

Avonlea Charitable Trust - Avonlea Hospital and Home

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:	Avonlea Charitable Trust
Premises audited:	Avonlea Hospital and Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 November 2023 End date: 22 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:	43



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

General overview of the audit

Avonlea Rest Home and Hospital is certified to provide rest home and hospital services for up to 50 residents. The service is owned and operated by the Avonlea Charitable Trust.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato). It included a pre-audit review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, a governance representative, staff, and a general practitioner. The facility is managed by an experienced manager supported by an experienced clinical nurse leader, both of whom are registered nurses. Residents and whānau were complimentary about the care provided.

Two areas that attained continuous improvement at the previous audit related to good practice and governance, and these have again been awarded continuous improvement ratings as achievement continues to be beyond the expected full attainment. A further continuous improvement was awarded in relation to an initiative within Avonlea to support residents to maintain their interests and participate in a meaningful activity. The residents were enabled to enhance their strengths and use their skills to care for an abandoned miniature foal.

The audit identified areas requiring improvement related to the establishment of Pasifika partnerships, the quality and staff training programmes, registered nurse staffing, first aid certified staff availability, general practitioner reviews, cleaning and laundry areas, and restraint management.

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.

Some subsections applicable to this service partially attained and of low risk.

Avonlea Rest Home and Hospital provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, and other ethnicities.

Avonlea worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents and staff interviewed. There were no Pasifika residents or staff in Avonlea Rest Home and Hospital at the time of the audit; however, policies and procedures were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their whānau were kept well informed.

Residents and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

There were processes in place to ensure that complaints could be resolved promptly and effectively in collaboration with all parties involved. Processes were in place to ensure Māori had the opportunity to have any complaints managed in a culturally safe way. There have been no complaints in the service since the last audit.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and tāngata whaikaha (people with disabilities).

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals.

The quality and risk management systems uses a risk-based approach. Residents and their whānau provide regular feedback to the service. An integrated approach includes collection and analysis of quality improvement data, identifying trends. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff performance is monitored.

Residents' information is accurately recorded, securely stored, was not on public display, or accessible to unauthorised people.

Ngā huarahi ki te oranga | 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.		Some subsections applicable to this service partially attained and of low risk.
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When residents were admitted to Avonlea Home and Hospital, a person- and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

The food service met the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

Te aro ki te tangata me te taiao haumarū | 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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The facility meets the needs of residents and was clean. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha.

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

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The manager and the clinical nurse leader ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service.

The experienced and trained infection control co-ordinator led the programme and was engaged in procurement processes. It was adequately resourced.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Avonlea Home and Hospital had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service aims to be a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraint at the time of audit. All restraint use had been appropriately consented to.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	1	3	4	0	0
Criteria	3	163	1	4	6	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>	<p>FA</p>	<p>Avonlea Rest Home and Hospital (Avonlea) provides an environment that supports residents’ rights and culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care to guide culturally safe services.</p> <p>Avonlea works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) and this was confirmed by Māori residents and staff interviewed. The service can access support through the Kokiri Trust (a local health care provider) and a kaumātua group with links to three local maraes: Wharauoa Marae, Ngapuwaiwaha Marae, and Kaitupeka Marae. The service also has two Māori cultural advisers that it can call on should it require support for Māori in its service.</p> <p>Policies in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Māori in the</p>

		service.
<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>	PA Negligible	<p>Avonlea has a Pacific health plan in place, developed with input from cultural advisers, which describes how the organisation will respond to the cultural and spiritual needs of Pasifika residents. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and has a culturally appropriate model of care (Fonofale) to guide culturally safe services. There were no residents who identified as Pasifika in the facility during the audit.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service actively supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were no staff who identified as Pasifika in the service.</p> <p>The demographic of the area makes it difficult to engage with Pasifika communities (refer criterion 1.2.5) but the service continues to try to find resourcing for this through the Community Trusts in Care Aotearoa (CTCA) group.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on te reo Māori, English, and New Zealand Sign Language (NZSL) posters around the facility, with brochures in te reo Māori and English available at reception. Brochures on the Nationwide Health and Disability Advocacy Service was available in the reception area. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and the availability of the advocacy service and were seen supporting residents of Avonlea in accordance with their wishes. Residents who identified as Māori are offered an opportunity to speak with one of two cultural advisors, or members of the kaumātua group who support Avonlea.</p>

