

Seniorcare Geraldine Incorporated - Waihi Lodge Care Centre

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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Seniorcare Geraldine Incorporated

Premises audited: Waihi Lodge Care Centre

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 8 April 2022 End date: 8 April 2022

Proposed changes to current services (if any): Reconfiguration - increase of one rest home level bed from 19 to 20 beds in total

Total beds occupied across all premises included in the audit on the first day of the audit: 20

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Seniorcare Geraldine Incorporated are the proprietors of the Waihi Lodge Care Centre. The facility is governed by a board of trustees and is managed by a facility manager. The service provides rest home level care for up to 20 residents with full occupancy on the day of audit.

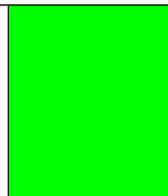
This certification audit was conducted against the Ngā Paerewa Health and Disability Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The facility manager is new to the role and is supported by a clinical manager (registered nurse). There are new quality systems and processes in the process of being implemented. Feedback from residents and family was very positive about the care and the services provided.

This certification audit identified that improvements are required in relation to, completion of internal audits and resident meetings, implementation of education programme, completion of orientation documentation, annual appraisals, timeframes of care planning, aspects of care plan documentation, aspects of medication management, activities documentation, test and tag of electrical equipment, fire drill for staff, and aspects of the infection prevention programme.

Ō tatou motika | Our rights

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

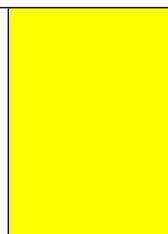


Subsections applicable to this service fully attained.

Waihi Lodge Care Centre provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan, and the service is working towards consolidating links with local iwi. Residents receive services in a manner that considers their dignity, privacy, and independence. Waihi Lodge Care Centre provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

The strategic plan includes a mission statement, values, and operational objectives. The service has begun to implement a new quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff. Internal audits, meetings, and collation of data that have been completed were well documented with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme is in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</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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There is an admission package available prior to or on entry to the service. A registered nurse is responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior healthcare assistants responsible for administration of medicines complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The activities coordinators provide and implement an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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

<p>Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</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 building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of bedrooms with full or shared ensuites. All rooms have hand basins. There are communal showers and toilets for those in rooms without ensuites. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

<p>Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and

resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to PPE supplies. There have been no outbreaks. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager. There are no restraints used at Waihi Lodge Care Centre. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	8	2	0	0
Criteria	0	124	0	9	3	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori and Pacifica Health Plan policy is documented for the service. This policy acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific although the policy focuses on Māori. The service currently has one resident who identifies as Māori. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were two Māori staff members.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Seven staff interviewed (two healthcare assistants, one activities coordinator, one cook, one kitchenhand, one cleaner and one admin person) described how care is based on the resident’s individual values and beliefs. Interview with the Māori resident was not possible on the day of audit.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>Not Applicable</p>	<p>On admission all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The existing Pacific health plan, which is linked to the Māori health plan, does not adequately address Pasifika. The service has recently purchased a new suite of policies and procedures and these are in the process of being implemented with the assistance of a consultant. There are currently no staff that identify as Pasifika. The service is seeking expertise from a Pasifika organisation to assist with the development of a Pacific health plan. Then service is open to employing suitably qualified Pasifika staff.</p> <p>Interviews with staff, five residents, and one relative; and documentation reviewed identified that the service puts people using the services, whānau, and communities at the heart of their services.</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>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility manager or registered nurse discusses aspects of the Code with residents and their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed at reception in English and te reo Māori.</p> <p>Discussions relating to the Code have been held during resident/family meetings and these have been chaired by a resident advocate. In recent months, resident meetings have not been conducted (link 2.2.3). The residents and relative interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. The service is working on ensure that the service recognises Māori mana Motuhake.</p> <p>Information about the Nationwide Health and Disability Advocacy</p>

