23 residents' level of dependence and capability in competently carrying out daily oral hygiene routines. Of the seven residents who had been assessed as being independent with dental cares, only two were cleaning their teeth regularly and competently. The others were not using correct techniques or toothpaste and only cleaning their teeth once a day or when they remembered to do so. These residents needed intensive support, education on correct cleaning techniques, and regular prompting to clean their teeth twice daily. Ongoing resident education, daily prompting and staff checking the levels of toothpaste and toothbrush wear, resulted in a significant improvement by April 2023. A follow up	Residents' oral hygiene has been significantly improved and independence facilitated.

		audit and individual assessment revealed that all 23 of the residents were now having thorough oral hygiene cares carried out twice daily. There has been no dental pain or infections for the rest of 2023, and resident halitosis has ceased.	
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	CI	<p>The service has reviewed and implemented all the emergency, civil defence and health and safety plans and procedures, for improvement. The service successfully prevented any interruption to service delivery or risk to residents during the cyclone event in February 2023. This involved analysing the risks, and probable consequences of a cyclone, which was likely loss of power. Their plan included checking the availability of generators to lease, (there was none) so the provider acted by purchasing a generator. This was checked to be functional a number of times and all staff were trained in its use. Other plans included checking and securing the external environment for loose materials, reinforcing windows and doors and advising residents and staff on how to keep themselves safe. Checks to ensure there was sufficient medical/medicine, food and water supplies for at least five days occurred. All staff were on standby and ready to provide additional support and person power if required. Emergency procedures were rehearsed, and written instructions were simplified. For example, the civil defence policy was reviewed and developed into a laminated single document with essential procedures, then displayed in various locations throughout the facility to make them immediately accessible. Residents are being regularly educated and involved in drills for all types of civil defence emergencies, such as earthquakes, cyclones, power outages and fire. The residents and staff interviewed were conversant with emergency procedures.</p>	<p>The organisation has reviewed and improved its level of preparedness for natural disasters or any emergency event.</p>

End of the report.