

# Seniorcare Geraldine Incorporated - Waihi Lodge Care Centre

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

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

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

The specifics of this audit included:

**Legal entity:** Seniorcare Geraldine Incorporated

**Premises audited:** Waihi Lodge Care Centre

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

**Dates of audit:** Start date: 18 April 2024 End date: 18 April 2024

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

**Total beds occupied across all premises included in the audit on the first day of the audit:** 21

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Waihi Lodge Care Centre is located in Geraldine and is certified to provide rest home level of care for up to 21 residents. Waihi Lodge Care Centre is community owned (Senior Care Geraldine) and governed by a Board of Trustees. There was 21 residents at the time of the audit.

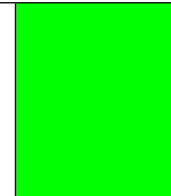
This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard and the contract with Health New Zealand - South Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, the manager, board members, staff and a general practitioner.

There have been no change in management since the last audit. The service has fully implemented their electronic resident management system as well as internal and external refurbishments occurred since the last audit. The facility manager is supported by two experienced registered nurses and a stable workforce. Quality systems and processes are documented with improvements made to the service in response to any corrective action plans. Feedback from resident and family/whānau was positive about the care and the services provided.

The certification audit identified a shortfall in relation to the full implementation of the quality programme.

## 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.

Waihi Lodge Care Centre provides an environment that supports resident rights and cultural safe care. The service works to provide high-quality and effective services and care for all their residents. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan documented with a stated commitment to providing culturally appropriate and safe services.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents (and family/whānau if engaged with the service) are kept informed of any changes or issues.

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 fully 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.		Some subsections applicable to this service partially attained and of low risk.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The strategic document informs the quality and risk management plan. Service objectives are defined and regularly reviewed. Internal audits, and the collection of data were documented as taking place as scheduled, with a corrective action process implemented.

Health and safety processes are implemented with this itemised as a regular agenda item at staff meetings. Contractors and staff are orientated to health and safety processes.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme that covers relevant aspects of care and support.

There is a policy that guides staffing. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is 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.

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

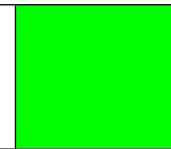
Discharge and transfers are coordinated and planned. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities support provides and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

## Te aro ki te tangata me te taiao 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.

There is a current building warrant of fitness displayed. There is an implemented maintenance plan. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy, Rooms are personalised.

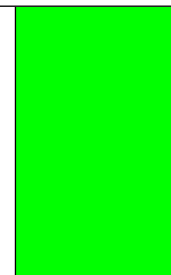
Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly.

Staff have planned and implemented strategies for emergency management. There is always a staff member on duty and on outings with a current first aid certificate.

The building is secure at night to ensure the safety of residents and staff.

## 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.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection prevention control programme is implemented and meets the needs of the service and provides information and resources. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the service. One outbreak has been well managed.

There are documented processes for the management of waste and hazardous substances in place, and any related incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## 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.
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The restraint coordinator is a registered nurse. There was no restraint in use at the time of the audit and maintaining a restraint-free environment is included as part of the education and training plan. Elimination and a restraint free environment is supported by the governing body and policies and procedures. The staff implements appropriate de-escalation techniques for behaviours and alternative interventions to maintain a restraint free environment.



## 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	26	0	1	0	0	0
Criteria	0	168	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Waihi Lodge care centre (Waihi Lodge) has embraced Māori culture, beliefs, traditions and te reo Māori, and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family/whānau. A Māori Health plan is documented and there are policies referencing the principles of the Treaty of Waitangi and the recognition of mana motuhake.</p> <p>The facility manager interviewed described the role of the board in ensuring that equity for Māori is progressed. The Board of Trustees (the board) have access to Māori advice. The board have completed training in cultural safety, the Māori health plan and implementation. There are established linkages to iwi and Māori in the community.</p> <p>The two registered nurses interviewed confirmed residents receive services that reflect their needs as set out in their care plan. The facility manager stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. The Māori health plan and Diversity, Equity and Inclusiveness' policy documents a commitment to a diverse workforce. The facility manager interviewed stated they interview Māori applicants when they apply for employment opportunities.</p> <p>The Māori health plan confirms the organisation is committed to</p>