		<p>Service and the resident advocacy is available to residents. There are links to spiritual supports. Church services are held weekly.</p> <p>Staff have received education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but not limited to) understanding the role of advocacy services, however, this has not been conducted in recent years (link 2.3.4). Advocacy services are linked to the complaints process.</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>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control and choice over activities they participate in and it was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 confirm that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place.</p> <p>Waihi Lodge is actively promoting te reo and working towards</p>

		ensuring staff adhere to the principles of Te Tiriti o Waitangi. Waihi Lodge Cultural training is required to be provided for staff (link 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>An abuse and neglect policy is being implemented. Waihi Lodge Care Centre policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. The service is working towards developing a strengths-based and holistic model to ensure well-being outcomes for their Māori residents.</p> <p>Staff have not completed education on how to identify abuse and neglect (link 2.3.4). Staff are aware of how to value the older person by showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. One relative interviewed confirmed that the care provided to their family member is excellent.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the clinical manager (registered nurse) 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>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</p>	FA	<p>Information is provided to residents/relatives on admission. Two-monthly resident meetings are usually chaired by an independent resident advocate however, a resident meeting has not been held since April 2021 (link 2.2.3). Previous meeting minutes reviewed identified feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the family communication sheet that is held in the front of the resident's file. Twelve accident/incident forms reviewed identified relatives are kept informed. The relative interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice, district nurses (wound care specialist) and DHB specialist services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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>FA</p>	<p>There are policies around informed consent. Staff training is in planned to ensure appropriate best practice tikanga guidelines are followed in relation to consent. Five resident files reviewed included signed general consent forms. There were specific agreements in place for flu and Covid vaccines. Residents and the relative interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with a relative and documentation demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission</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>agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where available. The service is considering ways to ensure that all staff follow best practice tikanga guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <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 provided to residents and relatives on entry to the service. The facility manager has access to a register for logging records of all complaints, both verbal and written.</p> <p>There were no complaints logged in the complaint register in 2020, 2021 or 2022 (year-to-date). The complaints management procedure includes complaints to be documented in the register included an investigation, follow-up, and replies to the complainant. Advised by the facility manager that staff and the board would be informed of complaints (and any subsequent corrective actions) via staff meetings and board meetings (meeting minutes sighted).</p> <p>Discussions with residents and one relative 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. Resident meetings are held two-monthly (link 2.2.3) and are chaired by a resident advocate. Residents/relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an HDC advocacy brochure.</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</p>	<p>FA</p>	<p>Seniorcare Geraldine Incorporated are the proprietors of the Waihi Lodge Care Centre, which is governed by a board of trustees. The service provides care for up to 20 residents at rest home level care. On the day of the audit, there were 20 residents, which included one resident on a mental health contract, one resident on a younger persons disabled (YPD) contract and the remaining residents on age-related residential care (ARRC) contracts. There were no residents on respite care.</p> <p>Since the previous audit, the service has increased capacity from 19</p>

