

# Experion Care NZ Limited - Woodfall Lodge Home and Hospital

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

<b>Legal entity:</b>	Experion Care NZ Limited	
<b>Premises audited:</b>	Woodfall Lodge Home and Hospital	
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 30 January 2023	End date: 31 January 2023
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	21	

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Woodfall is certified to provide hospital- geriatric services and rest home level care for up to 38 residents. There are 37 dual-purpose beds and one rest home only bed. On the first day of the audit there were 21 residents.

This surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora -Te Pae Hauora o Ruahine o Tararua MidCentral. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family, management, staff, and a nurse practitioner.

The facility manager has previous management roles as a senior manager in elderly care and has been in the role since November 2022. The facility manager is supported by a senior registered nurse who has many years of health management experience with relevant training.

The service has addressed five of the eight previous audit shortfalls around communication, medication documentation, self-administration, the environment, and call bell access. There continues to be shortfalls around education, timeliness of assessments, and a dietitian review of the menu.

This audit also identified additional shortfalls around activity care plans, care plan evaluations, medication competencies, and implementation of the quality system.

## 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.

There is a commitment by the service to ensure any Māori residents flourish and thrive in an environment that enables good health and wellbeing. On the day of audit, there were residents and staff who identified themselves as Māori. A Māori health plan has been developed with input from cultural advisers.

Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## 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 medium or high risk and/or unattained and of low risk.

The service is privately owned. The facility manager reports a high level of support and communication with the owner. The service has a business plan (2022) with an associated quality plan and a risk plan.

The facility manager has set up cultural group within the staff who are representative of local iwi.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Workforce planning is fair and equitable.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses are responsible for each stage of service provision. Care plans demonstrate service integration and input from residents and relatives/whānau.

Medicines are safely managed and administered by registered nurses. Residents and their family/whānau are supported to understand their medications when required.

Woodfall Lodge provides in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated.

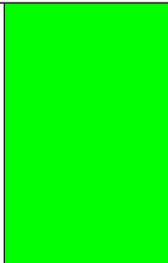
## Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

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.		Subsections applicable to this service fully attained.
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The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

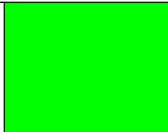
Fire and emergency procedures are documented. There is an implemented policy around resident, staff, and the building security.

## **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>Subsections applicable to this service fully attained.</p>
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Woodfall Lodge ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant staff and related health providers in a timely manner. The service has a robust pandemic policy. Covid-19 response plans are in place and the service has access to personal protective equipment supplies.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The service is restraint free. Policies and procedures document that Woodfall Lodge is committed to a restraint-free environment, led by the facility manager.

## 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	15	0	0	6	0	0
Criteria	0	40	0	0	7	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>	FA	<p>Woodfall Home and Hospital has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work.</p> <p>Māori staff are employed across the service and have formed a cultural group to advise the manager. The service supports increasing Māori capacity by employing more Māori staff members, as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed by the facility manager.</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>	Not Applicable	<p>Woodfall Lodge currently has no residents who identify as Pasifika. Experion Care Limited have a suite of cultural policies and procedures to guide staff around providing culturally safe care to residents. They are working on developing relationships with local Pacific communities in the district. Experion utilise an external quality consultant who develops all policies and is working on developing a Pacific health plan. There is a documented policy for the care and support of Pacific Peoples. The policy does not identify input and partnership with Pacific</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>communities.</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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed (four caregivers, two registered nurses (RN), a housekeeper and the cook) understood the requirements of the Code and were observed supporting residents in accordance with their wishes. A review of a Māori resident's file included the care and support needs for the resident's faith/spiritual needs; however, the specific Māori care plan was not fully completed (link 3.2.6).</p> <p>Enduring Power of Attorney (EPOA)/family/whānau/or representatives of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural policies that outline cultural responsiveness to residents' who identify as Māori.</p> <p>An interview with the facility manager and staff confirmed that Māori mana motuhake is recognised.</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>Woodfall Lodge supports residents in a way that is inclusive and respects their identity and experiences. Staff interviews confirmed their understanding of what Te Tiriti o Waitangi means to their practice, with te reo Māori and tikanga Māori being promoted. Documented evidence of Te Tiriti o Waitangi training was not available; however, staff report training has occurred.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The facility manager and staff reported that residents are supported to maintain their independence. Residents were able to move freely within the facility, and outside. Four residents (two rest home and two hospital level) and one family member (hospital level) reported that their values and beliefs are respected, and five resident files reviewed evidenced this.</p> <p>Te reo Māori is celebrated during Māori language week. There was a</p>

