

# The Whalan Lodge Trust - Whalan Lodge

---

## Introduction

This report records the results of a Certification Audit; Partial Provisional 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:** The Whalan Lodge Trust

**Premises audited:** Whalan Lodge

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

**Dates of audit:** Start date: 2 May 2024 End date: 3 May 2024

**Proposed changes to current services (if any):** A reconfiguration letter was sent to HealthCERT dated 19 October 2023 requesting an increase in total rest home bed numbers. The increase was for the development of a new wing (called Awakino) which will provide five new bedrooms and the conversion of an office in the main building into a sixth bedroom. Further to this, the reconfiguration letter requested that there be two double rooms, therefore the total number of beds requested was for eight. This will increase the facility's total beds from 12 rest home beds to 20 rest home beds. Note that the letter indicated the two rooms that are to become double rooms are in the new Awakino Wing; however, this is not the case as these two rooms are in the main

building (existing rooms). Further to this, the conversion of an office in the main building has been deferred. Therefore, the partial provisional audit verified the five rest home beds to be suitable for rest home and the two rooms in the main building are suitable for double occupancy. This means there are seventeen rooms with two that may have double occupancy (these rooms are rooms 9 and 12 and will be occupied by a couple, not people unknown to each other).

**Total beds occupied across all premises included in the audit on the first day of the audit: 12**

# Executive summary of the audit

---




## Introduction

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

- ō 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

Whalan Lodge is operated by a Trust. The service provides rest level of care for up to 12 residents and on the day of the audit, there were 12 residents. The facility manager role is being undertaken by a temporary manager who has been a long serving senior carer. The temporary manager is supported by an experienced RN who has been at Whalan Lodge for fourteen months, and the Trust Board. One of the Trust Board members is the former manager of Whalan Lodge, and along with the chairperson and other Board members, visit Whalan Lodge at least weekly.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

A reconfiguration of beds has been submitted to HealthCERT since the last audit. The HealthCERT letter was dated 19 October 2023. This reconfiguration is planned for the development of a new wing – Awakino, which will provide five new bedrooms, communal bathroom (including a shower and toilet) and nurses office. Further to this, there is a redevelopment of the kitchen, dining room, laundry, and conversion of an office in the main building into a bedroom and redeveloped external courtyards with security rails. The two bedrooms which Whalan Lodge intends to have available as double, are two rooms existing in the main building. The total number of residents will increase from 12 to 19.

The certification audit identified shortfalls in relation to the Trust developing relationships with Māori and Pasifika; complaint management; content of the business plan; Māori representation at Trust level; completion of cultural training by Trust members; clinical governance; aspects of the quality programme; staff appraisals; and aspects of infection control.

The partial provisional identified shortfalls in relation to the completion of the new building; installation of the call bell system; sign off of the fire evacuation scheme; staff training; and completion of the laundry.

## Ō tātou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
--	--	--

Whalan Lodge provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Whalan Lodge provides services and support to people in a way that is inclusive and respects their identity and their experiences. 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 are kept informed. 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

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

A business plan includes a mission statement and operational; however, this does not include a clinical governance process and associated reporting. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. The internal audit schedule is in place however, there are shortfalls in the completion of audits, corrective action plans, and the sharing of audit results in meetings. A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored at staff meetings. Staff incidents, hazards and risk information are collated at facility level; however, this is not provided to the Trust each month.

A staffing and rostering policy is in place and an updated roster with graduated increased staffing hours planned when the new beds became occupied. Human resources are managed in accordance with good employment practice. A role specific orientation programme is used for all staff members. A staff education plan and training are in place; however, there were shortfalls in meeting the education schedule in abuse and neglect, and informed consent.

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 RNs are responsible for each stage of service provision. The RNs 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. RNs 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 implements 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 off site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available 24/7. 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.

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

The building holds a current building warrant of fitness certificate. The annual maintenance plan includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures and pest control management. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single. Toilets have privacy locks. Resident rooms are personalised, as seen on the day of the audit.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, and outbreaks including Covid-19. There is always a staff member on duty with a current first aid certificate. Appropriate security measures are implemented.

## 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.

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



A suite of infection prevention and control policies and procedures are documented. There is a comprehensive pandemic plan. The infection prevention and control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection prevention and control programme have not been approved by the Board.

A senior registered nurse is the infection prevention and control coordinator. The infection prevention and control coordinator has access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed, with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly; however, this information is not shared with the Trust.

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

There are documented processes for the management of waste and hazardous substances in place. The support staff and caregivers provide all cleaning and specific on-site laundry duties. 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.


Infection control and prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention and control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and 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 not monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There has been one Covid-19 exposure event (prior to the previous audit, July 2022), but no other outbreaks reported.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place and incidents are reported in a timely manner. 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.
---	---	--

The restraint coordinator is the senior 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. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	9	1	0	0
Criteria	0	149	0	19	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>PA Low</p>	<p>A Māori health plan and policy are documented for the service. The Māori health plan was developed by the external quality consultant, with input from mana whenua. The plan and policy acknowledge Te Tiriti o Waitangi as the founding document for New Zealand. On the days of the audit there were no residents who identify as Māori.</p> <p>Whalan Lodge is committed to respecting the self-determination, cultural values, and beliefs of Māori residents (if any) and family/whānau. The resident's care plan will include a Māori Health care plan based on Te Whare Tapa Whā, including assessments completed for residents who identify as Māori. Whalan Lodge staff have well established links with the family/whānau of previous residents and agencies in the community to support te ao Māori. If specific health care support was required, this would be provided by Te Ha o Maru. Local residents who identify as Māori are available to support Māori residents and whānau; however, the Trust has no formal consultation process with local Māori.</p> <p>The business plan and Māori Health plan support strategies to increase Māori capacity by employing and recruiting Māori staff at Whalan Lodge. The Whalan Lodge business plan confirms their commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were no staff members who identified as</p>