<p>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>rooms to 20 rooms. The new room was a sunroom that has been converted to a bedroom. The room is a large room with a small kitchenette and is furnished with an electric bed, bedroom furniture and armchair. The resident has access to nearby communal toilet and shower facilities.</p> <p>The facility manager has been in the role since November 2021 and is supported by a clinical manager (RN), administrator and care staff. The facility manager reports monthly to the board on a variety of management issues and quarterly key performance indicator (KPI) performance. Business goals are reviewed at each board meeting as evidenced in board meeting minutes reviewed and the chair of the board (interviewed) advised that strategic plan review is currently underway. The board chair also advised that the new facility manager communicates well with the board, staff, and residents. The board is seeking expertise to ensure tāngata whaikaha have meaningful representation to support solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The business plan and quality and risk management plans are being implemented. The manager has completed eight hours of professional development related to managing a rest home, having attended a manager's training day in November 2021. The facility manager has many years' experience in the NZ Police force and is qualified and experienced in health and safety and human resource management. Since commencing the role, the facility manager has purchased and is implementing a new suite of policies and procedures which have been developed and provided by an aged care consultant. Full implementation of the new system is underway, with staff education and updates being provided by the facility manager.</p> <p>The facility manager works Monday to Friday and is supported by a clinical manager, who is experienced in aged care and has been working at Waihi Lodge since 2020. The clinical manager assumed the role of acting facility manager for eight months prior to the appointment of the new facility manager. The clinical manager works fulltime from Monday to Friday and is on-call after hours. The clinical manager is responsible for clinical oversight with support provided by the facility manager, two RNs who share the afterhours on call cover,</p>
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		healthcare assistants and activities staff.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	PA Low	<p>Waihi Lodge Care Centre has commenced the implementation of a new quality and risk management programme which was approved and purchased by the board in March 2022. The programme is part of a full suite of electronically available policies and procedures. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the strategic and business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The facility manager and clinical manager have completed internal audits for 2022 as part of the audit schedule. Not all internal audits have been completed in the two years prior to 2022.</p> <p>Two-monthly staff meetings incorporate quality, health and safety, and infection prevention. Discussion at staff meetings includes reports on quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education are discussed. Internal audits, meetings, and collation of data for 2022 year to date, were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and signoff when achieved. The facility manager and clinical manager have identified that not all quality activities or education were completed in the time prior to the facility manager's appointment, and they are working through correcting these omissions. Resident meetings were last held in April 2021.</p> <p>Quality data and trends in data are posted in the nurses' station. The corrective action log is recorded on the new electronic quality and risk management system and this is discussed at staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2022 resident and family satisfaction surveys have just been completed and work is underway to collate the results. On review, it was noted that both residents and family have reported high levels of satisfaction with the service provided.</p> <p>There are procedures to guide staff in managing clinical and non-</p>

		<p>clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is working towards meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies are now being implemented and have been purchased by an external aged care consultant and have been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff via a weekly email newsletter which is sent to all staff and all board members.</p> <p>A health and safety system is in place with identified health and safety goals. The facility manager is the health and safety representative and has undergone previous training. Hazard identification forms are available. The hazard registers were sighted but are overdue for review. Health and safety policies are part of the new suite of policies and procedures. There are regular manual handling training sessions for staff. The noticeboard in the staffroom keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available as required. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance.</p> <p>Up until March 2022 individual paper-based reports were completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in seven accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears). Since the implementation of the new system in March 2022, all incidents and accidents are now recorded electronically, with incident and accident data collated monthly and analysed. Results are discussed in staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations have been conducted. Relatives are notified following incidents. Opportunities to minimise future risks are</p>
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		<p>identified by the clinical manager.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed in 2021 to notify HealthCERT around an incident involving a resident and local Police involvement in a resolution meeting. There have been no outbreaks.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a new staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The facility manager, clinical manager, on call registered nurses and all healthcare assistants hold current first aid certificates. There is a first aid trained staff on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. There are two registered nurses (casuals) who provide on call cover for the clinical manager when she is not available, as was the case in recent weeks when the clinical manager was off on sick leave. The two casual nurses were able to attend the facility to review residents and undertake clinical assessments. Good teamwork amongst staff was highlighted during the healthcare assistant interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager and clinical manager are available Monday to Friday and are on call when not available on site.</p> <p>Waihi Lodge Care Centre (20 rest home level residents): Three healthcare assistants (0700-1500; 0700-1330; 0830-1430) cover the AM shift, two healthcare assistants (1430-2230; 1500-2315) cover the PM shift and one healthcare assistant covers the night shift (2300-</p>

