

# Kauri Lodge Rest Home 2008 Limited - Kauri Lodge

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## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Kauri Lodge Rest Home 2008 Limited	
<b>Premises audited:</b>	Kauri Lodge	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 7 November 2023	End date: 8 November 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>	57	

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Kauri Lodge Rest Home provides rest home level care for up to 70 residents. On day of audit there were 57 residents.

This surveillance audit was conducted against the relevant Ngā Paerewa Services Standard and the contract held with the Te Whatu Ora Health New Zealand – Waitaha Canterbury. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, management and the general practitioner.

An experienced aged care management team oversees the service. The general manager (owner as part of the family business) is an experienced service operator. The general manager is supported by a clinical nurse manager, area manager, facility administrator and long-serving staff. The clinical manager has been at Kauri Lodge for fourteen years and has an experienced team of caregivers on staff.

Policies, procedures, and processes meet the Ngā Paerewa Standard and service contracts. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

No shortfalls were identified at this surveillance audit.

## Ō tātou motika | Our rights

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



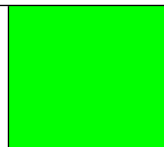
Subsections applicable to this service fully attained.

Kauri Lodge Rest Home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Tiriti o Waitangi obligations. There is a Māori health plan in place. The service works collaboratively to embrace, support, and encourage a te ao Māori view of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Kauri Lodge has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The general manager is supported by an experienced facility administrator and clinical manager, oversees the day-to-

day operations of the service. There is an area manager (registered nurse) who collates the data and manages the quality and risk system.

The business plan is specific and includes mission, vision, and values statements. Business goals are regularly reviewed at defined intervals.

The service has an effective and organisation-wide system in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as needed.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The clinical manager completes assessments, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input. The clinical files demonstrate service integration, and the clinical manager reviews assessments and care plans as required and at least six-monthly as per policy.

Medication policies reflect legislative requirements and guidelines. The clinical manager and medication competent caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioners. Medications are stored securely.

All food and baking are prepared and cooked on site in the centrally located kitchen. Food preferences and dietary requirements are identified at each resident's admission. A current food control plan is in place.

All resident referrals, transfers and discharges are performed in partnership with the resident and family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current building warrant of fitness, which expires on 1 June 2024. There is a planned and reactive maintenance programme in place.

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

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

Subsections applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the general manager and area manager in consultation with the clinical manager.

Education is provided to staff at orientation to the service and is included in the education planner.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practises through meetings, and education sessions.

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

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

Subsections applicable to this service fully attained.