		<p>Māori. However, the temporary manager confirmed their commitment to support future Māori staff to succeed in the workplace. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Interviews with four staff (two caregivers, one registered nurse (RN), one maintenance person) and one temporary manager and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</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>PA Low</p>	<p>The Pacific Health and Wellbeing Plan 2020 - 2025 is the basis of the Pacific Health Plan. The plan was developed by the external quality advisor in consultation with input from Pasifika. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit and the RN confirmed that if there were Pasifika residents, then family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Further support could be provided by Oamaru Pacific Island Trust.</p> <p>Whalan Lodge Trust has not yet partnered with Pacific communities to increase knowledge, awareness and understanding of the needs of Pacific people; however, the RN confirmed their contact with Pacific health agencies who would support staff if there were Pacific residents who came to Whalan Lodge. The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of languages, including Pacific languages.</p> <p>The service is actively recruiting new staff to ensure care can be provided for the increased number residents. The 2024-2025 business plan identifies the need to increase staff numbers and the temporary manager described their commitment to increase the capacity and capability of the workforce (including Pacific staff).</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The RN discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Residents and family/whānau interviewed reported the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports and church services are held weekly. Staff have completed cultural training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which is reflected in the Whalan Lodge quality plan for 2023-2024 and Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interviews with four residents and one family/whānau confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</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>Caregivers and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over their choice and personal matters, including choice over activities they participate in and who they socialise with.</p>

		<p>The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. On the day of the audit, it was observed that residents are treated with dignity, respect and spoke to in a courteous manner.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>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 residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The temporary manager and RN confirmed the cultural diversity is embedded at Whalan Lodge, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori 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>An abuse and neglect policy is being implemented. Whalan Lodge policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Whalan Lodge is inclusive of all ethnicities, and cultural days celebrate the diversity of staff. A staff code of conduct is discussed during the new employee's orientation to the service, with evidence of staff signing the code of conduct policy. The code of conduct policy addresses the elimination</p>

		<p>of discrimination, harassment, and bullying. All 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 and the understanding of injustices through policy and the code of conduct. The Māori Health plan includes strategies to abolishing institutional racism.</p> <p>Staff are educated on how to value the older person showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the RN and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Te Whare Tapa Whā is recognised, and the care plans identify resident focussed goals and reflects a person-centred model of care.</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 is provided to residents/family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed of an accident/incident. This is also documented in the progress notes. Six accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</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</p>



		<p>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>Whalan Lodge communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand – Southern specialist services. Residents and family/whānau provide consent to have care discussed by a multidisciplinary team, including the general practitioner, district nurse and Health New Zealand – Southern Specialist Nurses. Feedback from these multidisciplinary meetings are communicated with family/whānau. The electronic register captured numerous compliments from family/whānau which evidence effective communication.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through regular communication and newsletters. Resident meetings are held monthly.</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>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable.</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>PA Low</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. An electronic register is available for complaints. There were no complaints recorded on the register since the last audit; however, there was a complaint recorded in the minutes of a 2023 management meeting which was not included in the electronic complaint register, and there was no documented evidence the complaint has been discussed with staff as per the complaint policy. There was no documented evidence the complaint had been followed up with the complainant.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are chaired by the activities coordinator where concerns can be raised. During interviews with family/whānau, they confirmed the temporary manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist future Māori residents in the complaints process. The complaints management procedure ensures Māori residents (if any) are supported to ensure an equitable complaints process. The temporary manager and the RN acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</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>PA Moderate</p>	<p>Whalan Lodge has a total of 12 beds and is certified for rest home level of care. At the time of the audit there were 12 occupied beds; all residents were on aged- related residential care (ARRC) contracts, with four residents at Whalan Lodge for respite care.</p> <p>The service has requested a reconfiguration to increased bed numbers from 12 – 20 (request letter dated 19 October 2023). This reconfiguration request includes the development of a new wing – Awakino, which will provide five new single bedrooms, a communal</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>bathroom (including a shower and toilet) and a nurse’s office. Further to this, there is a complete redevelopment of the kitchen, dining room, laundry, and external courtyards with security rails. There were plans for a sixth bedroom (conversion of a previous office space) which is unlikely to go ahead at this time. This audit verified the new wing as suitable for providing rest home level of care. The reconfiguration also included verifying two existing large single rooms as being suitable for double occupancy. These rooms were verified as providing sufficient space and privacy for two residents sharing. The total number of residents is now 19.</p> <p>The 2024 - 2025 business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and staff. A management meeting occurs monthly with Trust representatives and management, the temporary manager and administrator, where there is a review of financial position and goals.</p> <p>The working practices at Whalan Lodge are holistic in nature, and inclusive of cultural identity and spirituality. Whalan Lodge staff have a connection to mana whenua in the community who are available to provide advice around the provision of equitable service and removing barriers to care to improve health outcomes for Māori and tāngata whaikaha. Further to this, staff have completed cultural training in order to ensure high quality care and equitable services are provided to tāngata whaikaha; however, the Trust has no formal collaboration with mana whenua or local health providers in business planning and service development to achieve equity for Māori (link 1.1.5). There is no reference to providing equitable services documented in the current business plan. There is no evidence of the Board completing cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>The Trust has eight members, each with their own expertise and there are terms of reference for the Trust. The temporary manager provides a monthly report to the Trust; however, the report does not include quality data (link 2.2.2). The chairman of the Board was interviewed regarding the redevelopment and support for the</p>
--	--