		<p>Interviews with whānau who visited regularly, confirmed staff were seen to be respectful and considerate of residents' rights.</p> <p>Avonlea had a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance is required. Avonlea also had access to interpreter services, and cultural advisors/advocates as required. Avonlea has established relationships with the Taumarunui community Kokiri Trust (a whānau ora centre), two Māori cultural advisors, a local kaumātua group who represent three of the local maraes, and Māori students from the local high school. Eight staff employed at Avonlea identified as Māori. The cultural advisors and kaumātua group members assist at all levels of the facility's operations to ensure more equitable service for Māori is provided. Avonlea recognised mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Avonlea supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including tāngata whaikaha, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>Staff working at Avonlea were educated in Te Tiriti o Waitangi and cultural safety. The staff could speak and learn te reo Māori with the assistance of staff members and residents who identified as Māori, the facility's cultural advisors, and visiting kaumātua. Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advanced care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Avonlea responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training</p>

		on the aging process, diversity, and inclusion included training on support for people with disabilities but this had not been completed by all staff (refer criterion 2.3.4).
<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>Employment practices at Avonlea included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>While there had been no formal training on abuse and neglect in the past two years (refer criterion 2.3.4), staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and evidence verified there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health was promoted at Avonlea. The model encompassed an individualised approach that ensured the best outcomes for all. Fourteen residents and four whānau members interviewed expressed satisfaction with the services provided Avonlea.</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 their whānau at Avonlea reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at Avonlea were held regularly in addition to regular contacts with whānau by emails, telephone calls, newsletters, a closed social media page and the open-door policy of the manager and clinical nurse leader (CNL). A notification on the notice boards advised everyone of upcoming events, past events, and when the resident and whānau meeting will be held</p>

		<p>next.</p> <p>The manager is a registered nurse who is onsite most days. Evidence was sighted of residents communicating with all staff, including the manager. Residents, whānau, and staff reported the manager responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at Avonlea and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori, the cultural advisors, and members of the kaumātua group assisted staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available.</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. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Advocacy information was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how</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>to do so.</p> <p>There have been no complaints since the last audit, including from Māori. There are processes in place to guide staff to ensure that complaints could be addressed in a timely manner and that the complainants could be informed of the outcome of their complaint. There are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There had been no complaints received from external sources since the previous audit.</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 governing body assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on the governance group. The governance group demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety. Policies and procedures ensure compliance with legislative, contractual, and regulatory requirements. Ethnicity data is being collected to support equity. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., bilingual signage and information in other languages for the Code of Rights, advocacy, and infection prevention and control). Avonlea promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p> <p>Avonlea is a member of the CTCA group. This group is continuing to add value to the nine aged related residential care facilities who are members. A rating of continuous improvement acknowledges the value of the CTCA group to the services being provided by Avonlea (refer</p>

		<p>criterion 2.1.1).</p> <p>The purpose, values, direction, scope, and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. A member of the governance group owner interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors/owners.</p> <p>Compliance with legislative, contractual, and regulatory requirements is overseen by the governance group, in consultation with the manager of the service. External advice is sought as required.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through meetings and through the resident satisfaction survey. Residents' satisfaction surveys and general resident meetings showed a high level of satisfaction with the services provided. Residents and whānau interviewed also reported a very high level of satisfaction when interviewed.</p> <p>The service holds contracts with Te Whatu Ora Waikato for rest home and hospital care services, long term support-chronic health conditions (LTS-CHC), short term (respite) care, and has a community day programme as part of its service. On the first day of the audit, 25 residents were receiving rest home services under the contract, 17 hospital level care (including one person under 65 who is receiving 'like in age and condition' services), and one on respite. There were no residents receiving LTS-CHC care.</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</p>	<p>PA Low</p>	<p>Health equity is included in the board's strategic plan with documented goals and strategies to improve health equity. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori.</p> <p>The quality and risk plan approved by the directors at Avonlea</p>

<p>on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. The plan reflects the principles of continuous quality improvement but not all activities are being fully addressed, particularly in respect of internal audits and adverse event reporting to staff (refer criterion 2.2.3).</p> <p>The management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, antibiotic use, wounds, and medication errors), complaints, restraint activities, and policies and procedures are being completed. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. Relevant corrective actions are developed and implemented to address any shortfalls. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner. The aggregated information was being reported to the board (with the exception of AMS information, refer criterion 5.1.3) but not to staff in staff meetings (refer criterion 2.2.3)</p> <p>The manager at Avonlea understood and has complied with essential notification reporting requirements. There have been 86 section 31 notifications related to RN shortage between 4 April 2022 and 30 October 2023. The difficulties with attracting RNs to the service are continuing despite the efforts of the service. There has been one further notification related to resident behaviour.</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</p>	<p>PA Moderate</p>	<p>There is a documented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents when able, but this has been challenging due to the inability of the service to recruit RNs (refer criterion 2.3.1). There is not always a first aid certified member of staff on duty (refer criterion 4.2.4). Caregiving staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed reported that staff were attentive to residents' needs. Position descriptions reflected the role of the respective position</p>

