

# Lyndale Care Limited - Lyndale Villa and Manor

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## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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>	Lyndale Care Limited
<b>Premises audited:</b>	Lyndale Villa and Lyndale Manor
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 13 September 2023    End date: 14 September 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>	51

# 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
	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

Lyndale Care Limited is privately owned and operated and comprises of two facilities - Lyndale Villa and Lyndale Manor. Together they are certified to provide residential care for up to 59 residents. Lyndale Villa can accommodate 36 residents at rest home level care. Lyndale Manor provides accommodation for 23 residents who require secure dementia level care. The facilities are managed by an experienced general manager who is a registered nurse. There have been no significant changes to the service and facilities since the previous audit. Residents, whānau, and external health providers were complimentary of the care provided.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts with Te Whatu Ora – Health New Zealand Wairarapa (Te Whatu Ora Wairarapa). The process included a pre-audit assessment of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, one of the owners of the service, management, staff, and a general practitioner.

Improvements required in respect of this audit related to aspects of governance, care planning, activities, nutrition, and infection control requirements.

## 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.

Lyndale Care Limited provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori and Pasifika residents. Residents were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Systems and processes were in place to enable Pasifika people to be provided with services that recognised their worldviews and were culturally safe.

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

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

Complaints were resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori.

## 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.
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The organisation is privately owned and governed by two owners who work with a general manager to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. Both owners are suitably experienced, qualified in governance, and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that leads to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

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

## Ngā huarahi ki te ora | 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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When residents were admitted to Lyndale Care Limited, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

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

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

Medicines were safely managed and administered by staff who were competent to do so.

The food service addressed residents' needs with cultural needs catered for. Food was safely managed.

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

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

Includes 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.

The facilities meet the needs of residents and were clean and well maintained. There were current building warrants of fitness for both sites. Electrical and biomedical equipment has been tested as required.

External areas are accessible, safe and provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities). There were external spaces available for residents housed in Lyndale Manor (the secure dementia unit), and these were readily accessible during the days of audit.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills.

Security is maintained. Staff, residents, and whānau interviewed understood emergency and security arrangements, including staff and whānau associated with Lyndale Manor. There is electronic access into and out of Lyndale Manor with a doorbell in place for visitors to use. Residents and whānau reported a timely staff response to call bells in both facilities.

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

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.

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

The owners of Lyndale Care Limited oversee the implementation of the infection prevention and control programme, which is linked to the quality management system. Significant infection events are reported to the owners immediately.

The general manager, who is a registered nurse, was the infection control officer at Lyndale Care Limited and they ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service. It was adequately resourced. The infection control officer was engaged in procurement processes.

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

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

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

**Here taratahi | Restraint and seclusion**

Includes 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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Lyndale Care Limited is a restraint-free environment across both Lyndale Villa and Lyndale Manor. This is supported by the service’s policies and procedures. There were no residents observed to be using restraints at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews is in place should restraint use be required in the future. A suitably qualified restraint coordinator, who is the general manager and a registered nurse, leads the process.



Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	3	3	0	0
Criteria	0	161	0	3	4	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

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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>Lyndale Care Limited (Lyndale Care) provides an environment that supports residents' rights and culturally safe care. There were residents who identified as Māori in the service. There was a health plan in place that was specifically directed at service provision for Māori. Though this has not been written in collaboration with Māori (refer criterion 2.1.9), it does reference and incorporate national and local references that support Māori and Māori equity (eg, Te Whatu Ora Wairarapa Māori Health Plan 2021-2024, Te Whatu Ora Capital and Coast Tikanga Māori guide (best practice guidelines for health care workers), and Manatū Hauora's Tatau Kahukura: Māori Health Chart Book). While there was a culturally appropriate model of care to guide culturally safe services for Māori in place (Te Whare Tapa Whā), this was not used to guide the care for Māori currently in the service (refer criterion 3.2.4). Staff in the service were, however, able to describe the tikanga relevant to Māori receiving services. The service can also access support for Māori residents through its staff, through Te Hauora Runanga o Wairarapa (a Māori social services</p>