		number of activities offered to residents related to cooking, dancing, and Māori art as part of the activities programme.
<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>Woodfall Lodge policies developed by an external contractor prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff complete training around this.</p> <p>A holistic Te Whare Tapa Whā model of health is promoted, which encompasses an individualised, strength-based approach to ensure the best outcomes for all.</p> <p>Residents interviewed expressed that they have not witnessed any abuse or neglect, they are treated fairly, and they feel safe and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents and family/whānau meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>The service has held family and resident meetings six-monthly in 2022 and has meetings scheduled for 2023. The facility manager discussed open communication and an 'open door' policy; this was also observed during the audit. A 2022 resident survey has been completed, results collated and reported to the staff meeting (September 2022). The finding at the previous audit related to HDS(C)S.2008 Criterion 1.1.9.1 has been addressed.</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</p>	FA	<p>Residents and family/whānau interviewed were able to describe informed consent processes and knew they had the right to make choices. Discussions with residents confirmed that they are involved in the decision-making process, and in the planning of their care.</p> <p>The Māori health plan acknowledges Te Tiriti and the impact of culture and identity on the determinants of the health and wellbeing of Māori</p>

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>residents. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making when the resident receiving services wants them to be involved.</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. 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 Code of Health and Disability Services Consumer Rights (the Code) is displayed in English and Māori. Woodfall Lodge has a complaints policy, and processes in place to manage complaints in line with Right 10 of the Code. The complaints process is made available in the admission agreement and explained by the manager during the resident's admission. The complaint forms are available in the facility, along with information on advocacy should they require this.</p> <p>Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and stated they are able to raise any concerns and provide feedback on services. Staff were able to describe the complaints process.</p> <p>The manager is responsible for addressing any complaints. There have been four complaints logged in 2022, including one through the Health and Disability Commissioner. All complaints documented a comprehensive investigation, follow up, and replies to the complainant. Three complaints were resolved to the satisfaction of the complainant. The health and disability commissioner complaint remains open, with documentation sent to the commissioner (link to 2.2.2 for complaints feedback to staff).</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>Not Applicable</p>	<p>Woodfall Lodge is certified to provide hospital services - geriatric and rest home care. There are 37 dual-purpose beds, and one rest home only bed, funded by Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral. On the first day of the audit, there were 21 residents: 12 at rest home level, and 9 at hospital level. One rest home level resident</p>