Maintaining a restraint-free environment is included as part of the staff education and training programme. There is no restraint used at Kauri Lodge. The service considers least restrictive practices, implements de-escalation techniques and alternative interventions, and uses an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is updated and meets the requirements of the NZS 8134:2021: Ngā Paerewa Health and Disability Services Standard. There were no residents who identify as Māori on the days of the audit. Three caregivers were interviewed and were able to demonstrate awareness of cultural safety and have completed a cultural competency. The general manager, area manager, clinical manager, and staff (one cook, a housekeeper, three caregivers) were able to describe encompassing Te Tiriti o Waitangi in their daily work in relation to their roles.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>Kauri Lodge has a Pacific plan developed by their quality consultant in partnership with Pasifika that supports culturally safe practices for Pacific peoples using the service. There are additional policies, procedures, and guidelines to provide staff with information on a Pacific model of care, worldview, and cultural and spiritual beliefs.</p> <p>No residents at Kauri Lodge identify as Pasifika. There are staff employed that identify as Pasifika.</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 residents who were interviewed reported that all staff respect their rights, and they were supported to know and understand their rights and their mana motuhake was recognised and respected. Care plans reviewed were resident centred and evidenced their input into their care and choice/independence. Code of Rights posters were displayed around the facility in English and te reo Māori.</p> <p>The management and staff interviewed were able to provide examples of how they uphold and respect residents rights in relation to their roles.</p> <p>Five residents and two family/whānau were interviewed and expressed they felt residents rights were upheld, and residents are supported to make choices and participate in the planning of care and decision making.</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>	<p>FA</p>	<p>Kauri Lodge has an implemented abuse, neglect, and prevention policy. There are policies for the management of misconduct which addresses the elimination of discrimination, harassment, and bullying. Staff are held responsible for creating a positive, inclusive, and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses and the handling of precious items - taonga.</p> <p>The service includes police checks as part of the employment process. The human resource policies include management of misconduct which addresses the understanding of professional boundaries, the elimination of discrimination, harassment, and bullying. Professional boundaries are defined in job descriptions. Staff code of conduct/house rules are discussed during the new employee's induction to the service. Interviews with the clinical manager and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and family/whānau who were interviewed described what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they engage in the decision-making process, and in the planning of resident's care (where this is appropriate).</p> <p>Discussions with the clinical manager and caregivers confirmed they are familiar with the requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorneys (EPOA) and activation documentation were evident in the resident files sampled.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were two complaints since the last audit, all in 2023, these have been closed off. Complaints documented in the complaint register and included an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in staff meeting minutes sighted. One further complaint is an external complaint with the HDC. All information is with the HDC and Kauri Lodge is awaiting their reply. Manatū Hauora (Ministry of Health) requested follow up against aspects of the HDC complaint that included Subsection 4 Environment criterion, Subsection 5.5 Infection Control Environment and Subsection 1.6 Effective Communication. There were no issues identified in respect of these complaints.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Service feedback forms are easily</p>

		<p>accessible at the entrance to the facility. The clinical manager described their understanding that Māori prefer to have in person communications.</p> <p>There is a complaints/concerns form available for residents and family/whānau to make a complaint and express a concern. Residents are updated as necessary at lunch time if the planned resident meetings are not able to take place. Residents confirmed this when interviewed, meeting minutes reflected discussions with residents around what is going well and what could be improved. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kauri Lodge is located in Christchurch. Kauri Lodge is certified to provide rest home level care for up to 70 residents. On the day of the audit there were 57 residents with two residents on respite and one resident on a young person with a disability (YPD) contract. There are ten rooms that can have couples in them, on the day of the audit there were no couples sharing rooms.</p> <p>The general manager/owner is part of a family business and has been involved with Kauri Lodge for more than fourteen years. The general manager is an experienced aged care operator and owns three other facilities in Christchurch. Based at Kauri Lodge the general manager/manager is supported by experienced clinical nurse manager and administration manager.</p> <p>There is a business plan which identifies business and quality goals. There are regular reviews of the plan and associated goals which are communicated from the general manager and area manager to the clinical manager at Kauri Lodge and relevant staff.</p> <p>The area manager collates the quality data in a report and shares it with the clinical manager and general manager in a monthly report. The report includes quality, and risk with an overview of adverse events, health and safety, staffing, infection prevention control, use of restraint (if any) and other aspects of the quality risk management programme. Any critical and significant events are reported immediately to general manager, area manager and clinical manager. The area manager confirmed at interview that equity in health outcomes are monitored by way of reporting on clinical indicators, spiritual, social, emotional, and environmental needs.</p>

		<p>The Māori health plan reflects commitment by the senior management to collaborate with Māori, it aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback on all aspects of the service through annual satisfaction surveys and regular resident meetings. Feedback is collated, reviewed, and used by the management team to identify barriers to care, to improve outcomes for all residents. The general manager reported there is a focus on improving equitable outcomes for Māori and addressing barriers for Māori. There is a comprehensive feedback system and complaints process that is focused on continual service improvement at the service. The general manager and clinical manager have an open-door policy and are transparent in the decision-making process which includes regular staff and resident meetings. The area manager provides input to the owner/general manager regarding clinical governance along with the external quality consultant who provides up to date policy/procedures, education resources and current information regarding aged care. the general manager and clinical manager were knowledgeable around legislative and contractual requirements.</p> <p>The interview with the general manager confirmed the commitment to support Māori health strategies. Kauri Lodge have staff who are Māori with local iwi/marae connections to support and provide advice to the clinical manager and staff with the care of residents.</p> <p>The organisation is focused on providing respectful end of life care that caters to physical, cultural, and spiritual needs, as evidenced by compliments from family/whānau.</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</p>	<p>FA</p>	<p>A documented quality and risk system reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards; complaints; audit activities; a regular resident and staff satisfaction survey; policies and procedures; clinical incidents, including falls; infections; and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months' results.</p> <p>The meeting schedule is implemented and includes quality meetings, which</p>