		<p>network), and through its local marae Kahungunu ki Wairarapa.</p> <p>Policies in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation. There were staff who identified as Māori in the service. Ethnicity data is gathered when staff are employed.</p> <p>Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, social, and psychological health of the residents. Māori residents and their whānau who were interviewed, were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake (self-determination) is respected.</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>	FA	<p>Lyndale Care has a Pacific health plan in place which describes how the organisation will respond to the cultural and spiritual needs of Pasifika residents. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and has a culturally appropriate model of care (Yavu) to guide culturally safe services. The plan was written and designed in partnership with Pasifika. There were residents who identified as Pasifika in the facility during the audit. Lyndale Care has access to local Pasifika communities through a local church and through its staff.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Pasifika in the service.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on posters in te reo Māori, English and New Zealand Sign Language (NZSL). Brochures on the Code and the Nationwide Health and Disability Advocacy Service were available in the reception area of both sites in English, Samoan, and te reo Māori. The general manager (GM) knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and the availability of the advocacy service. They were seen supporting residents at Lyndale Villa (the Villa) and Lyndale Manor (the Manor) in accordance with their wishes. Interviews with whānau members, who visited the Villa and Manor regularly, confirmed staff were respectful and considerate of residents' rights.</p> <p>Lyndale Care had a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance is required. Lyndale Care also had access to interpreter services and cultural advisors/advocates if required, with access to Māori support through Te Hauora Runanga O Wairarapa Inc. and Kuhungunu ki Wairarapa for residents who required access to Māori services. There were staff employed at the Villa and Manor who identified as Māori. Observations, interviews, and documentation verified staff recognised mana motuhake (self-determination) for its residents at both sites.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Lyndale Care supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including tāngata whaikaha (people with disabilities), confirmed that they were provided with services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Residents in the Manor receiving dementia care services were provided with choices dependent on their individual ability to decide. Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>Staff working at Lyndale Care were educated in Te Tiriti o Waitangi, health equity, tikanga practices and cultural safety. The staff could</p>

		<p>speak and learn te reo Māori through access to education, with the assistance of staff members who identified as Māori, and through visits by students from the local high school.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advanced care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents, bar one couple who shared a room by agreement, had a private room; the couple had access to another room in the facility should they wish to use it. Lyndale Care responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Education on the aging process, diversity and inclusion, and sexuality included support for tāngata whaikaha.</p> <p>The presence of surveillance cameras operating in the Villa and the Manor was made known by the presence of signage at each entrance.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Lyndale Care included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained. Lyndale Care promoted an environment of open discussion where it was safe to question if institutional and systemic racism was imbedded in the culture.</p> <p>A holistic model of health at Lyndale Care was promoted. The model</p>

		encompassed an individualised approach that ensured the best outcomes for all. Ten residents and six whānau members interviewed expressed satisfaction with the services provided at Lyndale.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and their whānau at Lyndale Care reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English, te reo Māori and Samoan. Te reo Māori was incorporated into day-to-day greetings. Documentation, and signage throughout the facility was in English, te reo Māori and Samoan. Interpreter services were available if needed, and staff knew how to access these services if required.</p> <p>Resident and whānau meetings at the Villa and Manor had been held sporadically in the past year due to COVID-19 outbreaks. Regular contacts with whānau by emails, telephone calls, an open-door policy of the GM and the clinical manager (CM) at the Villa kept family informed. A residents' meeting was held in both facilities in January and August 2023. Residents and their whānau and staff reported the GM and CM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that</p>	FA	<p>Residents at Lyndale Care and/or their legal representatives were provided with the information necessary to make informed decisions, including residents at the Manor receiving dementia level care services. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent, including informed consent for Māori.</p>

<p>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>Advance care planning, establishing, and documenting enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. A range of supports and interpreter services were available to Pasifika residents. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Advocacy information was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been no complaints received from residents and their whānau since the last audit. There have also been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (eg, through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>One complaint was received from Te Whatu Ora Wairarapa in 2022. Documentation sighted in respect of the complaint showed that it had been responded to within the required timeframe and that the complainant had been informed of findings following investigation. Te Whatu Ora Wairarapa has closed the complaint with suggestions for improving service delivery at Lyndale Care; the suggestions from Te Whatu Ora were noted to have been implemented.</p> <p>There have been no other complaints received from external sources since the previous audit.</p>