<p>services.</p>		<p>and expected behaviours and values, including for infection control and restraint positions.</p> <p>Continuing education is planned on an annual basis but does not outline all the mandatory requirements of the education programme (refer criterion 2.3.4). Related competencies are assessed (such as medication competency, fire and emergency management, cultural competency, moving and handling, infection prevention and control, and restraint) and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Waikato.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff cultural competency and education. Education relevant to models of care for Māori and Pasifika had been delivered. Support for people to participate in the service is through the care planning process, resident and whānau meeting, the resident satisfaction survey, and through the compliments and complaints process.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling service in the local area.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff development.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs, ENs and</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>associated health contractors (general practitioners, pharmacists, and a dietitian).</p> <p>A sample of six staff records were reviewed. These evidenced implementations of the recruitment process, the provision of employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</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>Avonlea maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated electronic and hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Avonlea are not responsible for the National Health Index registration of people receiving services.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents were welcomed into Avonlea when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as requiring the level of care Avonlea provided, and after they had chosen Avonlea to provide the services they require.</p> <p>Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements.</p> <p>Avonlea collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Avonlea had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the local medical centre that services Avonlea and is run by Kokiri Trust. When admitted, residents had a choice over who will oversee their medical requirements. Whilst most chose the main medical provider to Avonlea, several residents had requested another provider to manage their medical needs, and this was facilitated.</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>The multidisciplinary team at Avonlea worked in partnership with the resident and their whānau to support the resident's wellbeing. Eight residents' files were reviewed, three hospital and five rest home files. These files included residents who had had an acute event requiring transfer to an acute facility, residents who identified as Māori, residents requiring the use of a restraint, residents on anticoagulant therapy, residents who were at high risk of falls, residents receiving respite care, residents at risk of aspiration, and residents with several co-morbidities.</p> <p>The eight files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and</p>

		<p>considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. The documentation evidencing regular medical reviews was not always evident and is an area requiring attention. Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Avonlea's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of orangea and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented by the RNs with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including young residents with a disability.</p> <p>A previous continuous improvement at the 2019 certification audit (HDSS 2008, 1.1.8.1) that recognised the good practice provided by Avonlea staff remains ongoing (refer criterion 3.2.3).</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist (DT) and activities assistant (AA) at Avonlea provided a diverse activities programme that supported in-house residents and day care residents in maintaining and developing their interests, tailored to their ages and stages of life. Residents were enabled to attend community activities of their choice and participate in activities that are of interest to them, attending hangis at the local Maranui Club and local events.</p> <p>Activity assessments and plans identified individual interests and</p>

		<p>considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated, with weekly visits by Māori students from the local High School, or outings to the High School, visits by the kaumātua group, visits by Māori entertainers, Māori residents entertaining other residents, plus Matariki, Waitangi Day, and Māori language week celebrations.</p> <p>The facility has a van and a car that enabled outing to places and events of interest. Residents were supported to access local community events and attend appointments.</p> <p>Resident and whānau meeting minutes evidenced residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p> <p>The commitment by Avonlea to enable its farming-based residents to care for an abandoned miniature foal is an area recognised as one of continuous improvement.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly</p>

		<p>GP review was recorded on the medicine chart. Standing orders were used at Avonlea, and standing order guidelines were met.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</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 food service provided at Avonlea was provided by an external contractor and was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in April 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Avonlea in November 2022. One area requiring corrective action was identified. This was addressed and the plan was verified for 18 months. The plan is due for re-audit on 28 May 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Residents who identified as Māori were able to access menu options that were culturally specific to te ao Māori.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>Transfer or discharge from the service was planned and managed</p>

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need was identified.</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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained (with the exception of cleaning and laundry spaces (refer criteria 5.5.3 and 5.5.4) and that they meet legislative requirements. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas, these were sighted and were all within normal limits.</p> <p>The building has a building warrant of fitness which expires on 30 June 2024. There are currently no plans for further building projects requiring consultation, but the Avonlea manager and directors were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>The resident environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. A finding at the previous audit identified that the floor and lower wall surfaces in two bathrooms were degraded and posed a risk of cross infection (HDSS 2008: 1.4.3.1). The bathrooms have been refurbished and this has rectified this issue. All rooms, bathrooms and communal areas have appropriately situated call bells.</p>

		<p>There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms are appropriate for their purpose. Rooms for residents receiving hospital level care were spacious and allowed room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Radiator heating from a diesel boiler is provided in the facility which can be adjusted depending on seasonality and outside temperature. Heat pumps are also utilised in communal areas for heating and cooling.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>The fire evacuation plan was last approved by Fire and Emergency New Zealand (FENZ) on 4 September 2012, and the requirements of this are reflected in the Fire and Emergency Management Scheme. The plan requires that a fire evacuation drill be held six-monthly, the most recent drill was held 30 August 2023. The facility is sprinklered and has wired smoke alarms in place. Also in place are fire extinguishers/fire hoses which were checked in May 2023.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Staff have been trained and knew what to do in an emergency.</p> <p>Only six staff have current first aid certification, and this is insufficient to provide first aid certified staff cover on duty 24/7 (refer criterion 4.2.4). Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing name badges and uniforms during the audit.</p>