		<p>0715). Other staff include a daily cook and kitchenhand and an evening cook, two cleaners each day and activities staff Monday to Friday. An admin person works four days per week.</p> <p>There is a new annual education and training schedule as part of the programme purchased and this has started to be implemented. Training is also available to care staff online. The education and training schedule lists all mandatory topics however, in recent years this has not been fully provided to staff. Staff have not been provided with cultural training in recent times however, there are plans in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi. External training opportunities for care staff include training through the DHB and hospice. The service is committed to providing opportunities to provide staff with education on Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 19 healthcare assistants, nine staff have level one qualification, one staff have completed their level two qualification, four staff have completed their level three qualification and five have completed their level four qualification. Work is underway to ensure that the service provides training, so staff are equipped to identify health inequities.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the online education training package. Additional (annual) competencies completed include medication, hand hygiene, fire, and emergency training (link 4.2.3) and manual handling.</p> <p>The clinical manager is interRAI trained.</p> <p>The service encourages all their staff to attend two-monthly meetings (e.g. staff meetings, quality meetings).</p>
Subsection 2.4: Health care and support workers	PA Low	There are new human resources policies in place, including recruitment, selection, orientation and staff training and development.

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>Staff files are held in the facility manager's office in a locked filing cabinet. Six staff files reviewed (four healthcare assistants, one cook and the clinical manager) evidenced implementation of the recruitment process, employment contracts, and police checking. There is an appraisal policy. All staff who have been employed for over one year are to have an annual appraisal completed however, completed orientation documentation and up to date appraisals were not evident in all of the six files reviewed.</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. Plans are in place to collate and report on staff ethnicity data.</p> <p>A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment to Māori. Volunteers have not been utilised due to Covid. An orientation programme for volunteers is available.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. Staff wellbeing is recognised through social events that are held outside of work and acknowledging staff contributions and commitment during the Covid pandemic. Employee assistance programmes are made available where indicated.</p>
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<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy, with some data now stored electronically in the new system. The service is in the process of transferring all resident information, documentation, and data to an electronic format. Electronic information (e.g. policies and procedures, incident, and accidents) are backed-up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>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' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>The family member and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager or facility manager are available to answer any questions regarding the admission process and a waiting list is managed. Advised by the clinical manager that the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential</p>

		<p>residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the lifestyle profile, however, the facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The manager reported they are working towards establishing links to local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents.</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 care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, and timeframes for completion and review of care plans. The service has policies and procedures in place to support Māori access and choice and is working towards delivering these services.</p> <p>Five rest home resident files were reviewed including one younger person's disability (YPD), and one on a mental health contract. The clinical manager is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in electronic and paper-based progress notes and family contact forms. The service is transitioning to an electronic resident care system.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. The clinical manager advised that management responsibilities impacted on clinical documentation, as the clinical manager was also covering the facility manager role for six months. Not all long-term care plans have been completed within 21 days of admission to the service or updated. InterRAI reassessments and care plans evaluations have been completed however not all were completed within the required timeframes over the last year.</p> <p>The long-term care plan includes sections on mobility, continence, activities of daily living, nutrition, pain management, sleep, sensory</p>

		<p>and communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and diversional therapy. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted on admission relating to falls, pressure injury, skin, dietary profiles, and pain. A specific cultural assessment that assesses residents' strengths, goals and aspirations and aligns with their values and beliefs has not yet been implemented and nutritional and continence assessments have not been utilised where indicated. The service is working towards reviewing systems and processes to support future Māori to identify their own pae ora outcomes.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. Medical assessments and three-monthly medical reviews were documented in all files by a GP. More frequent medical assessment/review were noted as occurring in residents with acute conditions. The GP interviewed, spoke positively of the care provided by staff and the communication between the service and the medical centre. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The physiotherapist visits when requested. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse is available as required through the local DHB.</p> <p>Healthcare assistants (HCAs) interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and was sufficient to guide healthcare assistants. Progress notes are written daily by HCAs and at least weekly by an RN. The RN further adds 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. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication</p>
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		<p>changes and any changes to health status.</p> <p>Wound management plans were reviewed for six residents with wounds (three skin tears, leaking leg lesions and two pressure injuries). There was one resident with a stage one pressure injury and a second resident with a stage two on the day of audit. Wound classifications and documentation were inconsistent. A wound register is maintained. There is access to assistance with wound management from the district nursing service. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including bowel chart, blood pressure, weight, blood sugar levels and toileting regime. Neurological observations have been completed for unwitnessed falls.</p> <p>Evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GPs record their medical notes in the electronic medication management system.</p> <p>The service has policies and procedures to support tāngata whaikaha. Staff could describe how they support tāngata whaikaha to be involved.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>PA Low</p>	<p>The rest home activities coordinator who works 30 hours a week Monday to Friday is supported by a registered diversional therapist working 20hrs a week who is charge of the day care programme known as “the Club”. The two departments join for entertainment and to provide cover for each other for leave when required. The overall programme meets the recreational needs of the resident groups. The activities are displayed and include exercises, news and views, group</p>