<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Low</p>	<p>Policies and procedures ensure compliance with legislative, contractual, and regulatory requirements. The owners of Lyndale Care assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi. They have both undertaken e-learning education on Te Tiriti o Waitangi, health equity, and cultural safety provided by Manatū Hauora. There is a health plan in place to guide care for Māori, but this has not been written with input from tāngata or mana whenua. Lyndale has no formal alliances with Māori to support meaningful input into organisational plans for Māori in the service (refer criterion 2.1.9).</p> <p>The service is focused on addressing barriers to equitable service delivery and improving outcomes for Māori, Pasifika, and tāngata whaikaha. This is enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code, signage in English, Māori and Samoan, information in respect of advocacy, and infection prevention and control). Health plans outline appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika, although the plan for Māori was noted to not be in use during the audit (refer criterion 3.2.4).</p> <p>Lyndale has a business plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. Cultural safety is embedded in business and quality and in staff training plans. Ethnicity data is being collected to support equity.</p> <p>Clinical governance is appropriate to the size and complexity of the organisation. Internal quality data is collected and aggregated, corrective action is documented where deficits are identified, but this was not always followed through to improve service delivery (refer criterion 2.2.3). A sample of reports to the owners of Lyndale showed adequate information to monitor performance is reported.</p> <p>The GM at Lyndale is a registered nurse (RN) with significant aged-care experience. The GM confirmed knowledge of the sector,</p>



		<p>regulatory and reporting requirements and maintains currency within the field. The GM is supported by a CM and RN based at the Manor (the dementia care service), both of whom have aged care and psychiatric experience.</p> <p>Lyndale supports residents and their whānau to participate in the service through communication, care planning, and resident meetings. Responses from meetings and through interviews with residents, their whānau and external health providers during the audit, were noted to be very positive.</p> <p>The service holds contracts with Te Whatu Ora Wairarapa for aged-related residential care (ARRC) rest home and secure dementia care services, and for short term (respite) care. On the first day of audit 51 residents were receiving services; 22 residents were receiving dementia level services at Lyndale Manor, 29 residents were receiving rest home services at Lyndale Villa (one on a respite contract).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The GM and one owner of the service interviewed described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The owners and GM at Lyndale Care are committed to quality and risk via its quality and risk management plan, and through policy. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The organisation has a planned quality system that reflects the principles of continuous quality improvement. This includes the management of adverse events, clinical concerns, compliments and complaints, audit activities, and communications with residents and whānau. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy and receive aggregated information on the number and type of incidents occurring within the service. A sample of internal audits and incident forms reviewed showed that organisational practices and incidents were investigated with action plans developed. However, corrective actions arising from</p>

		<p>these activities are not being evaluated to improve service delivery (refer criterion 2.2.3).</p> <p>Residents, whānau, and staff contribute to quality improvement through meetings and the compliments/complaints process. Minutes from residents' meetings and interviews with residents and their whānau indicate that residents are satisfied with the services provided by Lyndale Care.</p> <p>The GM understood essential notification reporting requirements. One section 31 notification has been made since the last audit related to the change of facility manager in 2021.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The exception to this is in relation to the activities programme being delivered at the Manor. The programme was not being overseen by a person skilled in assessment, implementation, and evaluation of diversional and motivational recreation (refer criterion 3.3.1). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certification.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Wairarapa. Staff have either completed dementia-related education (23) or have been enrolled in the education programme (7) in a timely manner to allow them to work in the Manor (the dementia care service). On the rosters reviewed for the Manor there were dementia care qualified staff rostered 24/7.</p> <p>The collecting and sharing of high-quality Māori health information</p>

		<p>across the service is through policy and procedure, the availability of relevant models of care (refer criterion 3.2.4), resident and whānau engagement, and through staff education.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs, enrolled nurses (ENs), and associated health contractors (general practitioners (GPs), pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of eight staff records were reviewed. These evidenced implementations of the recruitment process, the provision of employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	<p>Lyndale Care maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Information held electronically was username and password</p>

<p>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>protected. Any paper-based records were held securely, were only available to authorised users, and were held only for the required period before being destroyed.</p> <p>Residents' files were integrated electronic and hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, legible, and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Lyndale Care are not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents were admitted into Lyndale Care when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service, as requiring the level of care Lyndale Care provides, and when they had chosen one of the facilities at Lyndale Care to provide the services they require.</p> <p>A medical specialist's authorisation for residents to be cared for in the secure unit was sighted in the files reviewed in addition to an activated EPOA being in place.</p> <p>Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements. Lyndale Care collected ethnicity data on entry and decline rates; this included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and their whānau.</p> <p>Lyndale Care accesses support from Māori health practitioners, through Te Hauora Runanga o Wairarapa and Kahungunu ki</p>