		<p>Call bells alert staff to residents requiring assistance and these were noted to be accessible and within reach of residents and staff. Residents and whānau interviewed during the audit reported staff respond promptly to call bells. Appropriate security arrangements are in place.</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 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>	FA	<p>Avonlea has a suite of infection prevention (IP) and antimicrobial stewardship (AMS) outlined in its policy documents. The IP and AMS programmes were appropriate to the size and complexity of the service. They have been approved by the governing body, are linked to the quality improvement system, and are being reviewed and reported on annually.</p> <p>Infection prevention (IP) and AMS is being supported at governance level through clinically competent personnel who make sure that IP and AMS are being appropriately managed. Infection prevention and AMS information is discussed at facility level and reported to the board at board meetings; significant events are reported to the immediately. Data on infections and efforts to avoid antibiotic use (e.g., the use of cranberry juice in the prevention of urinary tract infections) includes ethnicity data to support equity in IP and AMS programmes, and this is reported at governance level.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waikato, Regional Public Health, and for Māori via the Kokiri Trust where clinically indicated.</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</p>	FA	<p>The manager at Avonlea was the infection control coordinator (ICC) and was responsible for overseeing and implementing the IP and AMS with reporting lines to the board. The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported annually. The ICC had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p>

<p>scope of our services.</p>		<p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural advice at Avonlea was accessed through staff who identified as Māori, and the cultural advisors and the kaumātua group. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori this if is required, and the kaumātua group will also assist on request. Educational resources available in te reo Māori were accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been evaluated. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in its use. Residents and their whānau were educated about infection prevention in a manner that met their needs.</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>	<p>FA</p>	<p>Avonlea has a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</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>FA</p>	<p>Avonlea undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Avonlea used standardised surveillance definitions to identify and classify infection</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to the governing body and shared with staff. Surveillance data includes ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.</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>PA Moderate</p>	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at Avonlea. Suitable personal protective equipment was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. A corrective action from the previous audit (HDSS 2008: 1.4.6) found that chemical spray bottles of disinfectant were not securely stored in a number of toilets. This had been addressed. All chemicals were labelled and stored in safe and secure storage areas. Staff had appropriate and adequate access, as required. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility. An audit finding (HDSS 2008:1.4.6.3) related to the surrounds of the surface areas in the utility room had been addressed; however, the surfaces, cupboards and interiors in the laundry area and cleaning cupboard are in poor repair and action continues to be required (refer criteria 5.5.3 and 5.5.4).</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>All bulk laundry was laundered off-site by a contracted provider. Interviews verified a good supply of linen was readily available. Personal laundry including residents' personal clothing was undertaken on-site in a designated laundry area. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and</p>

		<p>dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to them being laundered.</p> <p>Except for the laundry area and cleaning cupboard (refer criteria 5.5.3 and 5.5.4), the environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed during the cleaning process. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Residents and their whānau reported that the cleaning and laundry was well managed, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Avonlea is working to reduce restraint use in the facility and is working with residents and their whānau to accommodate this. There were residents using restraint during the audit, this has been reduced since the 2019 audit from 14 to two (one using a lap belt and another using a lap belt and a bed rail).</p> <p>There are strategies in place in the service to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., through the use of 'intentional rounding' (scheduled resident checks), high/low beds, and sensor equipment). Documentation confirmed that restraint is discussed at governance level.</p> <p>The restraint coordinator (RC) is a defined role undertaken by the CNL who provides support and oversight of restraint use. There is a job description that outlines the role, and the RC has had specific education around restraint and its use.</p> <p>The RC in consultation with the facility manager, GP and the multidisciplinary team is responsible for the approval of the use of restraint, and there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process.</p>

		<p>The RC continues to maintain a restraint register; the criteria on the restraint register contained enough information to provide a record of restraint use should this be required. Restraint is also considered during the individualised care planning process, with alternative interventions put into place if the resident is thought to be at risk. Restraint is considered only when all other interventions have failed. Any changes to policies, guidelines, education, and processes are implemented if indicated. There are processes in place for emergency restraint in policy should this be required.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2022-2023 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my 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>PA Moderate</p>	<p>The restraint policy at Avonlea outlined appropriate restraints to be used at the service; these include bedrails, chair lap belts and 'fall out' chairs as appropriate restraint equipment.</p> <p>The restraint register revealed that the number of residents requiring restraint interventions since the last audit had reduced from 14 to 2. Observations and interviews with staff showed how residents who are assessed as 'at risk' from falls when in bed, had their electric beds at the lowest level with safety mats on the floor.</p> <p>The records of the two restraint interventions in place contained evidence that an assessment for the safe use of this equipment was completed by the RC with input from other staff, the resident's whānau and the resident's GP prior to use. Cultural assessment, however, had not occurred (refer criterion 6.2.3). Restraint records showed that restraint had only been initiated when other strategies had failed, and only as a last resort. The assessment process recorded the potential risks associated with the use or non-use of restraint. Consents for all restraints in use were in the residents' individual files and these were</p>