<p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>was funded through a younger person contract and all other residents were under the aged-related residential care (ARRC) contract.</p> <p>The manager has had previous management roles as a senior manager in elderly care and has been in the role since November 2022. The manager is supported by a senior registered nurse who has many years of health management experience with relevant training.</p> <p>The service is privately owned. The manager reports a high level of support and communication with the owner. There is a business plan (2022) with an associated quality plan and risk management plan. The annual business quality and risk plan includes identifying and minimising any barriers to equitable service delivery for Māori and tāngata whaikaha, by seeking feedback from residents and relatives using the service. This is done through resident meetings and satisfaction surveys. The service aims to work alongside residents and relatives/whānau to ensure they have input to care planning, monitoring, and evaluation of service delivery. The business plan documents a commitment to identifying external and internal risks and opportunities and develop a plan to respond to them. At the time of the audit, the service is working towards meeting these goals.</p> <p>Interviews with the director confirms that he owns six other homes with shared policies and procedures. The facility manager sends weekly reports to the director.</p> <p>Up-to-date policies and procedures include alignment to Ministry of Health strategies around providing equity of care to Māori. The manager has set up a staff cultural group. The staff identify as Māori and are representative of local iwi. Work is underway to collaborate with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori. Barriers to health equity will also be addressed.</p> <p>The service owner has demonstrated their ability to understand cultural risk and ability to address barriers to equitable services provided through a Master of Management at a New Zealand university. However, there are plans in place for the director and facility manager to attend cultural training to ensure expertise in Te Tiriti o Waitangi, health equity and competence.</p>
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<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>	<p>PA Moderate</p>	<p>Woodfall Lodge has a documented quality and risk system. There is an annual quality programme calendar which includes schedules of training, meetings, and internal audit requirements for each month. This process has been implemented since December 2022 when the new manager commenced; however, there is little documentation to evidence implementation of the quality programme prior to this. The documented internal audit schedule has not been fully implemented for 2022.</p> <p>Staff meetings have been documented for: June, July, August, and September 2022 and RN meetings have been bimonthly since September 2022. Registered nurse meetings document feedback around clinical documentation, interRAI, staffing, quality reporting (excluding internal audits), infection control and the development of clinical champions. There is no documented feedback around complaints in any meetings.</p> <p>Resident and family/whānau satisfaction surveys are completed annually with the last survey September 2022. An action plan was documented for issues raised from the survey; however, this action plan has not been documented as followed up or signed off. Residents and family/whānau confirmed their satisfaction with the service during interview. Resident's meetings occur six-monthly and infection prevention and control and COVID-19 have been discussed at meetings.</p> <p>A health and safety system is being implemented. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation.</p> <p>The individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available to visit as required. Eleven accidents/incidents were reviewed, the service collects infection, as part of the incident form process. All reports were fully completed with clinical follow ups, including neurological observations as needed. Incident and accident data is collated monthly and analysed. Results are discussed in the RN meetings.</p> <p>Discussions with the manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential</p>
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		<p>notifications. Since the change of manager, the service has been ensuring Section 31 notifications have been completed; for example: notification to the New Zealand Nursing Council, staffing issues and changes of manager.</p> <p>There had been two outbreaks documented since the last audit: two Covid-19 outbreaks May and November 2022. These were appropriately notified, managed and staff debriefed.</p> <p>The scheduled training around cultural care and associated competency has not been documented and occurring. The new manager has commenced a process to review organisation practices to improve health equity; this has included, implementation of existing policies (from and external consultant) and introduction of a staff cultural group.</p> <p>The service has plans documented around the implementation of benchmarking and improving health equity through critical analysis.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing depending on resident acuity. The facility manager and senior RN work 40 hours per week Monday to Friday and are available on call for any emergency issues or clinical support.</p> <p>The service has six RNs, including the facility manager, two of which are interRAI trained. An additional RN is commencing soon, and the service is advertising for another RN. The RNs work 12-hour shifts to ensure RN coverage. The most recent two-week roster was reviewed. All shifts included an RN, and a staff member who has a current first aid certificate.</p> <p>Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>A review of the staffing roster for the previous two weeks evidenced a qualified first aid staff member for each shift. The shortfall at the previous audit related to first aid certificates in HDS(C)S.2008 Criterion</p>

		<p>1.2.7.5 has been addressed; however, overall education continues to require improvement. Staff training has not been documented for 2022, and this audit was unable to evidence at least eight hours training for staff for 2022 and year to date. The service has commenced a process to review staff training and competencies and ensure staff are up to date.</p> <p>The service has commenced a cultural advisory group to advise the manager and ensure cultural expertise with service provision. Work is underway to ensure that staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (three caregivers and two RNs), evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation.</p> <p>A register of practising certificates is maintained for all health professionals. All staff who had been employed for over one year have an annual performance appraisal completed.</p> <p>The service has an orientation programme in place that provide 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 programme supports RNs and caregivers to provide a culturally safe environment for Māori. Staff interviewed confirmed that they had a relevant and comprehensive orientation. Ethnicity data is identified.</p> <p>Staff competencies were not all up to date (link 2.3.4). A corrective action process has been commenced to address staff competencies.</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</p>	FA	<p>The service maintains a record of entry and decline rates. The facility manager reported that the service has not declined entry to anyone identifying as Māori and that they are aware of obtaining Māori specific</p>