<p>these systems meet the needs of people using the services and our health care and support workers.</p>		<p>includes discussion about clinical indicators (eg, incident trends, infection rates). Management meetings, combined health and safety and infection control meetings are held at least quarterly. Leadership commitment to quality and risk management are evident in quality and risk documentation and management reporting documents sighted.</p> <p>Annual satisfaction surveys are held as scheduled. Results are collated, analysed with any areas of low satisfaction identified and corrective actions implemented. All results are shared at facility meetings and shared with residents and family/whānau.</p> <p>Risk management plan, policies, and procedures all clearly describe potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy. Health and safety is managed by the general manager who has the relevant training and knowledge. The current hazard register was reviewed and evidenced completed environmental audits. A sample of twelve incidents/accidents recorded in the electronic record management system were reviewed and showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Family/whānau are notified following incidents when required.</p> <p>The service complies with statutory and regulatory reporting obligations. There have been no essential notifications required since the previous audit</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>FA</p>	<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). Caregivers reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced caregivers with support from clinical and management team. A caregiver with a current first aid certificate is always rostered on shift. The clinical manager is the RN responsible for the clinical management of oversight of the cares for all residents. The area manager provides support in managing the quality aspects and reporting quality information and data through to the owner/general manager.</p> <p>An annual training plan is in place, these include the mandatory training requirements. Evidence of regular education provided to staff was sighted in</p>

		<p>attendance records. Training topics included: infection prevention control education, safe food handling, chemical training, cultural safety, Te Tiriti o Waitangi, standard precautions, and privacy. Related competencies include safe medicine management, restraint minimisation, first aid and fire evacuation are assessed to meet policy requirements.</p> <p>Caregivers are encouraged to gain a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. There are 17 caregivers in total; 11 have completed level 3 and 4 Careerforce qualifications. Reading material related to health equity has been distributed to staff and in-service education is ongoing. The clinical manager maintains competencies including safe medication management and interRAI.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. All staff interviewed reported feeling well-supported and safe in the workplace. The general manager and clinical manager reported that the model of care ensured that all residents are treated equitably.</p> <p>The service supports peoples' right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau.</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 reflect standard employment practices and relevant legislation. A diverse mix of staff are employed. New staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are consistently implemented. Each position has a job description. Five staff files were reviewed (clinical manager, cook, and three caregivers) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions. All staff who have been employed for more than a year have had appraisals completed as scheduled.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Each of the sampled personnel records contained evidence of the new staff member having completed an orientation to work practices and</p>

		standards and the environment, including management of emergencies.
<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>	FA	<p>Five files were reviewed. The files reviewed evidenced all initial assessments and initial care plans were resident centred and were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the clinical manager and caregivers.</p> <p>InterRAI assessments and reassessments were completed for long-term residents, including the resident on a YPD contract. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau. Long-term care plans were developed within timeframes, and outcomes of assessments were reflected in the resident's daily care needs. Resident, family/whānau, and general practitioner (GP) involvement is encouraged in the plan of care. Long-term care plans were individualised, and resident focussed. Care plans were developed within timeframes, and outcomes of assessments were reflected in the resident's daily care needs. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. Short-term care plans were developed for all acute issues or in the event of any significant change, with appropriate interventions formulated to guide staff. The care plans were reviewed as per policy if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the clinical manager works in collaboration with the resident and family/whānau to initiate changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. The GP expressed considerable satisfaction that the care residents at Kauri Lodge receive is</p>