		<p>ensuring that the needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident and their whānau/hapu/iwi. While there are no residents who identify as Māori, the educator described the commitment to ensuring that individual care plans for residents who identify as Māori would reflect their individual needs. Activities for residents including Matariki celebrations have been held and the staff are being encouraged to learn te reo Māori. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Although the residents' demographics and ethnicity data reflect a monocultural demographics, there are processes in place to analyse ethnicity data through the electronic resident management system. The facility manager report to the board and meeting minutes evidence opportunity to summarize progress against Māori indicators.</p> <p>Staff interviewed confirm they feel supported by the organisation and the organisation's commitment to Māori. Te reo learning is supported and encouraged with access to opportunities to learn. The staff completed cultural training.</p> <p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is accessible in te reo Māori</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan which is part of the Pacific Peoples cultural and general awareness policy. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality care. Waihi Lodge is committed to applying principles to service provision which promotes equity to Pacific people regarding employment.</p> <p>Etu Pasifika and Fale Pasifika O Aoraki provides support to the service for Pacific people living in the region. The service did not have any Pasifika staff or residents at the time of the audit. staff interviewed stated that family/ whānau are encouraged to be</p>

		<p>involved in all aspects of care, are encouraged to give feedback to the service and there is a commitment to recognising cultural needs. Staff interviewed also stated that cultural safety and support is at the forefront of care provided.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager interviewed, stated that they discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed at the entrance of the service, in English and te reo Māori. Five residents and three family/whānau interviewed reported that the service is upholding the residents' rights. There is an advocate for residents that support the residents at monthly residents' meetings. Discussions relating to the Code are held during the six-monthly resident and family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Discussions relating to the Code were held during a resident and family/whānau meeting (September 2023). Staff receive education in relation to the Code at orientation. This training is repeated annually through the education and training programme and includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. an advocate from the Nationwide Advocacy services provided staff training in residents' code of rights.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>A spirituality policy is in place. There are links to spiritual supports. Church services are held on site regularly. Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are documented as consulted during the assessment process to determine residents' wishes and support needs when required.</p> <p>Staff have completed cultural training that includes Māori rights and</p>

		<p>health equity. Māori mana motuhake is recognised for all residents residing in the facility as far as possible by involving residents in care planning and supporting residents to make choices around all aspects of their lives as evidenced in care plans and supported by the Māori health plan.</p> <p>The facility manager (non-clinical), two registered nurses (RNs), three healthcare assistants (HCAs) one diversional therapist (DT), one kitchen manager and one cleaner were interviewed. All stated that the rights of residents and family/whānau are upheld. Documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants and registered nurses interviewed described how they support residents to make informed, independent choices. Residents interviewed stated they have choice and are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision-making related to their health and wellbeing. It was observed that residents are treated with dignity and respect.</p> <p>The staff education and training plan reflects training that is responsive to the needs of people across the service. The service promotes cultural safety through educating staff around te ao Māori and involving tāngata whaikaha when planning services. The results/outcomes of the 2024 annual satisfaction surveys confirmed that residents are treated with respect. This was also confirmed during interviews with residents. Staff were observed to use person-centred and respectful language with residents.</p> <p>An Intimacy and Sexuality in Older Persons Policy is in place, with training as part of the orientation programme and education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility. Residents interviewed were positive about the</p>

		<p>service in relation to their values and beliefs being considered and met. Residents' gender and sexuality are respected.</p> <p>The Confidentiality and Privacy Policy is implemented. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission (with family/whānau involvement) and is integrated into the resident's care plans.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, Māori equity and models of care, Pacific models of care and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is being implemented. The Diversity, Equity and Inclusiveness policy documents a goal to understand the impact of institutional, interpersonal and internalised racism on a patient/resident wellbeing and also to improve Māori health outcomes through clinical assessments and education sessions. The staff survey results for 2024 evidence a good workplace culture and teamwork; this was confirmed during interviews with staff.</p> <p>Specific cultural values and beliefs are documented in the resident's care plans and this is the foundation of delivery of care. The service uses a strengths-based and holistic model of care, as evidenced in the resident centred care plans. The holistic framework of Te Whare Tapa Whā is used for Māori care plans as needed.</p> <p>Guidelines Professional Boundaries policy is discussed during the employee's induction to the service. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged.</p> <p>Staff complete education on orientation, and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect</p>