<p>choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>data. Ethnicity data is gathered for residents at entry. There were residents who identified as Māori at the time of audit.</p> <p>The service works in partnership with a cultural advisory group within the service. The service is also working towards developing relationships with Māori providers and local iwi in the community.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed (two rest home level, including one younger person, and three hospital-level care). The resident care plans are paper-based, and all include allergies and alerts on the front page.</p> <p>The service contracts a nurse practitioner (NP) from a local health centre who makes twice weekly visits. The NP has examined and admitted the residents within two to five working days of admission and completed three-monthly reviews. The NP (interviewed) commented positively on the service and confirmed appropriate and timely referrals.</p> <p>All assessment and care planning are undertaken by a registered nurse. Initial care plans are developed with the resident or enduring power of attorney (EPOA), but not all were completed within the required timeframe. A review of resident files identified that long-term care plans had not all been completed within 21 days and interRAI assessments had not all been completed within the required timeframes. The previous audit identified issues (NZ 8134:2008 criteria 1.3.3.1.) around timeframes and activity care plans are a continued shortfall.</p> <p>Care plan evaluations reviewed were not well documented.</p> <p>Short-term care plans have been developed for the management of acute problems. These were also noted on the staff handover sheets which were comprehensive in nature. Caregivers described a verbal and written handover between the shifts. Progress notes are maintained on every shift and for all significant events.</p>

		<p>Resident files identify the integration of allied health professional input into care. A physiotherapist and dietitian are available by referral. A podiatrist visits six-weekly. Other allied health professionals involved in care include hospice, clinical nurse specialists and medical specialists from Te Whatu Ora.</p> <p>The RNs interviewed describe supporting Māori residents and their whānau to identify their own pae ora outcomes in their support plan; however, this was not documented in the care plan of a Māori resident whose file was reviewed.</p> <p>Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Family/whānau are notified of all changes to health including infections, accidents/incidents, GP/NP visits, medication changes and any changes to health status. Family/whānau notifications and discussions were evident in the files reviewed.</p> <p>A wound register is maintained. There were five wounds in total. Wound dressings were being changed appropriately in line with the documented management plan. The service can access the local wound nurse specialist if required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Moderate</p>	<p>Woodfall Lodge employs one full-time activity person who is in the process of completing diversional therapist (DT) training.</p> <p>The activities programme is documented two-weekly and posted on the notice boards; however, activities do not always take place as scheduled. A review of documentation and discussion with the activities person evidenced that community activities that meet the aspirations of Māori and opportunities for Māori are yet to be provided. The service is working towards developing relationships with local Māori groups to ensure residents can participate in te ao Māori.</p> <p>Residents visit their family/whānau in the community and families/whānau can visit the residents in the facility.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice. The RNs and senior caregivers are responsible for the administration of medications. Not all staff who administer medications have completed medication competencies and annual medication education. All stock medications and robotic rolls were evidenced to be checked on delivery, with discrepancies fed back to the supplying pharmacy. Standing orders are not used by the service. There is a hospital stock of medications that are checked weekly. Eye drops are dated on opening. There were no residents currently self-medicating; however, there is a documented process in place should resident's wish to do so. The medication policy requires three-monthly competency assessments of the resident if they are self-administering. The previous audit shortfall (HDSS:2008 Criterion 1.3.12.5) cannot be fully reviewed for implementation. The medication fridge and medication room temperatures are being monitored, and daily records were within the acceptable range.</p> <p>Ten resident medication charts on the electronic medication system were reviewed. The medication charts had photograph identification and allergy status recorded. Staff recorded the time, date, and outcomes of 'as required' (PRN) medications. All PRN medications had an indication for use. All medication charts had been reviewed by the GP/NP at least three-monthly.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The facility manager and senior RN interviewed stated that appropriate support and advice is provided to Māori.</p> <p>There is an implemented process for analysis of medication errors and corrective actions implemented as required.</p> <p>The finding at the previous audit (HDSS:2008 Criterion 1.3.12.1) related to six-monthly controlled drug checks has been fully addressed.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>PA Moderate</p>	<p>Kitchen staff are trained in safe food handling. Kitchen staff and care staff interviewed understood tikanga Māori practices in line with tapu</p>