<p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>activities such as word and memory games, and singalongs, balloon soccer and craft, knitting and travel bingo. Church services involving external practitioners have been suspended during the ongoing Covid outbreak but continue with televised and activities-led services. Seasonal celebrations such as Easter, Anzac Day and Matariki are celebrated. The programme allows for flexibility and resident choice of activity. There are plentiful resources. Community visitors include entertainers, and church services when Covid restrictions allow. Residents are encouraged to maintain links to the community.</p> <p>There are smaller lounges and seating areas where group or quieter activities can occur. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The service is actively promoting the use of te reo Māori through the singing of Māori songs and the use of Māori language in activity documentation. The activities programme includes the days of the week documented in Māori as well as English. The diversional therapist who primarily works with the associated day care programme is teaching residents simple words, phrases, and greetings in Māori.</p> <p>Younger residents are encouraged and supported to engage in 1:1 and individual activities in the community, although this has been limited recently due to covid related restrictions.</p> <p>The lifestyle profile and activity assessments inform the activities plan; however, these had not been completed for all resident files reviewed. Individual activities plans were not seen in all resident files reviewed. Activities staff document weekly progress notes and six-monthly care plan evaluations, however these had not been consistently documented for all residents files reviewed (link 3.2.1).</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>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management. The service is working on developing community relationships which strengthen support, advice, and treatment for Māori residents. Medications are stored in a locked trolley in the shared clinical manager office and staffroom. The room has keypad</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>access and is available to all staff. Controlled drugs and ‘as required’ medication are stored safely in a dedicated medication room with keypad lock. Registered nurses and medication competent healthcare assistants complete annual competencies and education. Regular medications and ‘as required’ medications are administered from prepacked blister packs. The clinical manager checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were two residents administering metered dose inhalers and one rest home resident self-medicating all medications with exception of controlled drugs. Not all medications were stored safely in the residents’ rooms. Self-medication assessments had not been completed for all self-medicating residents.</p> <p>The room air temperature in both the medication room and the shared clinical managers office and staffroom are checked daily; however, the medication fridge temperatures which stores eyedrops is not monitored. Air temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews. This was evident in the medical notes reviewed. ‘As required’ medications had prescribed indications for use. Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system as requested by the resident. Over the counter medicines are stored in the same way as other medications.</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>FA</p>	<p>The food services are overseen by a senior cook. All meals and baking are prepared and cooked on site by experienced cooks and kitchenhands. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered dietitian – last conducted on 5 July 2021. The kitchen</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>receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The service caters for residents who require texture modified diets and other foods. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the dining room. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. The service is planning to review menus to support cultural beliefs, values, and protocols around food. Māori and whānau shall have menu options culturally specific to te ao Māori</p> <p>Residents may choose to have meals in their rooms. The food control plan expires on 1 March 2023. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Dry goods which had been decanted displayed opening and best before or expiry dates. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings which are fed back to the facility manager and the clinical manager and kitchen staff. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service.</p> <p>All residents have dietary profiles and nutritional requirements documented at the time of admission (link 3.2.1). Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is currently recorded in a paper-based format however plans are in place to use the medication management system from now on. The long-term care plan section for nutritional needs included food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the five resident files reviewed.</p>
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<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>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Residents and relatives advised they are involved in decision making around accessing other health and disability services and social support or kaupapa Māori agencies where indicated or requested.</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>PA Low</p>	<p>The building holds a current warrant of fitness which expires 1 July 2022. There is a maintenance request book for repair and maintenance requests located in the nurses' station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment has not been completed since July 2020. Medical equipment, hoists and scales were checked and calibrated in July 2021.</p> <p>A gardener is employed to maintain gardens and grounds. Resident rooms are refurbished if required as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Healthcare assistants interviewed stated they have sufficient equipment including mobility aids, wheelchairs, electronic chair scales and pressure injury resources, a hoist (for use in the case of falls) and a Sara Steady to safely deliver the cares as outlined in the residents'</p>