		<p>signed off by the RC, the resident's EPOA or next of kin, and the resident's GP. Restraint interventions were being monitored at least two-hourly with comments recorded 24/7. Staff enter the times restraint interventions are on or off, and the cares provided to the resident concerned.</p> <p>There were no records to show that the use of restraint for individuals had been evaluated (refer criterion 6.2.7).</p> <p>There have been no emergency restraint episodes since the previous audit. Processes for the use of emergency restraint and debrief following emergency restraint is documented in policy and understood by the RC. Debrief would be undertaken by an appropriate person who may be the manager, the CNL (who is the RC), the GP, or for Māori, a member of the kaumātua group.</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>	<p>PA Low</p>	<p>There was no evidence available to show that six-monthly review of the use of restraint at Avonlea had been undertaken (refer criterion 6.3.1) and it had not, therefore been reported to the governance body.</p> <p>Restraint data is, however, reported as part of the clinical reporting structure and this includes any incidents occurring from the restraint process. There had been no incidents related to restraint use.</p> <p>Internal audit results confirmed that policy and procedures were adhered to, that staff were attending restraint-specific education, and that they had acceptable knowledge and understanding about safe restraint use and the need to minimise this. All restraint activity is reported and discussed at staff meetings, and any changes are recorded in the residents' care records and communicated at shift handovers.</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 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p>	PA Negligible	<p>The demographic of the area makes it difficult to engage with Pasifika communities. There are no Pasifika churches in the area for the service to call on and no Pasifika staff to call on to assist in forming partnerships. There were no Pasifika residents in the service at the time of audit and no Pasifika residents have ever been in the service . The service continues to try to source access to Pasifika communities in the wider area but, given it is a rural area and is having difficulty recruiting Pasifika staff, this is difficult. The service is looking farther afield for opportunities for engagement, potentially through</p>	<p>The service has no partnerships with Pacific communities and organisations to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. Given the lack of Pasifika residents in the facility the effect of this is negligible.</p>	<p>Provide evidence that the service has partnerships with Pacific communities and organisations to improve outcomes for Pasifika by enabling better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples.</p> <p>180 days</p>

		its relationship with CTCA.		
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Internal audits are part of the service's quality objectives, but staff involved in the internal audit process did not fully understand the requirements of the process. The service was, however, aware of where the deficits were and was actively managing deficits to reduce preventable harm.</p> <p>Audits are being completed but evidenced a tendency to 'fix the issue' during the audit process rather than identify corrective actions and process these as per the requirements of the service's policy, procedure, and processes. The effect of this is that there were discrepancies in reporting, for example, in one instance a corrective action for a deficit that had been noted during the audit had been generated, but the internal audit form was marked as fully compliant as it had been 'fixed' by the auditor during the process of collecting the audit information. None of the internal audits examined which had deficits identified, had appropriate corrective actions identified and followed through to completion. Added to this, internal audit information and aggregated adverse event information were not being reported to staff at staff</p>	<p>Progress against quality outcomes is not being evaluated as part of the internal audit process. The service is not accurately collecting internal audit information or setting up and signing off corrective actions from the process. Internal audit and adverse event information is not being reported to staff.</p>	<p>Provide evidence that the service understands its policy in respect of internal audit data collection and reporting. The service is to show that it accurately collects internal audit information and understands how to set up and sign off corrective actions from the process. Internal audit and adverse event information is to be reported to staff.</p> <p>180 days</p>

		meetings. This was confirmed by documentation sighted and by staff at interview.		
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>There have been difficulties with the provision of 24/7 RN cover at Avonlea as required under the Te Whatu Ora Waikato contract, when hospital level residents reside in the facility. Four RNs (which includes the manager of the facility and the CNL) are employed by the service. One RN is a new graduate from the competency assessment programme for internationally qualified nurses, the others have aged-care experience. Morning shifts are being covered by an RN but most afternoon shifts, and night shifts are not being covered. Over four weeks of roster examined, afternoon shifts were covered on only nine occasions and night shift on only three occasions. Where an RN is not present the shift is being covered by either an enrolled nurse (EN) or by a medication competent senior caregiver. When there is no RN on duty, an experienced RN is on call and can attend if needed; the role is shared by the three experienced RNs in the service. The service is continuing to make efforts to recruit RNs to the service and is limiting the</p>	<p>The service is not meeting the contractual requirement of Te Whatu Ora Waikato to provide 24/7 RN cover for hospital level care. There were a number of afternoon and night shifts that did not have a RN on duty.</p>	<p>Provide evidence that the service is continuing efforts to recruit RNs, analyse rosters to ascertain opportunities to better utilise RN resources, and continue to consider the number of hospital level residents receiving care so that there are sufficient RNs on site to provide clinically and culturally safe services.</p> <p>90 days</p>