		<p>and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about the service is provided to residents and family/whānau on admission. Monthly resident and family/whānau meetings identify feedback from residents and family/ whānau. Meeting minutes include subsequent follow up by the service for issues raised.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any adverse event that occurs. Electronic accident/incident forms include a section to indicate if next of kin have been informed (or not) of an accident/incident. The accident/incident forms reviewed identified that family/whānau are kept informed.</p> <p>Contact details of interpreters is available at the nurse's station. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies who are involved with the resident, such as a palliative nurse specialist and Health New Zealand, Te Whatu Ora - South Canterbury specialist services. The delivery of care involves a multidisciplinary team approach, and residents provide consent and are communicated with regarding</p>

		<p>services involved. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents confirmed they know what is happening within the facility and felt informed through resident meetings and an open-door philosophy. The open-door philosophy was reinforced by the facility manager who was available to talk with residents or family/whānau at any time</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>	FA	<p>An Advance Directive and Informed Consent policy is implemented. Informed consent processes are discussed with residents and families/whānau on admission. Five resident files sampled included written consents signed by the resident. Family/whānau (or enduring power of attorney) have signed consent forms for residents who are not able to give informed consent. The signed service agreements include consent for care and support, for photographs, sharing of information, family involvement. Advanced directives were documented in files reviewed. Healthcare assistants and registered nurses interviewed, confirmed verbal consent is obtained when delivering care and this was observed as being requested on the days of audit. Tikanga best practise is reflected in informed consent policies.</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>The complaints policy is provided to residents and family/whānau on entry to the service. Complaints forms are available at the entrance to the facility. A record of all complaints, both verbal and written is maintained by the facility manger in the complaint register. The staff interviewed could describe how they deal with low level concerns and when to direct the complainant to the facility manager or registered nurses.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and are aware complaints forms are available. Residents have a variety of avenues they can</p>



		<p>choose from to make a complaint or express a concern. Resident and family/whānau meetings are monthly and concerns can be raised. They are supported at meetings by an appointed resident advocate. Residents interviewed stated that they would have no problem making a complaint or talking with the facility manager or registered nurses if they had concerns. The facility manager interviewed acknowledged the understanding that for Māori, there is a preference for face-to-face communication. The complaints process links to advocacy services.</p> <p>Residents advised that they are aware of the complaints procedure and how to access forms.</p> <p>There were no complaints documented since the last audit. The facility manager described a process of investigating complaints within timeframes set out by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There were no complaints from external agencies.</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>FA</p>	<p>Waihi Lodge is located in Geraldine and is certified to provide rest home level of care for up to 21 residents. Waihi Lodge is owned by Senior Care Geraldine and governed by a board of seven trustees (including two health professionals). On the day of the audit, there were 21 residents, including one resident on a mental health contract. The remaining residents are on an age-related residential care (ARRC) contract.</p> <p>The facility manager has been in the role for two and a half years and is supported by two part time registered nurses, an administrator and healthcare assistants. The facility manager reports monthly to the board on a variety of management issues and key performance indicators (KPI). Business goals are reviewed at each board meeting, as evidenced in board meeting minutes reviewed. Two trustees of the board (interviewed) advised that strategic (2021-2025) reflects a person-centred approach to all aspects of service delivery. The strategic plan sighted outlined the scope, direction, and goals of Waihi Lodge. The strategic plan links to the quality and risk management programme. There is a documented Clinical</p>