	<p>temporary manager and RN. The chairman confirmed the Trust had not signed off the quality and risk plan and was not yet receiving data regarding quality, infection prevention and control, and restraint (if there was any). Whilst there is no formal sharing of ethnicity data, this is shared in an informal manner. There is no clinical governance structure in place.</p> <p>As part of the redevelopment at Whalan Lodge, there was open consultation with the community with proposed plans shared with the community, offering opportunities for comment and discussion.</p> <p>The previous facility manager left the role in January 2024 and has been replaced by a senior caregiver (has worked at Whalan Lodge for 17 years) working in a temporary manager role. The temporary manager is supported by the RN and Trust members; one of which was a previous manager.</p> <p>The temporary manager and RN have not yet completed professional development activities in excess of eight hours annually, related to managing an aged care facility; however, this is planned after the completion of this audit (no relevant course has been available).</p> <p>Partial provisional audit:</p> <p>A reconfiguration request to HealthCERT was made on 19 October 2023 to increase the number of rest home beds by building a further five bedrooms and changing the use of an office to a bedroom, and to change the use of two single purpose rooms in the existing building (rooms 9 and 12) so they could be used as double rooms. The change of use for the sixth bedroom (from an office to a bedroom) has not yet been undertaken and it is not expected to occur as part of this development.</p> <p>The partial provisional audit verified the new five rest home beds are suitable for use and that rooms 9 and 12 could be used as double rooms (only for a couple). Therefore, the number of rooms can increase to 17, with the availability of two bedrooms (9 and 12) for double occupancy; therefore, the total number of beds can be 19 occupants (not 20 beds as per the 19 October 2023 HealthCERT letter). The facility anticipates the new rooms will be ready for use by 4 June 2024.</p>
--	---

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Whalan Lodge has a quality and risk management programme documented; however, this is not fully implemented. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints); however, this information is not provided to the Trust in the management report.</p> <p>Staff meetings occur monthly and includes quality (falls and infections), infection prevention and control, restraint, and health and safety. The meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection prevention and control /pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated; however, the information collected by internal audits and the corrective actions are not evidenced as being discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. The minutes of meetings are available for all staff in the caregiver's office. Quality data, falls and infections are reviewed, with analysis including benchmarking from previous months; however, ethnicity is not collated to provide critical analysis of work practices.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Cultural safety is embedded in the quality system.</p> <p>A 2023 resident and family/whānau satisfaction survey was completed; however, the collated information was not available at the time of the audit and was not evident in the minutes of staff, management and Trust minutes. 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 the quality consultant. New policies or changes to policy are communicated and discussed with</p>
--	---------------	---

		<p>staff.</p> <p>A health and safety system is in place. Health and safety is part of the staff meeting. The temporary manager confirmed staff have received training in health and safety. Hazard identification forms are available, and the staff interviewed understood when to use these. The temporary manager stated the hazard register had been updated in January 2024; however, this was not available to be reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff/quality and health and safety meetings. Staff incidents, hazards and risk information is collated and discussed as necessary; however, this information is not provided to the Trust.</p> <p>The electronic resident management system escalates alerts to the temporary manager depending on the risk level. Incidents are discussed in meetings and at handover. Opportunities to minimise future risks are identified by the temporary manager in consultation with RN and caregivers. Ten incidents were reviewed (these included both witnessed and unwitnessed falls) and all had notification to family/whānau as well as post fall monitoring and reviews.</p> <p>The temporary manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications; however, there was no evidence of a Section 31 notification completed to notify HealthCERT of the change in manager.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is staffing policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> <p>All RNs and the caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>The RN is supported by medication competent caregivers. Caregivers reported staffing is adequate. The roster reviewed for the last two weeks were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The</p>

	<p>temporary manager interviewed confirm call bells are responded to in a timely manner.</p> <p>The temporary manager works four days a week and one day as a caregiver. The RN works 16 hours; however, can work up to 24 hours when required to (due to admissions) and is available on call. When the RN is not available on call, or not at Whalan Lodge, the district nurse can provide support during the day. The PRIME nurse at the medical centre is available 24/7 on call. The temporary manager is on call and manages the non-clinical queries and staffing cover, with the clinical matters referred to the district nurse or PRIME nurse.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule documented and lists compulsory training, which includes cultural awareness training. Cultural training has been provided to staff and included current information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are seven caregivers; three are working on level three and four qualifications; four having completed level three or four national Certificate in Health and Wellbeing. With the balance identified as level four due to their length of service.</p> <p>All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include the interRAI assessment competency. The RN has completed training which included medical conditions specific to the current residents. Annual competencies include restraint, moving and handling, hand hygiene, and cultural competencies. All caregivers complete the annual medication administration competency. A record of completion is maintained on each personal file.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, and</p>
--	--

		<p>performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Interviews with staff confirmed that they feel supported by the temporary manager and RN manager and workplace initiatives are encouraged.</p> <p>Partial provisional audit:</p> <p>The proposed new roster for the increase in residents evidenced there is an increased budget for RN hours. On call arrangements will remain the same with the PRIME nurse and medical centre providing after hours cover.</p> <p>Whalan Lodge does not have a waiting list for the increased beds. Recruitment has begun, with the temporary manager having applications from interested caregivers and RNs in the area. The draft roster for the further seven rest home residents shows the planned increase in the number of caregivers rostered once there have been three new admissions (this would depend on the acuity of new residents); therefore, the increase in caregivers may occur earlier as determined by the RN. The draft roster includes extra hours; eight in morning and four to six hours in the afternoon. The current roster provides safe care for up to two admissions.</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>PA Low</p>	<p>Human resources policies are in place, including recruitment, selection, orientation, and staff training and development. Staff files are kept as paper files. Five staff files were reviewed (one kitchen manager, two caregivers, one RN, one temporary manager) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. An appraisal policy and schedule is in place; however, not all appraisals have been completed annually.</p> <p>The service has a role-specific orientation programme in place that</p>