		number of hospital level residents into the service.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>Continuing education is planned on a biennial basis but not all of the education requirements were covered by the programme (e.g., informed consent, communication, risk management, abuse and neglect, caring for tāngata whaikaha, spirituality and religiosity, sexuality and intimacy). Over the two year period (2022-2023), the service has delivered education on fire and emergency management (34 attendees), cultural diversity which includes Māori and Pasifika tikanga (26 attendees), infection control (26 attendees), restraint (26 attendees), behaviours that challenge (19 attendees), Te Tiriti o Waitangi (18 attendees), code of rights (17 attendees), pressure injury care (17 attendees), urinary tract infection prevention (12 attendees), oral hygiene (11 attendees), palliative care (10 attendees), chemical use and risk (2 attendees), mobility, cognition and incontinence (one attendee), and food handling (one attendee). Of the 39 staff education records examined, one staff member had completed six and a half hours of education over the two-year</p>	<p>The education programme does not cover all the requirements of the Ngā Paerewa Health and Disability Services Standard (2021) and staff have not completed the eight hours of education required by D17.7 of the service's contract with Te Whatu Ora Waikato.</p>	<p>Provide evidence that the education programme has been revised to make sure all the requirements of Ngā Paerewa standard have been met. Provide evidence that staff have completed eight hours of continuing education to meet the requirements of D17.7 of the service's contract with Te Whatu Ora Waikato.</p> <p>90 days</p>

		period, one had completed five hours, and the rest had completed between none to four hours of education thereby not meeting the annual eight hours training required under D17.7 of the Te Whatu Ora Waikato ARRC contract.		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>The consultation notes from the GP in the residents' files, do not consistently evidence that the GP has reviewed the resident each month or every three months when the resident is deemed stable. The GP visits the residents then goes off-site to document the consult notes. An interview with the CNL verified that, despite numerous requests, consult notes are not provided as the GP was reportedly busy. The CNL has handwritten records that the GP had visited. These notes recorded the resident was seen every month or every three months but there were no GP notes to support this or their findings. Between June 2023 and September 2023 there was no GP available. Acute services are accessible at Taumarunui Hospital.</p>	<p>The documentation in residents' files was unable to verify residents were seen every month by the GP or every three months when deemed stable.</p>	<p>Provide evidence of documentation from the residents' GP that the residents are seen monthly or three monthly when deemed stable.</p> <p>180 days</p>
Criterion 4.2.4	PA	Only six staff have current first aid	There are insufficient first aid	Provide evidence that supports

<p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>Moderate</p>	<p>certification, and this is insufficient to provide first aid certified staff cover on duty 24/7. Four weeks of rosters were reviewed. Morning shifts were covered by first aid certified staff on the rosters sighted but there was afternoon shift coverage on only six occasions, and there was no cover in the facility for night shift.</p>	<p>certified staff available to provide 24/7 first aid coverage at Avonlea.</p>	<p>there being sufficient first aid certified staff available to provide 24/7 first aid coverage at Avonlea.</p> <p>90 days</p>
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Moderate</p>	<p>There are safe and effective cleaning processes at Avonlea; however, the cleaning cupboard is in poor repair with chipped surfaces, linoleum that requires replacement, and flaking paint on painted surfaces.</p>	<p>The cleaning cupboard environment is in poor repair and requires refurbishment.</p>	<p>Provide evidence the cleaning cupboard has been refurbished.</p> <p>180 days</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure</p>	<p>PA Moderate</p>	<p>All bulk laundry is done off-site while personal laundry is undertaken at Avonlea. There are</p>	<p>The laundry area is in poor repair and requires</p>	<p>Provide evidence the laundry area has been refurbished.</p>

<p>there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>		<p>safe and effective laundry processes; however, the laundry area is in poor repair with chipped surfaces, linoleum that needs replacing, and flaking paint on painted surfaces.</p>	<p>refurbishment.</p>	<p>180 days</p>
<p>Criterion 6.2.3</p> <p>Monitoring restraint shall include people's cultural, physical, psychological, and psychosocial needs, and shall address wairuatanga.</p>	<p>PA Low</p>	<p>Restraint monitoring requirements were in place for the two residents using restraint. While the residents' physical needs were included in the requirements, the resident's cultural, psychological, and psychosocial needs were not addressed, nor did it address wairuatanga (spirituality).</p>	<p>Monitoring restraint did not include residents' cultural, psychological, and psychosocial needs, nor did it address wairuatanga.</p>	<p>Provide evidence that the monitoring of restraint includes the residents' cultural, psychological, and psychosocial needs, and that wairuatanga is addressed.</p> <p>180 days</p>
<p>Criterion 6.2.7</p> <p>Each episode of restraint shall be evaluated, and service providers shall consider:</p> <p>(a) Time intervals between the debrief process and evaluation processes shall be determined by</p>	<p>PA Moderate</p>	<p>The records of the two residents using restraint did not have any documented evidence of any evaluation of the use of the restraint. One resident had been using a lap belt restraint since 24 April 2021, and the other had</p>	<p>None of the records of residents using restraint evidenced any evaluation of the use of the restraint.</p>	<p>Provide evidence that residents using restraint have had a documented evaluation of the use of the restraint.</p> <p>90 days</p>