<p>consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.  As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>and noa requirements.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and their family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements.</p> <p>The cook stated that menu options culturally specific to te ao Māori will be offered to Māori residents when required, giving some examples of culturally specific food that might be offered when required. Residents and family/whānau members interviewed indicated satisfaction with the food services.</p> <p>The previous audit identified that the menu had not been approved by a registered dietitian. The finding at the previous audit related to HDSS:2008 Criterion 1.3.13.1 is a continued shortfall as there is no documented evidence that this has been addressed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.  Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.  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 are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented transfer and/or discharge plans completed. The residents and their families/whānau were involved for all exits or discharges to and from the service, including being given options to access 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.  Te Tiriti: The environment and setting are designed to be Māori-</p>	<p>FA</p>	<p>The current building warrant of fitness is displayed at reception and expires May 2023. Appropriate systems are in place to ensure the residents’ physical environment and facilities are fit for purpose.</p> <p>Monthly planned maintenance duties are overseen by the facility manager. Reactive maintenance is also completed and signed off as</p>

<p>centred and culturally safe for Māori and whānau.  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>addressed.</p> <p>The facility manager interviewed was fully informed around seeking consultation/input with Māori community representatives, if needed, to ensure the design and environment of future redesign would reflect the identity of Māori.</p> <p>The previous audit identified maintenance and repairs required to the environments. Since the previous audit, the service has worked to improve the environment, including addressing the previous repairs required. A new sanitiser and new lazy boy chairs have been purchased and the service is working through the process of replacing flooring. The finding at the previous audit related to HDSS.2008 Criterion 1.4.2.4, has been addressed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is an approved evacuation plan. Fire evacuations are held six-monthly. The civil defence cupboard is well-equipped and checked regularly. There is sufficient water, food, and alternative cooking in the event of an emergency.</p> <p>The building is secure after hours, and staff complete security checks at night. The staff orientation includes fire and security training.</p> <p>The previous audit evidenced that not all residents had access to a call bell. Since the previous audit, a new call bell system has been purchased. The auditor checked all of the call bells in resident rooms during the audit and all resident had access to call bells as needed. The shortfall at the previous audit related to HDS(C)S.2008 Criterion 1.4.7.5, has been addressed.</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</p>	<p>FA</p>	<p>There are a number of policies and procedures related to pandemic management, use and management of PPE, Covid-19, and outbreak management. Observations and interviews identified that there is a plentiful supply of personal protective equipment (PPE) on site.</p> <p>The organisation is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally</p>

<p>navigate and messages are clear and relevant. 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>safe practices, acknowledging the spirit of Te Tiriti. The staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>All infections are recorded on an IPC summary. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. The infection control coordinator is a registered nurse who is responsible for monitoring infection data and the responsibility is documented in the infection control coordinator's job description.</p> <p>There have been two Covid-19 outbreaks in the last year. Document review showed that the service followed its pandemic plan. Families/whānau were kept informed by telephone or email. Visiting was restricted.</p> <p>The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p>
<p>Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Woodfall Lodge is a restraint-free environment. At the time of audit, there were no residents with restraint. The director and service have a commitment to a restraint-free environment and is documented through policy documents. The facility manager is the restraint coordinator and was able to discuss the service commitment to a restraint-free environment. The facility manager could easily explain processes and appropriate documentation required, including consent. A register is in place. Restraint would only be considered as a last resort when all other avenues had been exhausted. Staff have completed a restraint competency, and during discussions could easily provide examples of types of restraint. If restraint was to be used, this would be reviewed on a regular basis, closely monitored, and reported through to the director.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>The service has a documented quality management framework. The quality and risk framework has not been documented as fully implemented for 2022. However, with the new manager commencing December 2022, documentation reviewed reflected full implementation of the quality programme in 2023.</p>	<p>(i). Staff meetings have not been documented as occurring as per the meeting schedule. (ii). Internal audits scheduled for February, March, June, and July 2022 were not all documented as completed. These audits included (but not limited to): infection control and medication (March); clinical files (March); resident pain management (May); resident rights (June); and Covid preparedness (July). (iii). Audits that had been completed for June, August, and September 2022, included an action plan but no documentation to evidence the action plans were followed up. These audits included (but not limited to): wound care (June); emergency equipment (August); care planning;</p>	<p>(i)-(iii). Ensure internal audits are fully implemented and documentation reflects implementation of action plans.</p> <p>90 days</p>