		<p>Wairarapa, to benefit Māori individuals and their whānau. Services include access to Māori health practitioners, rongoā Māori, and mirimiri.</p> <p>When admitted, residents had a choice over who will oversee their medical requirements. Whilst most chose the main medical provider to Lyndale Care, several residents had requested another provider to manage their medical needs and Lyndale Care had facilitated this.</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 Moderate</p>	<p>The multidisciplinary team at Lyndale Care worked in partnership with residents and their whānau to support the residents' wellbeing. Nine residents' files were reviewed; five rest home files, and four of residents who were receiving care in the secure dementia unit. These files included residents who displayed reactive behaviours that were a challenge, residents with several chronic co-morbidities, residents who were culturally diverse, residents with a wound, residents who had had a recent fall, residents receiving respite care, residents who self-administer medication, and residents who had been recently transferred to hospital following an acute event.</p> <p>Nine files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Behaviour assessments and behaviour management plans, that included triggers to behaviours and de-escalation strategies, were sighted in the files reviewed of residents in the secure dementia unit. Residents with wounds had wound management plans and treatment plans, that were consistent with best practice guidelines; input from the wound care specialist was documented where indicated. Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements.</p> <p>The contractual requirement of the ARRC E4.3-b-iv for residents in the secure dementia unit, requires the resident to have a description</p>

		<p>of the activities that meet the residents' needs over a twenty-four-hour period. This must reflect the residents' former routines and activities. Additionally, ARRC E4.5 -c-ii, requires that a person skilled in assessment, implementation and evaluation of diversional and motivational support should be employed. These requirements had not been met and require attention (refer criteria 3.2.3 and 3.3.1).</p> <p>A review of 13 incident forms following an unwitnessed fall identified no neurological observations had been undertaken, or neurological recordings started had not been completed (refer criterion 3.2.3).</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Lyndale Care's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented in the Villa, but not always documented in the care plans of the residents in the Manor, and this too requires attention (refer criterion 3.2.4). Evidence was sighted, in both units, of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care provided in collaboration with the resident and their whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</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</p>	<p>PA Moderate</p>	<p>The diversional therapist (DT) at the Villa provided a diverse activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Activities included a walking group (the Lyndale Lappers), and a gardening group that grew vegetables and fruit trees to provide food for the community food pantry at the front gate. Other activities include</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>regular outings, involvement with community groups, crafts, entertainers, and singers. For Māori Language Week the local high school's Kapa Haka group came to entertain and teach the residents te reo Māori. Students who identified as Pasifika spoke in Samoan to residents who identify as Samoan. A range of church services were offered, in the facility or out in the community. Matariki and Waitangi Day were celebrated at both Lyndale Care facilities. Interviews evidenced residents and their whānau were satisfied with the activities provided at the villa.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. The facility had a van that enabled twice-weekly outings to places and events of interest.</p> <p>Two activity assistants provided an activities programme at the Manor (the secure dementia unit). The programme was not overseen by a person skilled in assessment, implementation, and evaluation of diversional and motivational recreation as per ARRC E4.5-C-ii and there were no twenty-four-hour lifestyle plans in place that addressed the residents' previous lifestyle patterns and identified residents' previous interests or skills. A review of the four residents' social profiles verified the programme being offered did not consider residents' previous skills, strengths, and interests (refer criterion 3.2.4). One of three whānau members interviewed at the Manor expressed satisfaction; however, one interview described the programme as not meeting the needs of their family member. In discussion with the activity assistants, they were not aware the twenty-four-hour clock was required to identify residents' previous lifestyle patterns, to enable continuity in the unit. The DT who worked at the Villa did not have oversight of the activities programme at the Manor. The programme provided in the Manor was observed to be walks in the garden, Māori songs, learning te reo Māori, quizzes, exercises, and games. Residents from the Manor often were taken to the Villa to join in the activities if the resident was able.</p> <p>Residents and their whānau were involved in evaluating and</p>