		<p>provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is not included in the staff information gathered at the time of employment and there is no database kept of this information. Following staff incident/accidents, there was evidence of debriefing, support and follow-up action taken documented.</p> <p>Partial provisional audit:</p> <p>There are no changes planned to the recruitment process. All new staff will complete a comprehensive orientation using the buddy system.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a clinical records policy. 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 password protected. There is an emergency management plan that includes a business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are securely stored in a locked room and easily retrievable when required.</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 RN is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index</p>

		registration
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an admission and decline to entry 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 members 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 temporary manager and RN were available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and 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 and links to the community 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. The analysis of ethnicity data is verbally communicated to management. Plans are in place for formal reporting to commence this month for the previous month and documentation of a report for presentation to the Board (link 2.2.2). A partially completed template was sighted for April 2024. The Trust confirmed that management were communicating ethnicity data verbally. There were 12 residents, and staff (and Trust members) were aware of all resident's ethnicity. Staff have linkages with mana whenua in the community who are available to provide support for Māori residents and 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 (including two residents on respite contracts). Respite residents all had initial assessments and care plans completed within the timeframes required. The RN is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented in resident's care plans. The service provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans.</p> <p>Whalan Lodge uses a range of assessment tools alongside the interRAI care plan process. The initial support plan is completed within 24 hours of admission. A suite of assessments are available for RNs to utilise. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk assessments formulate the long-term care plan. Long-term care plans had been completed for the three permanent resident files within 21 days. Care plan interventions were holistic, resident centred and provided guidance to staff around all medical and non-medical requirements. Evaluations were completed six-monthly for three residents. Short-term care plans are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan.</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. A GP from the local practice visits weekly and more often when required with a 24/7 on-call service available for advice. The GP services uses a PRIME nurse to provide weekend cover and at other times when the GP is not available. The RN is available for after-hours calls and advice. When interviewed, the GP expressed satisfaction 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</p>

	<p>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, the RN initiates a review with an GP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, Progress notes are written on every shift and the RN records progress against identified goals each week or as required. Caregivers record progress notes in the electronic system.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the RN who then initiates a review with a GP. Family stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status and this was consistently documented in the resident's file.</p> <p>There were three current wounds reviewed which included two skin tears and one surgical wound. Complex wounds are managed by the district nursing service. The wounds had comprehensive wound assessments, including photographs to show progress. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. The RN reported all wounds were responding to treatment and healing. An electronic wound register is maintained. The RN and caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. Incontinence products are available and resident files include a continence assessment, with toileting regimes and continence products identified for day and night use.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and the RN complete monitoring charts, including bowel; blood pressure; weight; food and fluid; pain; behaviour; blood sugar levels; intentional rounding; and toileting</p>
--	--

		<p>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>Subsection 3.3: Individualised activities</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 newly appointed personal trainer/activities coordinator that provides activities three days a week. The activities coordinator is supported by the caregivers, volunteers, and the RN. All staff hold current first aid certificates. Weekend activities are supported by the caregivers and community volunteers and plenty of resources are available to deliver the activities.</p> <p>The programme is planned weekly and monthly and includes themed cultural events, Easter, St Patricks Day, Waitangi Day, Matariki and Christmas. A weekly programme is delivered to each resident, which is displayed in the resident's room and posted on noticeboards in the hallways and dining room, as sited on day of audit.</p> <p>The service facilitates opportunities to participate in te reo Māori through 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 needs of the residents. One-on-one time is spent with residents who choose not to attend activities. 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 weekly interdenominational services, and a priest visits fortnightly. School visits occur fortnightly and preschool visits occur on a regular basis.</p> <p>A resident's social and cultural profile is completed within 24 hours of admission and include the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A cultural, spiritual, social, and diversional therapy 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</p>

		<p>include quizzes, board gaming, exercises, hand pampering and happy hour. The service has weekly van drives for outings (wheelchair accessible). The activities coordinator drives the van and has a valid driver's license and first aid certificate.</p> <p>Resident meetings are held monthly, and family/whānau are invited to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau 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 and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management - Whakahaere Rongoā is available for safe medicine management that meets legislative requirements. All clinical staff (RN, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The RNs and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics 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 inside locked cupboards in the nurses' station 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, 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 photo identification and allergy status identified. There were no residents self-administering their medications. Appropriate policies and procedures are in place should residents wish to self-medicate. 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 RN described a process to work in partnership with Māori residents and 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>Partial provisional:</p> <p>The medication management processes and procedures, including the controlled drug and medication storage area in the caregivers' office, are adequate for the extra seven residents.</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>The meals at Whalan Lodge are currently being prepared and cooked off site in the kitchen at the local school (100 metres distance from the facility), while the facility kitchen and dining room are being fully refurbished. The temporary kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence; expiring in February 2025. There is a four-weekly seasonal menu that is developed and was reviewed by a registered dietitian in September 2023. The cook receives resident dietary information from the RN and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. The cook (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 as required. On the day of audit, meals were observed to be presented in a homely manner. Caregivers 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 cook 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. Cleaning schedules are maintained.</p>