		<p>care plans.</p> <p>Seventeen resident rooms have full ensuites or shared ensuites. There are communal toilets and showers for those in rooms without ensuites. Communal shower/toilets were well signed and identifiable and include large vacant/in-use signs. Residents confirmed staff respect their privacy while attending to their hygiene cares. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>The dining room is adjacent to the kitchen and open plan. There is a main lounge where activities take place and an alternative small lounge area with tea and coffee making facilities. There is safe access to the well maintained and landscaped outdoor areas. Seating and shade are provided. All communal areas are easily accessible for residents with mobility aids with ramp access. All bedrooms and communal areas have ample natural light and ventilation. There is a mix of electric and heat pumps and residents interviewed stated that the environment was warm and comfortable.</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</p>	<p>PA Moderate</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. The fire evacuation plan is currently being</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>processed with Fire and Emergency New Zealand to new standards and will be available via the online portal. No changes to the plan are being made. The local fire service will then conduct a fire drill with staff. A fire evacuation drill was last held in September 2020.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. Currently, under Covid restrictions visiting is restricted. Visitors are instructed to press the doorbell for assistance.</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</p>	<p>FA</p>	<p>The clinical manager (RN) oversees infection control and prevention across the service. The management team discusses current infection concerns. The infection prevention plan is developed by an external consultant and collated data is reviewed against this.</p> <p>The job description outlines the responsibility of the role. The clinical manager oversees infection prevention and control for the facility infection control programme, its content and detail, and is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. Infection control audits are conducted twice a year. Infection rates are presented and discussed at full staff meetings and reported</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>to board meetings. Infection control audits are scheduled twice a year, however, have not been occurring according to schedule (link 2.2.3). Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local DHB.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening including rapid antigen testing continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform a rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>The designated infection control (IC) coordinator has been in the role for eighteen months. During Covid-19 lockdown there were regular zoom meetings with the DHB, and the infection control nurse specialist provided a forum for discussion and support for facilities. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur.</p> <p>The infection control coordinator has completed an online health learn course and there is good external support from the GPs, laboratory, and the IC nurse specialist at the DHB. There are outbreak kits readily available and a stock of personal protective equipment.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed at support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately</p>