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		improving the programme. Of those interviewed, five of six family members from both units, and ten residents from the Villa confirmed they found the programme met their needs.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used by Lyndale Care.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	PA Low	<p>The food service provided at Lyndale Care was in line with recognised nutritional guidelines for older people; however, the menu had not been reviewed by a qualified dietitian since 20 July 2021 (refer criterion 3.5.4). Recommendations made at that time had been implemented. At the time of audit, the facility had submitted the menu</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>to the dietician but had not received the report.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 20 October 2022. No areas requiring corrective action were identified, and the plan was verified for 18 months. The plan is due for re-audit at Lyndale Care on 20 April 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this, including the needs of residents who identified as Māori.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews and resident meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Residents in the secure dementia unit have access to food at any time over the twenty-four-hour period.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place at Lyndale Care to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. Both the Villa and the Manor have a building warrant of fitness in place, both of which expire on 30 June 2024.</p> <p>A planned maintenance schedule for both of the facilities includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits. Processes are in place to manage inconsistencies should they occur.</p> <p>There were no plans for further building projects requiring consultation, but the owners of Lyndale Care Limited were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>Lyndale Villa</p> <p>The environment was comfortable and accessible. Corridors and residents' rooms have enough space to support the use of personal mobility equipment and corridors have handrails promoting independence. Residents' rooms allow space for the use of moving and handling equipment should this be required. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including tāngata whaikaha residents. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi is available for residents and their whānau to use.</p> <p>Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. The facility is heated through electric heating, and this can be adjusted depending on seasonality and outside temperature. Night store heaters are available in residents' rooms. Space is available for the storage and charging of electronic mobility aids.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. Most</p>
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		<p>rooms have ensuite; of the ones that do not (six rooms), they have a shared toilet and shower facilities, one to each two rooms. All rooms, bathrooms and communal areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Lyndale Manor</p> <p>The unit is secured using electronic locks accessed for staff using an 'electronic fob' and to visitors using a doorbell. The environment was comfortable and accessible. Corridors are wide and have handrails promoting independence and safe mobility. Most residents are mobile and do not require mobility devices, those that do were seen to be using them safely. Spaces are culturally inclusive and suited the needs of the resident group, and quiet spaces were available for residents requiring a low stimulus environment. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi is available for residents and their whānau to use.</p> <p>Residents' rooms allow space for them to move around. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. The facility is heated through electric heating, and this can be adjusted depending on seasonality and outside temperature.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. Most rooms have ensuite. All rooms, bathrooms and communal areas have appropriately situated call bells. There are secure external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents and whānau interviewed from both facilities were happy with the environment of both the Villa and the Manor, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
Subsection 4.2: Security of people and workforce	FA	Disaster and civil defence plans and policies direct both the facility in