		<p>Meals are directly served to residents from a trolley in the combined lounge dining room. This is a temporary arrangement while renovations to the main kitchen, and dining room are in progress. If residents prefer meals in their rooms, food is served on covered plates. Staff were observed assisting residents with meals in the dining area and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</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 with the cook, at the resident meetings and through resident surveys.</p> <p>Partial Provisional:</p> <p>The kitchen and the dining room are in the process of being refurbished (link 4.1.1). The new kitchen has appropriate flooring, storage and new equipment, including a steam oven. The new dining room has adequate space for adequate tables and chairs and the increased number of residents (seven).</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>Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and family/whānau were involved for all discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested. The RN explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The service uses the yellow envelope (Health New Zealand referral documentation) system.</p>
Subsection 4.1: The facility	PA Low	The building has a current building warrant of fitness with an expiry



<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>date of 28 August 2024. A volunteer maintenance person, alongside the part-time gardener/lawns staff member, are responsible for implementing the annual maintenance programme. Maintenance requests are recorded in a book in the caregivers' office.</p> <p>The annual maintenance plan includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures and appropriate pest control management. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. Staff interviewed (caregivers and the RN) stated they have adequate equipment to safely deliver care for rest home residents.</p> <p>Whalan Lodge has a number of quiet seating areas. At present the lounge is also being used as the temporary dining area until the new dining area is completed (due to be completed later in May 2024). The residents have safe access to all communal areas. The communal areas have sufficient natural light and ventilation. The existing bedrooms have an external door. Heating is provided by heat pumps with extra electric heating in the bedrooms that can be adjusted by staff. The heat pumps in the communal areas are set at 23 degrees to maintain the resident's comfort. Staff and residents interviewed stated that this is effective. The staff office is at the front of the building – close to the front door and lounge/dining area. All corridors have safety rails promoting safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required.</p> <p>All outdoor areas are well maintained and are accessible and safe for residents' use. Seating and shade are provided. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p> <p>There were sufficient numbers of resident communal bathrooms and toilets in close proximity to resident rooms and communal areas. There are separate staff and visitor toilets. Toilets were well identifiable and included privacy locks. Residents interviewed stated their privacy and dignity were maintained while attending to their personal cares and hygiene.</p>
--	--

		<p>The current plans for the new Awakino wing has had significant community engagement seeking community interest and support; however, there was no evidence of Māori consultation (link 1.1.5)</p> <p>Partial provisional:</p> <p>The certificate of public use has yet to be completed. This audit has verified the service as suitable to utilise a further five rest home rooms. The Awakino wing is an addition to the existing building at the end of a hallway and there will be seamless transition between the existing and new areas. The Awakino wing is completed, except for some final areas of painting. The five rooms are single occupancy with a communal toilet and shower. The rooms are yet to be fully furnished and will have flowing soap, handtowels, and hand sanitiser installed in the bedrooms/hallways. All rooms, including flooring, are suitable for rest home residents. There are sufficient extra dining areas, equipment space and lounges are large enough to cater for the equipment associated with an increased number of residents. New areas are being developed for outdoor access and these will be finished when the five bedrooms and new dining room are completed. The outdoor areas will have safe ramped access to the outdoors and include landscaping, seating areas and shade available for residents and visitors. The new area has a number of storage areas which includes sufficient storage for continence products.</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>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The emergency planning includes business continuity plans in case of an emergency/disaster.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies (sighted) are stored centrally and checked at regular intervals. The existing fire evacuation plan is in place for the main building and was approved by the New Zealand Fire Service in 2002.</p>

	<p>A recent fire evacuation drill has been completed and this is repeated every six months. The fire evacuation scheme is in the process of being updated and a fire drill will be arranged prior to occupancy.</p> <p>At present in the event of a power outage, there are gas heaters and blankets available. With the redevelopment, there will be a plug for a generator to be used in the event of an emergency. At present, the Trust has agreements with local businesses to access a generator in the event of an emergency. Staff will need to be trained in the use of a generator. 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 induction and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>Call bells are in the residents' rooms, communal toilets, shower rooms and lounge/dining room areas. The care call system in the existing building is to be upgraded as part of the Awakino Wing care call installation. The existing call bell system is still in use till the new system is implemented. The temporary manager advised that call bells were answered promptly, and this was supported by residents. There will be four screens available around the building which will identify which room is calling. The new care call system will be tested when it is installed and will be included in the internal audit process. Sensor mats are used for fall prevention management. These are audible and are part of the current call bell system. Residents were observed to have their call bells near to them. Residents and family/whānau 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. The front doors is locked at dusk and opened in the morning are asked to ring the doorbell if they visit when the door is secured. Visitors are asked not to visit if they are unwell.</p> <p>Partial provisional:</p> <p>This audit has verified the service as suitable to use the recently built five rest home rooms in the new Awakino wing. Evacuation lists with residents' mobility requirements are regularly updated. The care call</p>
--	---

		<p>system in the Awakino wing is to be installed in the new bedrooms. The new care call system will be tested when it is installed and will be included in the internal audit process. The fire evacuation scheme is in the process of being updated and this along with a fire drill will be completed. Training will be provided to staff and policies and procedures will be updated.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship are included in the quality plans and process for Whalan Lodge. Expertise in infection prevention and control and anti-microbial stewardship is available from Public Health, and Health New Zealand – Southern, who can provide infection prevention and control resources. Monthly collation of data is completed, and trends are analysed and discussed with staff at staff meetings. At present there has not been a documented pathway for reporting infection prevention control and anti-microbial stewardship issues to the Trust (link 2.2.2). The infection control coordinator, temporary manager and Trust member interviewed confirmed outbreaks of infectious diseases, including Covid-19, is reported to the Trust promptly when they occur.</p> <p>Policies and procedures are in place to manage significant infection prevention and control events. Significant events are managed using a collaborative approach and involve the infection prevention control coordinator, the GP, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, GP, wound nurse, and Health New Zealand – Southern when required. Overall effectiveness of the programme is monitored by the RN and GP.</p> <p>The RN is the infection control coordinator and has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p> <p>Partial provisional:</p> <p>The staff demonstrated an understanding of the infection prevention and control programme covering the existing main building and the</p>