<p>the nature and risk of the restraint being used;</p> <p>(b) The type of restraint used;</p> <p>(c) Whether the person’s care or support plan, and advance directives or preferences, where in place, were followed;</p> <p>(d) The impact the restraint had on the person. This shall inform changes to the person’s care or support plan, resulting from the person-centred and whānaucentred approach/reflections debrief;</p> <p>(e) The impact the restraint had on others (for example, health care and support workers, whānau, and other people);</p> <p>(f) The duration of the restraint episode and whether this was the least amount of time required;</p> <p>(g) Evidence that other de-escalation options were explored;</p> <p>(h) Whether appropriate advocacy or support was provided or facilitated;</p> <p>(i) Whether the observations and monitoring were adequate and maintained the safety of the person;</p> <p>(j) Future options to avoid the use of restraint;</p> <p>(k) Suggested changes or additions to de-escalation education for health care and support workers;</p> <p>(l) The outcomes of the person-centred debrief;</p> <p>(m) Review or modification</p>		<p>been using a lap belt and bedrail since 3 March 2022. The manager and RC reported that restraint evaluations were documented in the staff meeting minutes; however, these were reported restraints only and did not show evidence that evaluation had taken place. Neither the manager nor the RC could produce any other records to show that restraint had been evaluated for the two people using restraint.</p>		
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<p>required to the person's care or support plan in collaboration with the person and whānau; (n) A review of health care and support workers' requirements (for example, whether there was adequate senior staffing, whether there were patterns in staffing that indicated a specific health care and support workers issue, and whether health care and support workers were culturally competent).</p>				
<p>Criterion 6.3.1 Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including: (a) That a human rights-based approach underpins the review process; (b) The extent of restraint, the types of restraint being used, and any trends; (c) Mitigating and managing the risk to people and health care and support workers; (d) Progress towards eliminating restraint and development of alternatives to using restraint; (e) Adverse outcomes; (f) Compliance with policies and procedures, and whether changes are required; (g) Whether the approved restraint is necessary; safe; of an</p>	<p>PA Low</p>	<p>There were no records of a comprehensive six-monthly review of restraint practices used by the service; however, there was evidence during the assessment and consent process that the approved restraints were necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice. Alternative interventions applied had been documented and the risks associated with the use of restraint were also documented. Restraint use had decreased since the last audit from 14 to 2.</p>	<p>There was no evidence available to support that a comprehensive six-monthly review of restraint use had been conducted at Avonlea.</p>	<p>Provide evidence that that a comprehensive six-monthly review of restraint use has been conducted at Avonlea. 180 days</p>

<p>appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau, perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care or support plans and documenting and analysing learnings from each event);</p> <p>(l) Service provider initiatives and approaches support a restraint-free environment;</p> <p>(m) The outcome of the review is reported to the governance body.</p>				
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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
<p>Criterion 2.1.1</p> <p>Governance bodies shall ensure compliance with legislative, contractual, and regulatory requirements with demonstrated commitment to international conventions ratified by the New Zealand government.</p>	CI	<p>Avonlea is a member of CTCA which is a business entity comprising of nine aged care facilities who share common factors, such as being located rurally and governed by not-for-profit organisations. Members of the CTCA group have continued to experience significant improvements in their governance and business operations leading to improving resident care. The sharing of innovative ideas and strategies across the facilities, cost savings in bulk purchasing for goods, power and insurance, same banking and increased borrowing capacity, and peer support for RNs and managers is of benefit to all, as evidenced in the reports generated across the group and through interviews. This group has elected its own governance subcommittee. Meetings between Te Whatu Ora Waikato and the chairperson of the governance committee resulted in Avonlea being given access to Te Whatu Ora</p>	<p>The collegiality being built between all governing bodies and facility managers in the CTCA group is providing valuable peer support, generating innovation and ideas, and providing strategic direction for all members. This was evidenced by review of the group reports, interviews with a board member, the manager at Avonlea, and other RN staff. The cost benefits for the group are measured in savings gained from group discounts for insurance, bank fees, power supply and bulk purchasing for essential supplies such as continence products, chemicals, and food supplies. Added to this, residents and their whānau are immediately updated and informed about outcomes from specialist appointments at Waikato Hospital as a result of Avonlea being able to access Te Whatu Ora’s patient information portal following discussions with Te Whatu Ora Waikato and</p>