<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>their preparation for disasters and described the procedures to be followed. Staff have been trained in fire and emergency management and knew what to do in an emergency, specific to the facility.</p> <p>The fire evacuation plans for both facilities were approved by Fire and Emergency New Zealand (FENZ); the Villa dated 28 April 2019 and the Manor dated 3 April 2019. The requirements of the fire and emergency schemes are reflected in each facility's fire and emergency management plan. A fire evacuation drill is required to be held six-monthly; the most recent drills were both on 21 August 2023.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Staff have been trained and knew what to do in an emergency.</p> <p>There was a first aid certified staff member on duty 24/7 on the rosters reviewed. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. Lyndale Manor is a secure dementia care facility which has locked doors which are accessible through an electronic lock, a doorbell is in place for visitors to use. The electronic lock opens during an emergency and there are processes in place to manage residents should this occur. Lyndale Villa has overnight 'lock-up' procedures in place for security overnight, but this allows for emergency egress. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance and these were noted to be accessible and within reach of residents and staff. Residents and whānau reported that staff were responsive to call bells.</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</p>	FA	<p>Lyndale Care has a suite of infection prevention (IP) and antimicrobial stewardship (AMS) programmes outlined in its policy documents. The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service. They have been approved by the governing body, are linked</p>

<p>of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>to the quality improvement system, and are being reviewed and reported on annually. This is being supported at the governance level through the general manager who is an RN (refer criterion 5.2.1). Clinically competent specialist personnel make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora Wairarapa and Regional Public Health. Infection prevention and AMS information is discussed at the facility level and reported to the owners of the facilities. Significant events are reported immediately. Ethnicity data is collected as part of the IP and AMS programme.</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 GM at Lyndale (who is an RN) was the infection control officer (ICO). The ICO was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the owners of the facilities. The IP and AMS programmes were linked to the quality improvement programme, and this was reviewed and reported on annually. The ICO, stated that education had been undertaken in IP and AMS; however, there was no evidence available onsite to verify appropriate skills, knowledge, and qualifications for the role (refer criterion 5.2.1).</p> <p>The infection prevention and control (IPC) policies reflected the requirements of the standard. Cultural advice at Lyndale was accessed through staff who identified as Māori. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p> <p>Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used.</p> <p>Staff who identified as Māori and spoke te reo Māori provided advice to the ICO if needed for Māori accessing services. Educational resources available in te reo Māori are accessible.</p> <p>The ICO confirmed access to the necessary resources and support</p>

		<p>and makes all decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at interview. Staff had been trained in their use.</p> <p>Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Lyndale Care had a documented AMS programme in place that was committed to promoting the responsible use of antimicrobials. The reduction in antimicrobial use was supported by the GP. The AMS programme had been developed using the evidence-based expertise of an external advisory company and had been approved by the owner. Policies and procedures were in place which complied with evidence-informed practice.</p> <p>The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics in 2022, however an increase in 2023 was sighted. Areas for improvement had been identified by the service.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Lyndale Care undertakes surveillance of infections appropriate to that recommended for long-term care facilities and these were in line with priorities defined in the infection control programme. The service uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to the owners of the facility and shared with staff. Surveillance data included ethnicity data.</p> <p>Culturally clear processes were in place to communicate with</p>

		residents and their whānau, and these were documented.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at both Lyndale Care sites. Suitable personal protective equipment was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and liquid hand sanitisers were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry at both Lyndale Care sites was laundered onsite including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Both environments were observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to carry out duties safely. Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	FA	<p>Lyndale Care facilities are restraint free. The GM, who is the restraint coordinator (RC) was able to describe the focus on maintaining a restraint-free environment and this was supported by the owners of</p>

<p>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>the service. There are strategies in place in the service to eliminate restraint, including an investment in equipment to support the removal of restraint (eg, through the use of 'intentional rounding' (scheduled resident checks), high/low beds, and sensor equipment). Staff interviewed also described their commitment to maintaining a restraint-free environment. There were no residents observed to be using restraint on either site during the audit.</p> <p>Policies and procedures meet the requirements of the standard. The RC is a defined role; they would provide support and oversight should restraint be required in the future. There is a job description in place that outlines the role. The RC in consultation with the multidisciplinary team would be responsible for the approval of the use of restraint; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process.</p> <p>The restraint committee is part of the quality committee of the service. It continues to maintain a restraint register; the criteria on the restraint register contained enough information to provide a record of restraint use should this be required. The committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in meeting minutes. Restraint is also considered during the individualised care planning process with alternative interventions put into place if the resident is thought to be at risk. Restraint is considered only when all other interventions have failed. Any changes to policies, guidelines, education, and processes are implemented if indicated. There are processes in place for emergency restraint in policy should this be required.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2023 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>Given there is no restraint being used in the facility, subsections 6.2</p>
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		and 6.3 have not been audited.
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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 2.1.9</p> <p>Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies.</p>	PA Low	<p>There is a health plan in place at Lyndale to guide care for Māori. While this document references national and local documents related to health care for Māori, it has not been written with direct input from tāngata or mana whenua. Lyndale has no formal alliances with Māori to support meaningful input into organisational policy and plans for Māori in the service.</p>	<p>Lyndale has no formal alliances with Māori to support meaningful input into organisational policy and plans for Māori in the service.</p>	<p>Provide evidence that formal alliances with Māori to support meaningful input into organisational policy and plans for Māori in the service have been established.</p> <p>180 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Moderate	<p>A sample of internal audits and incident forms reviewed showed that organisational practices and incidents were investigated with action plans developed. Corrective actions arising from these activities were not being</p>	<p>Internal audits and incident reporting processes are not being completed to evaluate progress against quality outcomes.</p>	<p>Provide evidence that internal audits and incident reporting processes are being completed to evaluate progress and improve quality outcomes.</p>