			infection control; and pain management (September).	
<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 Moderate	The service has a training schedule, and online training resource is available to staff. The training and competency schedule has not been documented as implemented for 2022 and 2023. The new facility manager has commenced a process to implement the training schedule, including assisting and monitoring staff to access the online training and ensure staff complete competencies for their roles.	There was little evidence of training being provided in 2022. There has been no documented training and competency for mandatory training including: cultural training, medication competencies and infection control.	<p>Ensure staff have completed the training and competencies relevant to their role.</p> <p>60 days</p>
<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 Moderate	Initial care plans are developed with the resident or enduring power of attorney (EPOA), but not all were completed within the required timeframe. A review of resident files identified that long-term care plans had not all been completed within 21 days and interRAI assessments had not all been completed within the required timeframes. The previous audit identified issues (NZ 8134:2008 criteria 1.3.3.1.) around timeframes.	(i). InterRAI assessments were not within timeframes for one hospital level resident and one rest home level resident; (ii) Two files (one hospital and one rest home) reviewed did not have long-term care plans completed within 21 days.	<p>(i) Ensure interRAI assessments are completed within contractual timeframes;</p> <p>(ii) Ensure long-term care plans have been completed within 21 days.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined</p>	PA Moderate	The service's new manager is in the process of reviewing resident documentation and has documented a schedule to bring all processes, including the evaluation of care plans	One hospital level and one rest home level resident's care plan did not have six-monthly documented evaluations of care.	Ensure the process of evaluation of care plans is implemented.

<p>intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>up to date. This process was not fully completed at the time of audit. Wound care plans were documented well and included evaluations of care.</p>		<p>60 days</p>
<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>	<p>PA Moderate</p>	<p>All new residents are assessed by the activity person and the activity plan is incorporated into the resident's LTCP. For the five resident files reviewed, activity plans were not documented. The service posts a two-weekly activity planner for all residents. Discussion with the activity person and review of the activities provided evidenced that group activities are not consistently</p>	<p>(i). There were no individualised activity plans in the five resident files reviewed. (ii). A review of activities provided over a recent two-week period, identified that 7 of the 18 planned activities had not taken place. There was no documented evidence that an alternative activity was provided.</p>	<p>(i)-(ii). Ensure that residents have an individualised activity plan documented and activities are provided.</p> <p>60 days</p>

		provided. However, residents interviewed were very complimentary regarding the activities.		
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>The training schedule and medication competency tracker includes training around medication; however, this has not been documented as implemented for the last year.</p>	<p>Annual medication competencies and medication training has not been completed for staff administering medications in the last year.</p>	<p>Ensure all staff who administer medications have an up-to-date competency and receive annual medication training.</p> <p>30 days</p>
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	<p>PA Moderate</p>	<p>The previous certification audit identified that the menu had not been reviewed and approved by a dietitian. There is no documented evidence that this has been addressed.</p>	<p>The menu has not been approved by a registered dietitian.</p>	<p>Ensure the menu is reviewed and approved by a registered dietitian.</p> <p>60 days</p>

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

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

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

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

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End of the report.