		new Awakino wing. There was adequate personal protective equipment (PPE) in stock.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The RN is the designated infection control coordinator and has been in the role for 14 months. They have experience as being the infection prevention and control representative at Dunedin Public Hospital. The infection control coordinator is supported by the temporary manager and staff members. The service has a Covid-19 response plan including easily accessible resources for the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection prevention and control coordinator has completed external training with infection prevention and control at Health New Zealand - Southern. There is good external support from the GP, laboratory, microbiologist, and infection prevention and control clinical nurse specialist. There are outbreak kits readily available and a personal protective equipment (PPE) cupboard. There are supplies of extra PPE as required. The infection prevention and control coordinator has input into the procurement of good quality PPE, medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention and control committee and training and education of staff. The infection prevention and control plan, policies and procedures are reviewed annually and are available to staff; however, there is no evidence of Trust approval (link 2.1.4). The service's infection prevention and control policies acknowledge importance of te reo Māori information around infection prevention and control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Additional support and information are accessed from the Health New Zealand – Southern infection prevention and control team, the community laboratory, and the GP, as required. The Māori health plan ensures staff are practicing in a culturally safe manner. The service has documented policies and</p>

		<p>procedures in place around cleaning and laundry that reflected current best practices.</p> <p>Aseptic techniques are promoted through handwashing, sterile single use packs for dressings, and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service includes the checking of these processes in the four-monthly cleaning, environmental and maintenance of equipment audits.</p> <p>All staff have received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas. Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The RN conducts in-service education if required, otherwise all staff are required to complete online training. The infection prevention and control training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. Resident education occurs as part of the daily cares and monthly meetings. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>There is construction, installation of new equipment, and maintenance in progress at the time of the audit. The communication pathway includes the infection prevention and control coordinator, who has been included in planning and provided advice when required. The current infection prevention and control programme and implementation will be updated to include the use of a new sanitiser, otherwise there will be no changes to the programme.</p> <p>Partial Provisional</p> <p>There are no changes required to the implementation of the infection control programme with the increased number of residents.</p>
--	--	--

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>There is an antimicrobial use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use is not currently collated, evaluated, analysed, or included in the managers' report to the Trust (link 2.2.2). Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Further to this, the antimicrobial use and stewardship policy as part of the infection prevention and control programme, has not been approved by the Trust (link 2.1.4).</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 prevention and control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register electronically. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually; however, does not currently include ethnicity data (link 2.2.8). Infection prevention and control surveillance is discussed at the monthly combined quality, staff and clinical meeting. Staff are informed through the variety of meetings held at the facility.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GP that advises and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection prevention and control audits are completed with corrective actions documented for areas of improvement. The service receives email notifications and alerts from Health New Zealand - Southern for any community concerns.</p> <p>There have been no outbreaks since the previous audit. The infection</p>

		<p>prevention and control coordinator interviewed described the processes which would be implemented in the event of an outbreak, including daily updates and debrief meetings. Staff confirmed and observation confirmed that there is sufficient PPE if required.</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>PA Low</p>	<p>The facility implements a waste and hazardous management policy that conform to legislative and local council requirements. Policies include (but are not limited to) considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection prevention and control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. The lodge support staff who do the cleaning are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. There is a sluice cycle programmed in one washing machine. Residents' clothing is labelled</p>



		<p>and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system, with oversight from the infection prevention and control coordinator. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p> <p>Partial Provisional:</p> <p>Procedures and policies will be updated with training provided for the new laundry and sanitiser equipment. The existing and new areas both have sufficient capacity for a further seven residents' laundry. The Awakino wing will use the same cleaning/cleaning schedules, waste management and laundry facilities and staff. The existing laundry is continuing to operate while the new laundry is built. The laundry which has yet to be completed will have dirty to clean flow and the cleaning and laundry chemicals will be stored securely in chemical storage areas. A new sanitiser and sluice is being installed.</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>Whalan Lodge is committed to being restraint free. At the time of the audit, there were no residents using any restraints. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau and the choice of device must be the least restrictive possible. At present, there is no current sign off for by the Trust regarding restraint (link 2.1.4). In the event of any restraint occurring, restraint data would be analysed by the RN to ensure health and safety for residents and staff, and this information would be shared with the Trust.</p> <p>The designated restraint coordinator is the RN. Restraint is discussed at all meetings. Education on the restraint-free organisational objective is included in the orientation programme and as part of the annual training plan. The restraint training is accompanied by a competency questionnaire.</p> <p>Partial Provisional:</p> <p>Whalan Lodge is dedicated to ensuring a restraint-free environment. Training around restraint, and behaviours that challenge continue to</p>

		be provided on the education plan and continue to be included in the orientation process.
--	--	---