		<p>Governance policy. The registered nurses provide clinical oversight and provide a clinical report as part of the facility manager`s report to the board. Quality goals are documented and were reviewed in December 2023.</p> <p>The board was described as having a strong focus on quality improvement and regulatory compliance. The documented Māori Health Plan reflects a leadership commitment to collaborate with Māori (sighted input in policy development) and aligns with Health New Zealand strategies. The board members (interviewed) advised that they have met with a kaumātua from the Arowhenua Marae to provide support and expertise to the board to improve outcomes and achieve equity for future Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha. The facility manager report provides an overview of adverse events, health and safety, staffing, infection control and all aspects of the quality and risk management plan. Critical and significant events are reported immediately to the board. There is a discussion and agenda topic for cultural safety included in the board meeting. All trustees have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Regular feedback from the residents are used to improve service delivery.</p> <p>The facility manager has attended conferences and training relevant to their role. They have regular regional peer support available to them.</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</p>	<p>PA Low</p>	<p>Waihi Lodge has a quality and risk management plan which includes quality goals. Quality goals are discussed with staff; there was evidence that quality goals were reviewed as part of the overall review of the 2023 quality plan. Quality activities cover performance monitoring through internal audits, satisfaction survey results and through the collection of clinical indicator data, staff training and development, and implementing organisational quality initiatives. Aspects of quality and risk, health and safety an infection prevention and control is regularly discussed at meetings. Internal audits, meetings, and the collection/collation of data takes place as</p>

<p>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>scheduled. Internal audits are completed as scheduled and corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the facility manager and/or registered nurse. Meeting minutes alert staff of upcoming internal audits or completed internal audits; however, there were no evidence in meeting minutes that staff are informed of internal audit outcomes/results and subsequent corrective actions. Meeting minutes are provided to staff who are unable to attend meetings.</p> <p>Reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Family/whānau are informed of incidents (where required) in a timely manner. Incident and accident data is collated monthly and presented to staff. The resident management system provide real time graphs that compare adverse events and infections with previous months and comparison with industry average. Regular staff meetings occur and meeting minutes evidence the collation of data is presented to staff; however, there were no documented evidence of summaries provided to staff that include analysis, trends, benchmarking, possible contributing factors, preventative and corrective actions related to the collated data. The service has processes in place where health outcomes of Māori vs non-Māori can be analysed to ensure achieve equitable outcomes.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external provider and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff. The facility manager report to te board provide an opportunity to summarise progress against Māori indicators. Staff have completed cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori.</p> <p>The 2024 resident satisfaction surveys (for 2023) indicate that</p>
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		<p>residents have high levels of satisfaction with the services being provided. Results have been communicated to residents, staff and family/whānau through emails and meetings. The overall results of the survey were satisfactory.</p> <p>A health and safety system is in place. The health and safety team consists of the facility manager who takes a lead in oversight of health and safety and contractor management. There are regular moving and handling training sessions for staff provided by a physiotherapist. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious staff injuries since the last audit. A 2023 hazard and risk register has been reviewed prior to the documentation of the 2024 register. Each hazard is risk rated with controls put into place. Hazards and staff injuries/accidents are discussed at the health and safety meeting. The noticeboard keeps staff informed on health and safety matters. Staff wellbeing is promoted through various activities.</p> <p>Discussions with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notifications completed to notify HealthCERT in relation to a non- facility acquired pressure injury in April 2024. One Covid -19 notification in May 2023 were appropriately notified.</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>	<p>FA</p>	<p>There is a policy that guides staff allocation and requirements for safe clinical care. Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are addressed in a timely manner. The facility manager and one registered nurse is on site between 8.00 am and 3.00 pm Monday to Friday. The two RNs share the afterhours call roster over seven days. The service is supported by a GP who is available for the on-call RN for advice (if required). There are two casual RNs that are available to the service; however, they have not been utilised for more than six months.</p> <p>Staffing levels are adjusted based on resident acuity. There are</p>