		<p>Waikato's patient information portal. This allowed Avonlea's registered nurse (RN) staff to immediately access information about their residents who had been seen by medical staff at Waikato Hospital. This was notified as a CI in the previous audit (HDSS 2008: 1.2.1.1) and is continuing. Access to the portal enables staff to initiate prescribed treatments in a timely manner, and/or plan and arrange follow-up appointments ordered by specialists. It also enables Avonlea to keep whānau informed so that there is clear communication. Initially the group were regularly holding shared training sessions for care staff to attend which was cost efficient, provided more training opportunities, and fostered the participants' commitment to progress and achieve higher levels of education. This has been disrupted somewhat, due to the pressures of COVID-19 on all of the care facilities. Interviews with the manager, CNL, and RNs in the service, however, reported that they were still benefiting immensely through giving and receiving peer support, particularly given they are all regionally isolated, and not able easily to access outside support.</p>	<p>CTCA. This continues to significantly reduce unnecessary delays in beginning treatment or ordering further tests and follow-up. Te Whatu Ora have evaluated this as effective and authorised continuing access.</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's</p>	<p>CI</p>	<p>At the certification audit in 2019, Avonlea's service was recognised as an area of continuing improvement for its commitment to preventing pressure injuries in addition to expanding its services to minimise the disruption to residents by the complexities they were experiencing providing services in a rural community. This commitment has continued and is again recognised as an area of continuous improvement.</p> <p>Avonlea is in a rural community where access to services at times is limited by the services'</p>	<p>A previous continuous improvement under HDSS 2008, 1.1.8 remains ongoing. The expanded services offered by Avonlea minimise the disruption to residents caused by the limited availability of some services due to its rural location.</p>

<p>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 integration as required.</p>		<p>operating hours, support services having staff shortages, limited access to resident information and resources (refer criterion 2.1.1), and specialist advice not being readily available. Avonlea encourages and promotes opportunities for residents to obtain the support required to achieve their goals. Resources available include input from external specialist services, and allied health professionals.</p> <p>The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Avonlea is committed to maintaining their knowledge of pressure area prevention and wound care management. Healing the pressure injuries of any residents admitted with pressure injuries, remains a priority. There were no residents at Avonlea at the time of this audit with a pressure injury, and Avonlea has had no facility-acquired pressure injuries since August 2016. A resident admitted within the past two years with a pressure injury has had attention that has enabled the injury to heal.</p> <p>Continuing examples of Avonlea providing the support required to achieve residents' strengths, goals and aspirations and align with people's values, included a commitment to maximising opportunities for residents to receive quality care despite the challenges imposed by its rural location. This was evidenced by an ongoing commitment to ensure RN competencies, and 'initiative-taking thinking' to enable residents to receive care at Avonlea which was previously not always available when required. An initiative implemented by Avonlea to address limited access of residents to phlebotomy services and reduce the potential for compromised care</p>	
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		<p>because of this, remains an area recognised as one of continuous improvement. The RNs are trained in phlebotomy by the laboratory staff and assessed to ensure competency. The RNs collect the blood specimens from residents when ordered and deliver them to the laboratory. All blood tests required continue to be attended to on the day they were ordered. Residents in the facility with a dementia diagnosis have any blood test required taken by someone who is familiar to them. Limited access to onsite GP services, after hours pharmaceutical services, and access to specialised equipment requires anticipatory management of residents' potential needs as a consideration when planning care. This is particularly relevant when receiving residents from Te Whatu Ora Waikato. Preplanning of residents' needs continues and was evidenced in all aspects of care planning at Avonlea, to ensure residents can receive the care required. The facility is supported afterhours by Taumarunui Hospital, to provide after-hours medical cover, advice, and pharmaceutical supplies.</p>	
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>In November 2020 Avonlea became home to an abandoned miniature foal who was owned by two staff members, and not expected to live. An initiative was actioned that enabled the residents to care for the foal. The residents, 74% of whom were farmers or farmers wives, nursed the foal "Twiggy" back to health, and miraculously she survived. The residents bottle-fed her when it was time for her meals. Residents were supportive as Twiggy learned to walk. When in lockdown and whānau could not visit, Twiggy offered residents interaction, tactile stimulation, and a sense of caring. Twiggy met the need for comfort,</p>	<p>Avonlea supported residents to maintain their interests, participate in a meaningful activity, enabling residents to enhance their strengths and use their skills to care for a miniature foal.</p>

		<p>compassion, closeness, intimacy, and helped reduce feelings of isolation. The residents actively sought out Twiggy every morning. Residents who had remained in their rooms came out of them to 'check out' Twiggy. Twiggy became the 'go to' for love and cuddles. Frailer residents patted Twiggy from the bedside. Twiggy was small enough that residents could cuddle her on their laps. Twiggy would wander round the facility but ended up in the activities room, where she knew everyone would be and give her attention. Twiggy at Avonlea was featured on the TV1 Good Sorts programme, presented by Haydon Jones. Avonlea's commitment to allow their residents to care for Twiggy was recognised by the New Zealand Aged Care Association by awarding them the 2022 Small Operator Excellence award. The value and effectiveness of this initiative to the residents was evidenced in the video of the TV programme, photographs, and interviews.</p>	
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End of the report.