

# Thorrington Village Limited - Thorrington Village

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## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:** Thorrington Village Limited

**Premises audited:** Thorrington Village

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 15 November 2023      End date: 16 November 2023

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 31

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Thorrington Village is part of the Archer Group. The facility is governed by a general manager and a board of trustees. The facility manager has been in the role for two months and has extensive experience in aged care management. The facility manager reports to the group general manager. The service provides rest home and dementia level care for up to 58 residents including rest home level care across 13 studios under ORA. There were 31 residents on the day of audit. The facility manager (non-clinical) is supported by the clinical manager, senior registered nurse, and the nursing team.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand- Waitaha Canterbury. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, relatives, staff, management, and a general practitioner.

The service continues to implement a quality and risk management system. Residents and relatives interviewed were complimentary of the service and care provided.

The service has addressed the three previous certification shortfalls relating to monitoring of medication room temperatures, decanting of dried foods, and aspects of maintenance.

This surveillance audit identified improvements are required around interRAI, care plan and evaluation timeframes.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

The service provides an environment that supports residents, rights, and culturally safe care. The governance body and management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Pacific health and wellbeing action plan (Ola Manuia) is in place.

Residents and family/whanau interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data

were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

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

## Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

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

The food service caters for residents' specific dietary likes and dislikes.

Residents are referred 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.

Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

An infection control programme is documented for the service. The clinical manager is implementing the programme.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were Covid-19 infection outbreaks in August/September 2022 and March 2023 and a norovirus outbreak in October 2023 reported since the last audit that were managed effectively.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is committed to remaining restraint free, and this is supported by the governing body and policies and procedures. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint.

## 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	17	0	1	0	0	0
Criteria	0	50	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan policy is documented for Thorington Village and acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and the provision of services based on the principles of mana motuhake. Residents are involved in providing input into their care planning, their activities, and their dietary needs.</p> <p>Staff interviewed (one registered nurse (RNs), one enrolled nurse (EN), three healthcare assistants (HCA's), the kitchen manager, laundry, maintenance staff and housekeeper confirmed management encourage and support an understanding of Te Tiriti o Waitangi.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p>	FA	<p>Thorington Village has a policy based on the Pacific Health and Wellbeing Plan (Ola Manuia) 2020-2025 that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships and embracing cultural and spiritual beliefs and providing high quality healthcare.</p>

Pacific peoples for improved health outcomes.		
<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>Six rest home residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. Staff have completed training on the Code of Health and Disability Services Consumer Rights (the Code). The Code is displayed in English and Te Reo Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Thorington Village policies prevent any form of discrimination, coercion, harassment, or any other exploitation. A comprehensive code of conduct is discussed and signed by staff during their induction to the service. The code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct as part of the employment process.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and Healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents and two families/whānau (dementia level care) interviewed confirmed that the staff are very caring, supportive, and respectful.</p>
Subsection 1.7: I am informed and able to make choices	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent forms had been signed by residents or their activated enduring power of attorney (EPOA) for procedures such as vaccines and other clinical procedures.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is equitable and is provided to residents and relatives on entry to the service. The facility manager maintains an electronic record of all complaints, both verbal and written, by using a complaint register. There have been no complaints since the previous audit in April 2022. The facility manager and clinical manager discussed the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Complaints and compliments are a standard agenda item at staff and quality meetings. Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in staff meetings.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings which are held monthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and relatives making a complaint can involve an independent support person in the process if they choose. Resources in te reo Māori is available to assist Māori in the complaints process. The facility</p>

		<p>manager and clinical staff acknowledged the understanding that for many Māori, there is a preference for face-to-face communication and confirmed their commitment to do this wherever possible. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The Archer Group are the proprietors of the Thorrington Village, which is governed by a general manager, a chief financial officer, and a board of trustees. The service provides dementia and rest home level care for up to 45 residents, and rest home level care for up to a further 13 residents in studios under occupancy right agreements. The 15 beds in the dementia unit include five rooms certified for double occupancy. These were all single occupancy on the days of audit. On the day of the audit there were 31 residents, which included ten residents in the 15-bed dementia unit (named memory support unit), 17 rest home residents in the rest home area and 4 rest home level residents in the occupancy right agreement studio rooms. All residents were under the age-related residential care (ARRC) contract. There were no residents on respite care.</p> <p>The facility manager (FM), who is non-clinical has previous experience in management and is actively involved in the day-to-day operations. He is supported by a clinical manager, a registered nurse, an EN and healthcare assistants. Responsibilities and accountabilities are clearly defined. The FM confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements. The FM maintains currency through professional networks, including through Te Whatu Ora Health New Zealand - Waitaha Canterbury. The FM meets with the general manager monthly.</p> <p>The 2022 to 2023 strategic business plan has been reviewed and the October 2023 to March 2024 plan is documented. A mission, philosophy and objectives are documented for the service. The plan sighted outlined the scope, direction, and goals of Thorrington Village and describes annual goals and objectives that support outcomes to achieve equity and addressing barriers for Māori. The quarterly board meetings provide an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The facility manager, clinical manager, kitchen manager, housekeeper and laundry staff meet regularly to</p>