	<p>sufficient number of HCAs allocated to the roster to provide clinical safe care to residents. Both RNs and a selection of HCAs have a current valid first aid certificate to ensure there is a first aider on each shift. There is a medication competent HCA on shift in the absence of a RN.</p> <p>The HCAs also provided laundry tasks that include residents' personal clothes, laundering of hand towels and face cloths. The HCAs interviewed reported that these tasks are manageable.</p> <p>The roster reviewed evidence of flexibility in the roster where extra short shifts are allocated as floater shifts to manage change in acuity. Staff that are absent are always replaced; this was confirmed through staff interviews.</p> <p>There are dedicated cleaning and kitchen staff to provide for non-clinical tasks.</p> <p>A learning and development and staff training policy is documented and implemented for the service. The annual training and education schedule for 2023 has been implemented and the schedule for 2024 is on track and being implemented. Training records reviewed evidence a high level of staff attendance at sessions.</p> <p>The education and training schedule lists compulsory training which includes: the ageing process, falls management, management of behaviour that challenge, sexuality and intimacy, code of rights, privacy and dignity, advocacy service and complaints management, cultural awareness training and training related to Te Tiriti and tikanga, skin management, nutrition and hydration, wound management, medication safety, diabetes management, abuse and neglect, fire and emergency training. Face to face training is provided by the two RNs and some external speakers. Cultural training was completed using an online platform. The two permanent registered nurses have completed interRAI training, end of life/ syringe driver training and attended clinical workshops provided by the New Zealand aged care association.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training. This learning platform</p>
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		<p>provided opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 16 HCAs, 13 have completed level 3 or 4 Certificate in Health and Wellbeing.</p> <p>Staff complete competencies including (but not limited to) correct use of personal protective equipment, hand hygiene, medication competencies, manual handling competencies and restraint competencies.</p> <p>Staff reported good teamwork and a positive work environment.</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>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. An agreement is signed by both the new staff member and the facility manager. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The policy that guides staff performance appraisals is implemented and all staff who have been employed for over one year have a completed annual performance appraisal on file. The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff</p>

<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a business continuity plan documented with guidelines in an event of an information technology failure.</p> <p>The service has fully implemented the electronic resident management system. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for the registration of National Health Index Numbers</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an acceptance and decline entry to service policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service.</p> <p>Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The facility manager and registered nurses are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents</p>

		<p>and family/whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents, and this is documented on the enquiry form. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focused.</p> <p>The service has linkages to the local Marae. Staff who identify as Māori are available to support Māori residents and family/whānau.</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>FA</p>	<p>Five files were reviewed for this audit (five rest home level of care, including one on a mental health contract). Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the paper-based progress notes. Barriers that prevent whānau or tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in resident's care plans. The service has no Māori residents; however, the RN described how the service would support Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. The following assessments are completed: activities of daily living (ADL); behaviour; social and cultural; mobility; continence; and communication. All initial assessments and care plans reviewed were signed and dated. There is specific cultural assessment as part of the social and cultural plan. InterRAI assessments and care plans were completed on all residents (including the resident one on a mental health contract) and evaluated within expected timeframes. Care plans had been updated when there were changes in health</p>



	<p>condition and identified needs. The long-term care plan includes sections on mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; and pain. The care plans align with the service's model of person-centred care. Challenging behaviour is assessed when this occurs. Evaluations stated progress against the set goals. Short-term care plans are utilised for issues such as infections, weight loss, and wounds.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was witnessed on the day of audit and found to be comprehensive in nature. Progress notes are written by healthcare assistants and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are GP visits every week and more often when required. After hours support is available until 5pm on weekends. Between the hours of 5.00 pm to 7.00 am, the service contacts the emergency department at Timaru hospital. The registered nurse is available for after-hours calls and advice. When interviewed, the GP expressed positive feedback and stated they were satisfied with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers residents to a physiotherapist as and when required. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available as required. When a resident's condition alters, an RN initiates a review with a GP. Family/ whānau were notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>A wound assessment, and wound management plan with body map,</p>
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		<p>photos and wound measurements was reviewed. On the day of audit there was one wound documented as being treated. The resident was admitted recently with a non-facility acquired stage four pressure injury. An incident form and a section 31 were completed. An electronic wound register is maintained. Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The HCAs and RNs complete monitoring charts including bowel; blood pressure; weight; food and fluid; pain; behaviour; blood sugar levels; intentional rounding; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy.</p> <p>Residents and relatives interviewed reported their needs and expectations were being met.</p>
<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a qualified diversional therapist that provides activities Monday to Fridays. They are supported by the healthcare assistants and the facility manager. They hold current first aid certificates. Weekend activities are supported by the HCAs and plenty of resources are available to deliver the activities. Volunteers assist with a men's club outings, craft, entertainment, and `cycling without age` outings. All volunteers are inducted into the service and complete vetting processes.</p> <p>The programme is planned weekly and includes themed cultural events, St Patricks Day, Easter, Matariki and Christmas. A weekly programme is delivered to each resident which is displayed in the resident's room, as sited on day of audit.</p> <p>The service facilitates opportunities to participate in te reo Māori through the use of Māori language on planners, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities, and culturally focused activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional</p>