		<p>disinfected between use. The service is working towards developing audit tools to safely assess and evidence that these procedures are carried out.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. Staff have completed handwashing and personal protective equipment competencies. The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and is working towards sourcing educational resources in te reo. Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through resident meetings and memos.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures which have been developed by an external consultant and are appropriate for the size and scope of the service. Antibiotic and antimicrobial use is recorded in medication records and medical notes, however the data is not collated or analysed. Infection rates are reviewed monthly and reported to the facility manager and the board. The service collects information on antibiotic use and is working on monitoring compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Prescribing patterns of medical practitioners who access the facility are also monitored.</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</p>	PA Low	<p>Infection surveillance is an integral part of the infection control programme and is described in the Waihi Lodge policies and procedures. Monthly infection data is collected for infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>all infections is entered onto a monthly infection summary; however, the organisms are not identified. Infection surveillance is collated monthly by the clinical manager. This information is discussed at full staff meetings and reported to the board. The service receives email notifications and alerts from the DHB for any community concerns. There have been no outbreaks in the past 12 months. Ethnicity data is not currently included in surveillance monitoring however the service is planning to include this in collection data and analyse data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturers labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice tub with personal protective equipment available including a face visor available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There are policies and procedures to provide guidelines regarding safe and efficient laundry services. All personal clothing, bedspreads and blankets are processed on site by healthcare assistants. Soiled linen is collected by a contracted external contractor. There are three housekeepers who cover a seven-day cleaning roster. The cleaners' trolleys were attended at all times and are stored safely when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff have completed chemical safety training.</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>The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint-free.</p> <p>The facility, led by the clinical manager, is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the two-monthly staff/quality meetings. The clinical manager/restraint coordinator interviewed described the focus on maintaining a restraint-free environment.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Quality activities are now being implemented by the facility manager and clinical manager. The service has purchased a new quality and risk management programme as part of the suite of policies and procedures and internal audits, staff meetings and corrective actions are being documented and actioned. Internal audits for 2022 have been completed year to date and corrective actions followed through and signed off. Internal audits reviewed for 2020 and 2021 have not been fully completed.</p> <p>Staff meetings include quality, health and safety, and infection prevention and meeting minutes evidenced reporting and discussion relating to these areas. Resident meetings have traditionally been chaired by an independent advocate and minutes from</p>	<p>Internal audits have not been fully completed over 2020 and 2021; and ii) resident meetings have not been held since April 2021.</p>	<p>Ensure that internal audits are completed as per the audit schedule; and ii) provide evidence that resident meetings are held and minuted.</p> <p>90 days</p>

		2020 and early 2021 were reviewed.		
<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>	PA Low	<p>An education programme is in place for 2022 as part of the new programme purchased in March 2022. Education in 2022 has been provided around syringe driver training for care staff, first aid, safe chemical handling, infection control and PPE, and use of rapid antigen testing. Education provided in 2021 included PPE, handwashing, fire safety procedures (not including a drill – link 4.2), code of conduct and house rules and manual handling. Education on medication management, code of consumer rights, cultural training and Treaty of Waitangi, wound management, continence and behaviour management or abuse and neglect have not been provided in the past two years.</p>	<p>The education programme for the past two years has not been fully implemented.</p>	<p>Provide evidence that education and training is being conducted for all staff as per education and training plan.</p> <p>90 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>The service has a comprehensive orientation programme available for new staff which includes buddied shifts with other experienced staff. Orientation processes includes orientation to fire and evacuation procedures, health and safety, infection prevention and role-specific induction. Completed orientation documentation was evident in four of the six files.</p>	<p>Two of six staff files reviewed did not evidence completed orientation documentation.</p>	<p>Ensure that all new staff complete an orientation process, and that orientation documentation is signed off as completed.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers</p>	PA Low	<p>Completing annual appraisals is part of the human resource policies and procedures. Of the six files reviewed, two staff were</p>	<p>Four of six staff files reviewed did not evidence that annual appraisals had</p>	<p>Ensure that all staff have an annual appraisal conducted as per</p>