		<p>analyse the quality data and provides clinical oversight of the facility.</p> <p>The Board has access to a Māori advisor with links to Kaiārahi Tikanga Vision West and is actively implementing Kete Kōrero (a Te Reo Māori programme for Visionwest Waka Whakakitenga west Baptist associated agencies in Otautahi/Christchurch). The annual resident survey evidenced positive outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with governance, the Māori health plan, and Māori advisor and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The service employs a full-time clinical manager and a senior RN who together provide the facility manager and board with clinical oversight. One member of the board has a history of active involvement with aged care over many years and a clinical background.</p> <p>The management team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the facility staff members. One of the board members works closely with Vision West and is implementing Te reo training for board members and management staff. The board is in the process of enhancing existing knowledge by ensuring all members of the board receive training to align with The Good Governance Code Wāhere Whakahaere Tika.</p> <p>The facility manager and clinical manager have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility and have open communication with members of the board at all times.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-</p>	FA	<p>Thorrington Village has an implemented quality and risk management programme, developed by an external contractor. The quality system includes performance monitoring, internal audits, resident satisfaction, staff retention and the collection, collation, and benchmarking of clinical indicator data.</p> <p>Internal audits, staff meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when</p>

<p>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>achieved. Quality data and trends in data are posted on quality noticeboards. Corrective actions are discussed at staff and quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Staff complete cultural training, and their competency is assessed to ensure a high-quality service and culturally safe care is provided for Māori.</p> <p>Monthly quality, quarterly staff meetings and quarterly clinical meetings are scheduled, and minutes are documented. The minutes of all meetings are shared with the GM and a summary is presented to the board. Minutes of quality meetings evidence detailed discussion on health and safety, staffing, education, and quality indicators. Staff interviewed were aware of quality data indicator results and any corrective actions required.</p> <p>Quality goals for 2022 were reviewed by the management team in January 2023. Quality goals for 2023 are established and relate to implementation of an online electronic staff training system. Progress towards goals is reported at monthly quality and quarterly staff meetings.</p> <p>The annual resident and family/whānau satisfaction surveys indicate that both residents and family/whānau have reported high levels of satisfaction with the service provided. Results will be shared in the next staff, resident and family/whānau meetings, as confirmed on interview with the facility manager.</p> <p>A health and safety system is in place with annual identified health and safety goals. Health and safety is a part of the combined health and safety and infection control meetings held monthly. There is a health and safety officer who has completed formal health and safety training. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed on 30th September 2023 (sighted). A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the electronic accident/incident form. Staff wellbeing programmes include access to discounted meals, access to the facility chaplain and employee assistance programmes. On interview, staff reported management were supportive of staff wellbeing. Electronic reports on the resident management system are completed for each incident/accident. Data is</p>
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		<p>collated monthly and analysed.</p> <p>Discussions with the FM and CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications completed for RN shortages. There have been three outbreaks (two Covid-19 and one norovirus) since the previous audit, which were appropriately managed, and staff debriefed.</p> <p>Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The FM and CM interviewed described reports that can be generated to review ethnicity data.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The staffing policy meets with the safe staffing hours and aligns with the ARRC contract with Te Whatu Ora -Waitaha Canterbury. There is a RN or EN on six morning shifts per week. The CM works five days a week and supports the clinical staff as required. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. The two RN's share the clinical on call roster on alternate weeks. Interviews with residents and families/whānau confirmed staffing overall was satisfactory.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an electronic register. The service embeds cultural values in their mandatory training programmes and competencies.</p> <p>There is a biannual education and training schedule being implemented that includes mandatory training across 2022 and 2023. Training has been provided monthly by RN's and/or external providers. An online training programme has been purchased and is being implemented. Online training can be accessed by registered nurses and care staff, with a record of completion evidenced on staff files. Education is also provided at morning briefings and at handovers, facilitating the collection and sharing of high-quality safe services for all residents.</p> <p>The service supports and encourages healthcare assistants to obtain a New</p>

		<p>Zealand Qualification Authority (NZQA) qualification. Out of a total of 20 permanent and five casual healthcare assistants, 13 have completed their level four qualification, six have completed their level three qualification, and one has commenced training. There are 13 healthcare assistants who work in the dementia unit and 12 have completed their dementia qualifications. One staff member who recently commenced working in the dementia unit is enrolled and working on attaining dementia qualifications. Clinical staff can access external training through Te Whatu Ora - Waitaha Canterbury. Registered nurse specific training viewed included: wound care, interRAI and first aid. There are two RNs (including the CM), who have completed their interRAI training.</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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are stored securely. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities. The clinical manager job description includes the roles of restraint coordinator and infection control coordinator to be achieved in each position. All staff sign their job description during their onboarding to the service.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. Agency staff are orientated to the facility.</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</p>	PA Low	<p>Five resident files were reviewed, including four rest home level residents and one dementia level resident. There is a clinical management policy and procedures to guide RNs in the development of care plans. The registered nurses are responsible for conducting all assessments and for the</p>