## 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 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	PA Low	Whalan Lodge staff have well established links with the family/whānau of residents and agencies in the community to support te ao Māori. If specific health care support was required, this would be provided by Te Ha o Maru. However, the Trust has no formal links with local Māori.	There is no evidence the Trust has a relationship iwi and Māori organisations to ensure there is service integration, planning, and support for Māori.	<p>Ensure there is a relationship between the Trust and iwi/mana whenua and Māori organisations to provide service integration, planning, and support for Māori.</p> <p>90 days</p>
<p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and</p>	PA Low	The Pacific Health and Wellbeing Plan 2020 - 2025 is the basis of the facility Pacific Health Plan. The plan was developed by the external quality advisor in consultation with input from their Pasifika contacts. There were no residents identifying as Pasifika at the time of the audit. The RN has linkages	Whalan Lodge Trust has not yet partnered with their Pacific communities or local healthcare providers to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.	<p>Ensure the Trust develops a partnership with the Pasifika community or Pasifika healthcare provider.</p> <p>90 days</p>

evaluation of the health and wellbeing of Pacific peoples to improve outcomes.		to Pasifika through Health New Zealand; however, the Whalan Lodge Trust has not yet developed a relationship with Pacific communities or healthcare providers who could provide advice where required.		
Criterion 1.8.3 My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.	PA Low	There were no complaints recorded on the register since the last audit; however, a complaint was received in the minutes of a 2023 management meeting, which was not included in the electronic complaint register, and there was no evidence in meeting minutes that the complaint had been discussed with staff as per policy.	(i). There was no evidence of a complaint process being followed for a complaint made in 2023.  (ii). The complaint was not evidenced as being discussed at staff meetings as per policy.	(i). Ensure the complaints policy is followed.  (ii). Ensure discussions held with staff in relation to complaints is documented.  90 days
Criterion 2.1.10 Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.	PA Low	There is no evidence of the Trust completing cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.	There is no evidence of the Trust completing cultural training to include Te Tiriti o Waitangi, health equity and cultural safety.	Ensure Trust members complete cultural training.  90 days
Criterion 2.1.11 There shall be a clinical governance structure in place that is appropriate to the size and complexity of the service provision.	PA Low	The Trust does not have a clinical governance structure appropriate to the size and structure of Whalan Lodge.	A clinical governance structure is not in place.	Ensure the development of a clinical governance structure appropriate to the size and complexity of Whalan Lodge.  90 days
Criterion 2.1.4 Governance bodies shall	PA Low	Whalan Lodge has a documented quality and risk plan with meetings and data collation. An internal audit	The business plan does not provide evidence of the Trust's sign off of the Whalan Lodge	Ensure there is evidence of the Trust's sign off of the Whalan Lodge quality and

evidence leadership and commitment to the quality and risk management system.		schedule is in place. The 2024 – 2025 business plan is in place with identified objectives; however, the business plan does not evidence the Board has signed off the quality and risk management programme.	quality and risk management system, including restraint management, infection prevention control and management, antimicrobial stewardship, or reference the Māori and Pasifika health plans.	risk management system, to include restraint management, infection prevention control and management, antimicrobial stewardship, and the Māori and Pasifika health plans.  90 days
Criterion 2.1.9 Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies.	PA Low	There is no evidence of formal collaboration between the Trust and mana whenua or local Māori health providers to advise on issues requiring cultural oversight and direction, in business planning and service development.	The Trust does not have formal collaboration with mana whenua or local Māori Health providers in business planning and service development.	Ensure there is evidence of Māori representation at Trust level.  90 days
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	Staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection prevention and control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits were not always held as scheduled. Meetings, and collation of data were documented as taking place, with corrective actions documented where indicated; however, internal audits and corrective actions are not always evidenced as being discussed in meetings to ensure any outstanding matters are addressed with sign-off	(i). Six of the internal audits had not been completed as per the schedule.  (ii). The information collected by internal audits and the corrective actions are not discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed.  (iii). The results of the 2023 satisfaction survey has not been evidenced as being shared with the staff, residents, family/whānau.	(i). Ensure the internal audit schedule is completed.  (ii). Ensure the results of audits and complaints are evidenced as being discussed at staff meetings and included in the minutes of meetings.  (iii). Ensure survey results are collated and available to staff, residents and family/whānau.  (iv). Ensure there is evidence of the hazard register annual review and is readily accessible to staff.  (v). Ensure the manager's

		when completed. A satisfaction survey has been conducted in 2023; however, the results have not been collated and shared with staff residents and family/whānau. The temporary manger described the review of the hazard register; however, this was not available for review on the day of the audit. The temporary manager provides a report to the Trust; however, this does not include quality data or health and safety.	(iv). The hazard register could not be located; therefore, the annual review could not be verified.  (v). The management report to the Trust does not include quality and health and safety data.	report includes quality and health and safety data.  90 days
Criterion 2.2.6 Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.	PA Low	Discussions with the temporary manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. However, there was no evidence of a Section 31 notification completed to notify HealthCERT of the change in manager.	There was no evidence of a Section 31 notification completed to notify HealthCERT of the change in manager.	Ensure completion of Section 31 notifications as required.  90 days
Criterion 2.2.8 Service providers shall improve health equity through critical analysis of organisational practices.	PA Low	The RN collates and analyses quality data for trends and this is reported at staff meetings; however, the quality data does not include ethnicity to provide a critical analysis of organisational practices.	Ethnicity data is not collated with quality data to provide a critical analysis of organisational practices.	Ensure ethnicity data is included in quality data to provide a critical analysis of organisational practices.  90 days
Criterion 2.4.5 Health care and support workers shall have the	PA Low	An appraisal policy and schedule is in place. Five staff files were reviewed. One of these staff files had an appraisal completed and one staff	Three files that required a performance appraisal had no evidence of a completed	Ensure appraisals are completed as per the schedule.