		<p>evaluated as required by the quality system to improve service delivery. Internal audits were completed as per the schedule, but corrective actions were not signed off and not accurately reported at staff meetings (eg, an audit of the implementation of the Code of Rights had deficits noted but was reported to staff as achieving 100%). Fourteen incident forms were reviewed, and of these, 13 related to falls and one</p> <p>due to a medication error. Of the 13 reports related to falls, none had a completed evaluation by the clinical manager as required, and none had neurological observations completed (refer also criterion 3.2.3).</p>		90 days
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are</p>	<p>PA</p> <p>Moderate</p>	<p>Four of four files reviewed of residents in the secure dementia unit, had no assessment in place that identified the resident's previous lifestyle patterns, and lived experiences, over a twenty-four-hour period. Residents in the unit who identified as Māori had no cultural assessment. A review of 13 incident forms across the facility showed that, following an unwitnessed fall, residents had been assessed by the RN at the time, but there had been no neurological observations completed (one of the 13 incidents involved the resident being sent to hospital in a timely manner, before neurological observations could be commenced). An interview with the GM verified the</p>	<p>Cultural and lifestyle assessments have not been completed for residents residing in the secure dementia unit and neurological observations are not being completed for residents who have had an unwitnessed fall.</p>	<p>Provide evidence the required cultural and lifestyle assessments are completed for residents in the secure dementia unit and that neurological assessments are being completed for all residents' who have had an unwitnessed fall.</p> <p>90 days</p>

<p>completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>facility had recognised neurological observations were not being carried out, despite ongoing training.</p>		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora</p>	<p>PA</p> <p>Moderate</p>	<p>Nine files reviewed verified that a care plan was developed by an RN following a comprehensive assessment including consideration of the person's lived experience, values, and beliefs, and considers wider service integration and cultural values, were noted in eight of the nine files. However, in the four files reviewed from the Manor (secure dementia services), the care plans of residents who identified as Māori, had no cultural considerations documented. Previous lifestyle patterns/routines</p>	<p>The documentation of care requirements in the care plans of residents in the Manor were not always consistent with meeting the residents' assessed needs.</p>	<p>Provide evidence the documentation in the care plan of residents in the Manor is consistent with meeting the residents' assessed needs.</p> <p>90 days</p>

<p>and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>were not included in the care plan to ensure these were maintained. The activity plan was not reflective of residents' previous skills or interests.</p> <p>Several co-morbidities had no documentation around this in the care plan and strategies to minimise, for example, congestive heart failure potential for fluid retention. Despite a few care items not being documented in the care plan, the continuity of RN cover in the unit ensured these items were addressed.</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>Meaningful activities were planned and facilitated to develop residents' strengths skills and interests at the Villa, however this was not so at the Manor. There was no evidence the activities assistants were aware of the residents' strengths, skills, and interests. The programme on offer was observed to be activities in the lounge that included little content of enhancing residents' strengths, skills, or previous interests. There was no diversional therapy input into the activities programme being provided at the Manor.</p>	<p>Meaningful activities that focussed on resident's previous lifestyle patterns and enhanced residents' strengths, skills, and interests were not offered in the secure dementia unit.</p>	<p>Provide evidence meaningful activities are provided in the secure dementia unit that enhance residents' strengths, skills, and interests. Provide evidence that the programme is overseen or implemented by a person skilled in assessment, implementation, and evaluation of diversional and motivational recreation.</p> <p>90 days</p>
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel</p>	<p>PA Low</p>	<p>The food service provided at Lyndale Care was in line with recognised nutritional guidelines for older people. The menu, however, had not been reviewed by a qualified dietitian since</p>	<p>The present menu is currently being reviewed by a dietitian; however, the menu at this time has not been reviewed since</p>	<p>Provide evidence the menu has been reviewed by the dietitian.</p>

such as dietitians.		20 July 2021. Recommendations made at that time had been implemented. At the time of audit, the facility had submitted the menu to the dietician but had not yet received the report.	July 2021.	180 days
<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</p>	PA Low	The GM at Lyndale Care (who is an RN) is the infection control officer (ICO) for the service and was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the owners of the facilities. The ICO stated that they had completed education in IPC and AMS, but there was no evidence available onsite to verify appropriate skills, knowledge, and qualifications for the role.	<p>There was no evidence to verify the ICO had completed continuing education on IPC and AMS.</p>	<p>Provide evidence the ICO has completed continuing education in IPC and AMS.</p> <p>180 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, these 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.