<p>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>development of care plans.</p> <p>There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes, six-monthly care review and family/whānau contact forms. Family/whānau interviewed stated they are involved in the development and evaluation of the care plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All long-term residents had an interRAI assessment and long-term care plan completed however not all were completed within required timeframe. Additionally, all files had a suite of assessments (including activities, cultural and dietary assessments) completed to form the basis of the long-term care plan or initial care plan. Cultural assessments included identification of individual preferences including traditions where applicable. InterRAI and risk assessment outcomes form the basis of the completed care plans reviewed. Additional risk assessment tools include behaviour and wound assessments as applicable.</p> <p>The completed long-term care plan includes aspects of daily living. Care plan interventions were holistic and addressed all needs in sufficient detail to guide staff in the management of the care of the resident. Evaluations were completed however not all were evaluated six-monthly or sooner for a change in health condition. All evaluations contained written progress towards care goals. The GP reviews residents at least three-monthly. Short-term care plans are utilised for acute issues, including (but not limited to) weight loss, infections, and acute wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely weekly. The GP (interviewed) commented positively on the respect, genuine and authentic relationships with residents and the clinical care provided at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Residents with disabilities are assessed by the contracted physiotherapist and equipment is available as needed. The service contracts with a physiotherapist two hours a week and a podiatrist visits every six to eight weeks. Specialist services, including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care, and continence specialist nurse, are available as</p>
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		<p>required through Te Whatu Ora -Waitaha Canterbury.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by healthcare assistants and at least weekly by the registered nurses. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented on the electronic resident record.</p> <p>There were eight residents with 16 current wounds (a haematoma, skin tears, abrasions, and skin lesions). All wounds reviewed had comprehensive wound assessments, including photographs (for significant wounds) to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to the Nurse Maude clinical nurse specialist. There were no pressure injuries at the time of the audit. Healthcare assistants and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the registered nurses complete monitoring charts, including bowel chart, repositioning charts, vital signs, weight, food and fluid chart, blood glucose levels, and behaviour as required. Incident and accident reports reviewed evidenced timely RN follow up, and relatives are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the unit coordinator or clinical manager, who reviews every adverse event before closing. Neurological observations were completed as per the falls management policy and neurological observation policy.</p>
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<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>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system and in the progress notes.</p> <p>All medications are stored securely. Medications reviewed were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges.</p> <p>The previous shortfall (criterion 3.4.1) around monitoring medication room temperatures has been addressed. Expired medicines were being returned to the pharmacy promptly. All eyedrops have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements. There are no residents self-medicating on the days of audit. The medication policy describes the procedure for self-medicating residents. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and families/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed</p>
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		during the audit.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder. The service has a current approved food control plan. Decanted dry ingredients evidence decanting dates, best before or expiry dates. The previous shortfall (criterion 3.5.3) around decanted dry ingredients has been addressed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A standard transfer notification form is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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</p>	FA	<p>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 1 July 2024. All electrical equipment is tested and tagged, and bio-medical equipment calibrated.</p> <p>The previous partial attainment (criterion 4.1.2) around hot water</p>

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>temperatures, flooring and hatch surfaces have been addressed. Water temperatures were monitored and recorded. Kitchen floor surfaces have been replaced, the servery hatch timber surrounds have been painted, and carpet hazards have been remedied. Communal carpets are scheduled for replacement awaiting board approval.</p> <p>Residents and family/whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are provided by an external consultant with input from infection control specialists and reviewed by the management team and governance. Policies are available to staff and linked to the quality system. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control programme is reviewed and reported on annually,</p> <p>The infection control policy states that Thornington Village is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. The infection control coordinator has undertaken recent external education in infection prevention and control and has additional support available from expertise at Te Whatu Ora - Waitaha Canterbury. There has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by</p>	FA	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms) is collated onto a monthly</p>

<p>ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infection summary. Reports include antibiotic use. This data is monitored and analysed for trends, monthly and annually.</p> <p>Thorrington Village incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>Thorrington Village receives regular notifications and alerts from Te Whatu Ora Health – Waitaha Canterbury for any community concerns. There have been three outbreaks reported since the previous audit. Covid-19 reported in August/September 2022 and March 2023 and a norovirus outbreak in October 2023 since the previous audit. These were managed appropriately, with appropriate notifications completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility aims to maintain a restraint free environment. This is supported by the governing body and policies and procedures. On the days of audit there was no restraint in use. Staff confirmed they had received annual education. The clinical manager is the restraint coordinator role.</p> <p>Staff attend training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at the monthly quality and three monthly staff meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings.</p> <p>A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing, and the cultural advisor will be consulted as required.</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 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	The registered nurses document care plans. Initial assessments and initial care plans were not always developed within the required timeframes.	<p>i).Two initial interRAI assessments were not completed within three weeks of admission.</p> <p>ii) Two initial long term care plans were not completed within three weeks of admission.</p> <p>iii).Three of four interRAI reassessments have not been completed within required timeframes.</p> <p>iv), Three of four long term care plan requiring evaluations had not been completed within required timeframes.</p>	<p>(i-iv) Ensure interRAI assessments, interRAI reassessments, initial long term care plans and care plan evaluations occur within required timeframes</p> <p>90 days</p>

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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.