opportunity to discuss and review performance at defined intervals.		member had not been at Whalan Lodge long enough to have an appraisal. A further three files required a performance appraisal; however, there was no evidence of a completed performance appraisal in the file.	performance appraisal on file.	90 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	Partial Provisional: There is a current building warrant of fitness in place for the existing build; however, the Certificate of Public Use (CPU) has not yet been signed off.	The CPU is yet to be signed off and issued.	Ensure the CPU is in place prior to occupancy.  Prior to occupancy days
Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.	PA Low	Partial Provisional: The five new bedrooms are yet to be fully furnished – with a hospital bed, over table, and suitable chair. The bedrooms in the main building (9 and 12) which are suitable for double occupancy, will have their call bells checked as part of the care call upgrade. Further to this, they will have flowing soap, handtowels and hand sanitiser in the rooms and hallways. All rooms including flooring, are suitable for rest home residents. There are sufficient extra dining areas, equipment space and lounges are large enough to cater for the equipment associated with an increased number of residents. New outside areas are being developed for	(i). The five new bedrooms are yet to have the required furniture installed. (ii). The nurses' office has not yet been fitted out as required, this includes finishing painting, safe flooring and adequate lighting. (iii). Dispensers for flowing soap, handtowels and hand sanitiser (bedroom, communal bathroom, hallways) are yet to be installed. (iv). New areas are being developed for outdoor access are not yet landscaped. (v). Seating and shaded areas	(i). Ensure furniture is installed in the new bedrooms. (ii). Ensure the nurses' office is fully fitted and functional. (iii). Ensure all hand soap dispensers and hand sanitisers are installed. (iv).- (v). Ensure all outdoor areas are safe for residents to use with seating and shade provided. (vi). Ensure the dining area is completed.  Prior to occupancy days

		access and these will be finished when the five bedrooms and new dining room are completed. The outdoor areas will have safe ramped access to the outdoors and include landscaping, seating areas and shade available for residents and visitors.	and appropriate handrails are yet to be installed in the outdoor areas.  (vi). The dining area refurbishment is yet to be completed.	
Criterion 4.2.1  Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.	PA Low	Partial Provisional:  The existing fire evacuation plan is in place for the main building and was approved by the New Zealand Fire Service in 2002. A recent fire evacuation drill has been completed and this is repeated every six months. The fire evacuation scheme is in the process of being updated and will be prior to occupancy with a fire drill arranged.	The fire evacuation scheme is in the process of being updated with a fire drill arranged prior to occupancy.	Ensure the fire evacuation scheme is updated, with a fire drill completed.  Prior to occupancy days
Criterion 4.2.3  Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Partial Provisional:  At present the Trust has agreements with local people to access a generator in the event of an emergency. The new development includes a generator outlet, which when it has been completed, all staff will need to be trained in the use of the outlet and there will need to be a procedure put in place for this.	At present there is no generator outlet; however, when one is installed, staff will need to be trained in the use of the outlet and there will be a procedure put in place with staff training.	Ensure when the generator outlet is installed, the staff are trained and a procedure put in place.  90 days
Criterion 4.2.5	PA Low	Partial provisional: The care call system that is being installed in the	Partial provisional:	(i). Ensure the call bell system is fully operational prior to



<p>An appropriate call system shall be available to summon assistance when required.</p>		<p>Awakino Wing is to be installed in the existing building. There will be four screens available around the building which will advise which room is calling. The new care call system will be tested when it is installed and will be included in the internal audit process.</p>	<p>(i). The service is installing a new call bell system and screens which is not yet fully operational.  (ii). A call bell internal audit is yet to be completed.  (iii). Training is yet to be provided to staff around the new call bell system.</p>	<p>occupancy.  (ii). Ensure internal call bell audits are completed according to schedule once the new system is operational.  (ii). Ensure training is provided to staff around the new call bell system.   Prior to occupancy days</p>
<p>Criterion 5.3.1  Service providers shall have a documented AMS programme that sets out to optimise antimicrobial use and minimising harm. This shall be:  (a) Appropriate for the size, scope, and complexity of the service;  (b) Approved by the governance body;  (c) Developed using evidence-based antimicrobial prescribing guidance and expertise (which includes restrictions and approval processes where necessary and access to laboratory diagnostic testing reports).</p>	<p>PA Low</p>	<p>There is an antimicrobial use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. The previous facility manager and the temporary manager have both provided a monthly report to the Trust which does not include AMS information.</p>	<p>Compliance on antibiotic and antimicrobial use is not currently collated, evaluated or analysed.</p>	<p>Ensure compliance on antibiotic and antimicrobial use is collated, evaluated or analysed.   90 days</p>
<p>Criterion 5.3.3  Service providers, shall</p>	<p>PA Low</p>	<p>There is a documented AMS programme in place; however, the</p>	<p>The service does not currently monitor or analyse antimicrobial</p>	<p>Ensure antimicrobial use is monitored and analysed.</p>

<p>evaluate the effectiveness of their AMS programme by:  (a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;  (b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>		<p>service does not currently monitor antibiotic use or identify opportunities for improvement.</p>	<p>use.</p>	<p>90 days</p>
<p>Criterion 5.5.4  Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:  (a) Methods, frequency, and materials used for laundry processes;  (b) Laundry processes being monitored for effectiveness;  (c) A clear separation between handling and storage of clean and dirty laundry;  (d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>As part of the renovations, a new laundry area is being built. The existing laundry is continuing to operate while the new laundry is built. The laundry which has yet to be completed, will have dirty to clean flow and the cleaning and laundry chemicals will be stored securely in chemical storage areas. A new sanitiser and sluice is being installed. Policies and procedures are planned to be updated and staff training is planned to occur following the completion and installation of equipment.</p>	<p>(i). The new laundry area is not yet functional.  (ii). The sanitiser is yet to be installed and functional.  (iii). Policies, procedures are not yet updated to reflect the changes and training will be required in relation to new equipment.</p>	<p>(i).-(ii). Ensure the new laundry area is fully fitted and equipment is operational.  (iii). Ensure policies and procedures are updated and staff training is held.    Prior to occupancy days</p>

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

---

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

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

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

No data to display
--------------------

End of the report.