shall have the opportunity to discuss and review performance at defined intervals.		recently employed and were not yet due for an annual appraisal; one had last been conducted in 2017 and three were not evident in the personnel file.	been conducted.	contractual requirements. 90 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	Initial interRAI assessments have been completed within the required timeframes for five rest home residents. Initial long term care plans have been developed within the required timeframes for four of the five files reviewed. Long term care plans and short-term care plans have not been reviewed as required. Dietary profiles and nutritional assessments have been documented at the time of admission. A copy of the dietary profile is held in the kitchen.	<p>i) A long-term care plan has not been documented for a permanent resident admitted as a permanent resident five weeks ago.</p> <p>ii) Care plan evaluations and activity plan evaluations have not occurred within required timeframes for three of four files reviewed (one was not required).</p> <p>iii) Dietary profiles and nutritional assessments have not been updated within required timeframes.</p>	<p>i) Ensure that long term care plans are documented within 21 days of admission.</p> <p>ii) Ensure care plan evaluations occur at least six monthly.</p> <p>iii) Ensure dietary profiles evidence review as per policy.</p> 90 days
<p>Criterion 3.3.1</p> <p>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>	PA Low	Lifestyle profile and activities assessment document residents' interests, skills, and strengths, however not all files evidenced a profile or assessment had been completed.	Two of five resident files reviewed did not include a lifestyle profile and activities assessment.	<p>Ensure all residents have a lifestyle profile and assessment documented.</p> 90 days
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate</p>	PA Moderate	Weekly controlled drugs have been checked appropriately; however, a six monthly stocktake has not occurred. Eyedrop are stored in a dedicated medication fridge,	<p>i) Six monthly pharmacy stocktakes have not been completed.</p> <p>ii) Medication fridge</p>	<p>i) Ensure a six-monthly controlled stocktake is completed as per policy.</p> <p>ii) Ensure medication</p>

to the scope of the service.		however fridge temperatures are not monitored. Blister pack medications are stored in the shared CM office and staffroom. The current pharmacy has been providing medications for the service for many years, however there is no documented agreement in place.	temperatures are not monitored. iii) Medications are stored in an area accessible to all staff including non-clinical staff. iv) There is no documented agreement with the pharmacy.	fridge temperatures are monitored as per policy. iii) Provide a safe area for medication storage which is only accessible to authorised staff. iv) Ensure there is a documented agreement with the pharmacy supplying medications to the facility. 60 days
Criterion 3.4.6 Service providers shall facilitate safe self-administration of medication where appropriate.	PA Moderate	There are three residents self-medicating, however not all residents' medications could evidence secure storage in their rooms and not all residents had self-medicating competencies.	i) Three residents who self-administer medications did not evidence three monthly competencies as per policy. ii) The medications of three residents who self-administer medication were not stored securely, with one medication visible on a bedside locker.	i) Ensure self-medicating residents' evidence three monthly competencies as per policy. ii) Ensure self-medicating residents can securely store their medications in their room. 30 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and	PA Low	A preventative maintenance schedule is documented. The maintenance person checks the maintenance request book daily when on site and responds to requests. Test and tag of electrical equipment has been completed for some items as indicated.	Not all test and tag of electrical equipment can be evidenced as occurring annually.	Ensure test and tag of electrical items is completed annually. 90 days

supports cultural practices.				
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Moderate	<p>The fire evacuation plan is being uploaded to the online portal with Fire and Emergency New Zealand and the local fire officer will review the plan to ensure that all is current. A contractor is booked to conduct fire and emergency training with staff and to conduct a fire evacuation drill as this has not occurred in the last 18 months. Fire safety procedures training was last held with staff on 24 February 2021 with 13 attendees.</p>	<p>Fire evacuation drills have not been conducted six monthly as required – last held in September 2020.</p>	<p>Provide evidence that fire evacuation drills are conducted six monthly as per requirements.</p> <p>30 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	<p>The infection prevention programme has been developed by an external consultant. Policies include the requirement for an annual review of all infections. An annual review was evidenced for 2020 but not for 2021.</p>	<p>The annual infection data for 2021 has not been reviewed or reported.</p>	<p>Ensure the annual infection review is completed for 2021.</p> <p>90 days</p>
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	PA Low	<p>The service documents all infections and antibiotic usage but does not currently routinely identify organisms.</p>	<p>Ensure infective organisms are identified.</p>	<p>Ensure infective organisms are identified and documented.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.