		<p>needs of the residents. One-on-one time is spent with residents who choose not to attend activities.</p> <p>A variety of individual and small group activities were observed occurring at various times throughout the day of audit. Entertainment and outings are scheduled weekly. There are fortnightly interdenominational services and weekly communion provided by the local catholic church. Tamariki from local schools visit to engage with residents and share cultural songs. The service also visits local schools to attend concerts and cultural entertainment.</p> <p>A resident's social and cultural profile is completed within 24 hours of admission and include the resident's hobbies and interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed within 21 days and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include morning chats, exercises, bingo, bowls, hand pampering, happy hour, and word games. The service has weekly van drives for outings to local cafes, men's club, local schools and other sites of interest. The diversional therapist drives the van and has the appropriate competencies and first aid required.</p> <p>Resident meetings are held monthly with a resident advocate, and family/whānau are welcome to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and family/whānau surveys also provide feedback on the activity programme and evidence overall satisfaction with the activities provided. Residents and family/whānau members interviewed stated the activity programme is meaningful.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication</p>	<p>FA</p>	<p>Medication management procedures and related documents are available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, considered and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were two rest home residents partially self-medicating. The residents both have the appropriate assessment and review on file. Medication competent HCAs or RNs sign when the medications have been taken. No inhalers are kept in the resident's rooms. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects, and this is documented in the progress notes. The registered nurses and registered nurse described a process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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,</p>	<p>FA</p>	<p>The meals at Waihi lodge are all prepared and cooked on site. The kitchen has been completely renovated with stainless steel equipment and easy clean wall and floor surfaces. The kitchen was observed to be clean, well-organised and well equipped. A current</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>approved food control plan was in evidence, expiring in March 2025. There is a four-weekly seasonal menu that is developed and was reviewed by a registered dietitian in June 2023. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences, including Māori specific options when required. The kitchen is adjacent to a spacious dining room and meals are plated and served directly to residents. On the day of audit, meals were observed to be well presented in a homely manner. A trolley is used for covered plated meals to be transported to those residents' enjoying meals in their rooms. Staff were observed supervising residents with meals and modified utensils are available for residents (when required) to maintain independence with eating.</p> <p>Healthcare assistants interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>The kitchen manager completes a daily check which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process by the cook. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. All kitchen staff have completed food safety and hand hygiene training. Cleaning schedules are maintained.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis to the kitchen manager, at the resident meetings and through resident surveys. The surveys completed evidence high satisfaction with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>Planned discharges or transfers were coordinated in collaboration</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>with residents and family/whānau to ensure continuity of care. Transfer Discharge of a resident policy and procedures are documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and families/whānau were involved for all transfers or discharges to and from the service, including being given options to access other health and disability services, social support or Kaupapa Māori agencies, when indicated or requested. The registered nurse explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The service uses the yellow envelope (referral documentation) system.</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>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building warrant of fitness expires 1 July 2024. The environment is inclusive of peoples' cultures and supports cultural practices. The building is well maintained with a high level of cleanliness. The environment, art and decor is inclusive of peoples' cultures and supports cultural practices.</p> <p>The manager oversees maintenance of the site, contractor management and the caretaker is responsible for the gardens and waste management. Essential contractors such as plumbers and electricians are available 24 hours as required. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing for compliance, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. The generator and diesel boiler is serviced and maintained by an external contractor. Annual testing and tagging of resident's electrical equipment, checking and calibration of medical equipment, a hoist, oxygen concentrator and chair scale was completed July 2023. Hot water temperature recordings sighted were all within acceptable ranges.</p>