		<p>timely and appropriate. The GP provides 24/7 call support to the facility which he advised was rarely used.</p> <p>The caregivers reported that sufficient and appropriate information is shared between the staff at each handover, which was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were five wounds at the time of the audit, including one surgical wound. Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. The clinical manager confirmed where wounds require additional specialist input, this would be initiated. The wound care plans include a comprehensive assessment, wound management plan, and evaluations document progression towards healing. Photographs are taken regularly to evidence progression towards healing.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Any change in condition is reported to the clinical manager and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The family/whanau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. Monitoring charts used include but are not limited to, blood sugar levels, bowel management, vital signs, behaviour. The incident/ accident reports reviewed evidenced timely RN follow up and family/whānau notification. Neurological observations were fully completed according to policy. These are reviewed daily by the clinical manager.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. The staff confirmed they understood the process to support residents and whānau.</p>
Subsection 3.4: My medication	FA	The medication management policy is current and in line with the Medicines

<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>Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. Ten medication charts were reviewed. Indications for use were noted for as required - PRN medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of 'As required' medications was being consistently documented.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication room temperatures were being conducted regularly and deviations from normal reported and dealt with promptly. Records were sighted. The caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms and cupboards. There were no residents self-administering medications. A self-medication policy was in place when required. No standing orders in use at Kauri Lodge.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Kauri Lodge has a current food control plan in place which expires on 21 May 2024. At admission, a nutritional profile is completed for each resident. The nutritional profile identifies dietary requirements, likes, and dislikes, a copy is provided to the kitchen. At the care plan review (six-monthly) the nutritional requirements are reviewed. Dietary preferences were noted on the kitchen noticeboard to be accessible for staff at all times.</p> <p>Residents who were interviewed and family/whānau complemented the food service and were satisfied with food portions and the options available.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Documented policies and procedures ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Exits, discharges or transfers are planned by the clinical manager, and these are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. A discharge plan was reviewed and confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well 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>	FA	<p>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 1 June 2024. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Hot water temperatures were monitored and recorded.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally</p>	FA	<p>As part of the annual review of the infection control and prevention plan an updated suite of policies provided by an industry leader have been implemented. The revised plan links to the quality plan and is provided to the management team. The infection control and prevention policy states that the service is committed to the ongoing education of staff and residents. Relevant training is included in the annual training plan and is part of staff orientation.</p>

<p>safe. Communication about the programme is easy to access and 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>There has been infection prevention and control in-services for staff with associated competencies such as handwashing and use of personal protective equipment. Education with residents takes place by staff as part of the daily cares. Family/whānau are kept informed and updated as required about relevant changes to the services infection control and prevention processes and procedures.</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>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection and prevention control programme. All infections are collated and analysed monthly. Any trends are identified, and corrective actions implemented. Benchmarking occurs utilising the electronic system. Outcomes are discussed at daily handovers and all facility meetings and is reported to the general manager. Ethnicity data is linked to the use of national health identification (NHI) numbers as identifiers for residents.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, and management, respectively. There has been one Covid -19 outbreak reported in May 2022, this was managed appropriately, with appropriate notifications completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The clinical manager is the restraint coordinator. Kauri Lodge has never used restraint and demonstrates a commitment to providing services to residents without use of restraint. The clinical manager at interview, described the focus on maintaining a restraint free environment. If restraint were to be considered the restraint policy provides guidance that restraint consideration and application would be done in partnership with family/whānau, and the choice of the intervention would be the least restrictive possible. If a resident were to use restraint, the use of restraint would be reviewed three-monthly and, reported in the staff/quality meetings and to area manager and general manager. Restraint minimisation is included as part of the mandatory training plan and orientation programme with staff completing annual restraint competencies.</p>



## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.