	<p>The facility is built on one level and includes a day care lounge (function room) with a kitchen and amenities accessed from a separate entrance. The service utilises this area when there are entertainers. There is one main entrance leading to the reception and a main lounge and separate dining room area. There are quiet areas where residents can sit or meet with whānau/family. There are disability access toilets in close proximity to the lounges and dining area.</p> <p>All rooms are single occupancy and there is a mix of rooms with a handbasin or shared ensuite. Seventeen resident rooms have either full ensuite or shared ensuite. There are communal toilets and showers for those in rooms without ensuite. The resident rooms are spacious to provide care. Each room allows for the safe use and manoeuvring of mobility aids. Staff interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins and point of care.</p> <p>All toilets and bathrooms have the appropriate privacy signage when in use or vacant. There are handrails in ensuite, and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained, with recent replacement of old footpaths. Seating and shade are available.</p> <p>The kitchen, laundry, dining room, the nurses' station and the manager's office are centrally situated near to the main entrance. The kitchen has been completely renovated and refurbished with new equipment, wall and floor coverings since the previous audit. Internal refurbishments included newly replaced dining room furniture.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and to decorate their room as desired as</p>
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		<p>viewed during the audit.</p> <p>The building is appropriately heated and ventilated. There is radiator heating and heat pumps throughout the facility. There is plenty of natural light in the rooms and two rooms have access to an exterior deck. The facility is non-smoking.</p> <p>Currently the service does not have plans for further development; however, trustees of the board interviewed stated they will utilise their links with local kaumātua and iwi to ensure that consideration has been made of how designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that was approved by the New Zealand Fire Service on 4 December 2017. Fire evacuation drills are completed every six months as scheduled. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p> <p>Water within the facility is heated by a diesel boiler. In the event of a power outage there is an onsite generator and BBQ for cooking is available. Civil defence supplies are stored centrally and checked at regular intervals(sighted). There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed</p>



		<p>above resident doors and panels in hallways to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. Doors leading to the outdoors are alarmed.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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>	FA	<p>A registered nurse is the infection prevention and control coordinator (IP&amp;C) and has completed relevant training to provide oversight and advice on infection control and antimicrobial stewardship matters. Their job description outlines the responsibility of the role. The infection prevention control programme, content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infections are reported through the incident reporting system. The infection prevention and control programme was reviewed, and significant issues are escalated through an effective communication pathway to the board and the facility manager. Infection rates are presented at staff meetings. Infection control and AMS are part of the quality and risk management plan and documented strategic plan.</p> <p>The service has access to the infection prevention clinical nurse specialist from Health New Zealand Te Whatu Ora – South Canterbury. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the facility manager, IP&amp;C coordinator, the GP, and the public health team.</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. Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	<p>The service has a documented pandemic and outbreak management plan. The plan includes preparation and planning for the management of restricted access, isolation procedures and transfers into the facility. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra</p>

<p>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>personal protective equipment (PPE) is available onsite as required.</p> <p>The IP&amp;C coordinator has completed external infection training and keeps up to date with relevant best practice. There is good external support from the GPs, laboratory, and Health New Zealand - South Canterbury nurse specialists. Waihi Lodge is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the orientation and annual training plan. Staff have completed hand hygiene and the correct use of personal protective equipment competencies. Resident education occurs as part of the daily care.</p> <p>The infection and prevention control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention and control team, and training and education of staff. Policies and procedures have been developed with input from an external advisor. The programme for 2023 has been reviewed. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with an audit process in place to check that this is being completed as per policy.</p> <p>The service has access to information and resources in te reo Māori around infection prevention and control for Māori residents (if any). Policies and training sessions guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention and control coordinator is involved in the procurement of all equipment and consumables and has been involved in the recent kitchen refurbishment to provide advice in relation to infection control matters.</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. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>The service has policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are presented to staff monthly.</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>		<p>Quarterly use of antibiotics is monitored and presented to the GP for review. The effectiveness of their AMS programme is evaluated as part of the annual review of the infection control programme.</p> <p>The GP interviewed reports they only prescribe antibiotics where required based on signs, symptoms and microbiology results.</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>Infection surveillance is an integral part of the infection control programme and is described in the infection prevention control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection register. This data includes ethnicity and the system provides a trend analysis monthly and annually. Infection control data is presented at monthly staff meetings; there was no documented evidence of summaries provided to staff for further discussions of infections. (link 2.2.2). Internal infection control audits are completed by the IP&amp;C coordinator, with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Health New Zealand - South Canterbury for any community concerns. All communications were observed to be culturally appropriate. There are hand sanitisers strategically placed around the facility with flowing soap and paper towels available. There has been one outbreak documented since the last audit. Visitors were asked not to visit if unwell and during the outbreak. All visitors and contractors were managed appropriately. Isolation procedures were implemented. Daily outbreak meetings occurred and outbreak reports reviewed lessons learned. Daily logs were maintained, and staff were updated daily. Residents and family/whānau were updated regularly through emails and phone calls. External agencies and the board of trustees were appropriately notified of the outbreak.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolley is kept locked when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and face shields are available for staff, and they were observed to be wearing these as required.</p> <p>There are facilities for sluicing waste (there are two sluice rooms), and adequate PPE including face shields were available within the areas. There are separate handwashing basins with flowing soap and paper towels.</p> <p>Residents personal clothing, face and hand towels are done on site seven days a week by on duty HCAs. The laundry is spacious with good ventilation. There is a clear clean and dirty flow. There is also a separate area for folding and storage of clean linen. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. All other laundry is done off site by a contractor in Ashburton, laundry is picked up and delivered once a week. Staff interviewed stated they always have enough clean linen for residents.</p> <p>There are dedicated cleaning staff seven days a week. Cleaning and laundry services are monitored through the internal auditing and reviewed by the infection prevention and control coordinator. When interviewed, the cleaner was able to describe appropriate infection control procedures and was wearing appropriate personal protective equipment.</p> <p>The infection control coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
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<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>Governance, the facility manager and nursing staff are committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and their family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori (if any), to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the registered nurse. At the time of the audit, the facility was restraint free.</p> <p>The use of restraint (if any) would be reported in the staff meetings. The restraint coordinator interviewed described the focus on restraint elimination.</p> <p>Strategies to maintain a restraint free environment is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>There is a documented Quality and Risk management programme. The facility manager oversees the overall implementation of the quality and risk management plan. The facility manager is responsible for non-clinical internal audits and the registered nurses are responsible for the completion of the clinical audits. Corrective actions and improvements required are documented in an electronic register, with timely implementation and sign off when resolved/implemented. Internal audits reviewed evidence a high standard of compliance. One registered nurse is responsible for the presentation of quality data to staff and for the facility manager report to the board. There is an agenda template for staff meetings that include topics related to general and previous business, internal audits, adverse events, complaints and compliments, survey outcomes,</p>	<p>(i) There was no documented evidence of summaries provided to staff for discussion around adverse events and infections that include analysis, trends, benchmarking, possible contributing factors, preventative and corrective actions related to the collated data.</p> <p>(ii) There was no documented evidence in meeting minutes that staff are informed of internal audit outcomes/results and subsequent corrective actions</p>	<p>(i) Ensure to provide evidence that staff are informed and discussions occur of analysis, trends, benchmarking, possible contributing factors, preventative and corrective actions related to the collated adverse event and infection data, and</p> <p>(ii) staff are informed of internal audit outcomes and subsequent corrective actions.</p> <p>90 days</p>

		<p>education/training and competencies, staff wellbeing and cultural safety.</p> <p>Meeting minutes alert staff of upcoming internal audits or completed internal audits; however, there was no evidence in meeting minutes that staff are informed of internal audit outcomes/results and subsequent corrective actions. The resident management system provide real time graphs that compare adverse events and infections with previous months and comparison with industry average. Regular staff meetings occur and meeting minutes evidence the collation of data is presented to staff; however, there was no documented evidence of summaries provided to staff that include analysis, trends, benchmarking, possible contributing factors, preventative and corrective actions related to the collated data. The service has processes in place where health outcomes of Māori vs non-Māori can be analysed to ensure achieve equitable outcomes.</p> <p>Staff interviewed stated they feel informed of all aspects of service delivery and the handovers between shifts provide an opportunity to discuss residents of concern.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.