

Admatha Dementia Care Limited - Admatha Dementia Care, Admatha 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: Admatha Dementia Care Limited

Premises audited: Admatha Dementia Care||Admatha Lodge

Services audited: Hospital services - Psychogeriatric services; Dementia care

Dates of audit: Start date: 28 May 2024 End date: 29 May 2024

Proposed changes to current services (if any): The service has two separate adjacent buildings under the same certification (Admatha Dementia Care Home and Admatha Lodge). Admatha Dementia Care was closed by Dementia Care New Zealand Limited in September 2023. The 27-bed home has been used as a boarding house in the short-term. The service plans to move their current residents from Admatha Lodge (22 Psychogeriatric beds) into Admatha Care home for the short-term while they

complete refurbishments to Admatha Lodge. Admatha Dementia Care Home will be opened and provide psychogeriatric care for up to 25 residents. The service will not require dementia level care on their current certification.

Total beds occupied across all premises included in the audit on the first day of the audit: 22

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

Dementia Care New Zealand Limited is the parent company of Admatha Dementia Care Limited. The service has two separate adjacent buildings under the same certification (Admatha Dementia Care Home and Admatha Lodge). Admatha Dementia Care was closed by Dementia Care New Zealand Limited in September 2023. Admatha Lodge provides psychogeriatric level of care for up to 25 residents. Occupancy on the days of the audit was 22 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand Te Whatu Ora – Canterbury. The audit processes included observations, a review of organisational documents, staff and resident files, interviews with family/whānau, staff and management.

A concurrent partial provisional audit included assessing the appropriateness of Admatha Care Home to provide psychogeriatric care. The audit process included interviews with management, a visual inspection of the building, and reviewing relevant business documents including a transition plan and procedures. This partial provisional audit verified that Admatha Care home (which is currently closed and certified for dementia level of care) was verified as suitable to provide psychogeriatric level care.

The service is managed by a clinical manager who is supported by an operations manager, regional clinical manager, and quality systems manager. Families/whānau reported satisfaction and positivity about the care, services, and activities provided.

This certification audit has identified the service meets the Standard. The partial provisional audit identified improvements around completion of a fire drill, maintenance and setting up the medication room.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Admatha Lodge provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. A Pacific health plan is documented. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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

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

The business plan 2023-2024 includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach. These systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There are human resources policies which cover recruitment, selection, orientation, staff training and development. There is a Health & Safety programme in place. Hazards are appropriately identified and reported. There

is a staffing and rostering policy. The service ensures the collection, storage, and use of personal and health information of residents 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.		Some subsections applicable to this service partially attained and of low risk.
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Admatha Lodge has an admission package available prior to, or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with family/whānau input. The GP visits on a regular basis, and consultation notes are available in resident files. Referrals are made appropriately to allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

There is an interesting and varied activities programme that includes cultural celebrations which the activity coordinator and staff implement. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community. The registered nurses identify residents' food preferences and dietary requirements at admission. All food is prepared and cooked on-site in the kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. There are additional snacks available 24/7. The service has a current food control plan. Transfers and discharges are coordinated between services.

Te aro ki te tangata me te taiao haumarū | 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.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. Appropriate training, information, and equipment for responding to emergencies are provided. Fire drills occur six-monthly. There is always a staff member on duty and on outings with current first aid training. Appropriate security checks and measures are completed by staff. The building holds a current warrant of fitness. All rooms are single occupancy, spacious to provide personal cares and are personalised. Fixtures, fittings, and flooring are appropriate. Maintenance is done on an 'as required' basis with plans for preventative maintenance in place. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The facility is secure with a secure enclosed outdoor area.

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

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

Subsections applicable to this service fully attained.

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The infection control coordinator (registered nurse)

coordinates the programme. A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated. Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There have been three outbreaks since the previous audit, which have been managed well in accordance with current guidelines and the pandemic plan. The environment supports the prevention and transmission of infections. The environment and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. There are safe and effective laundry 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 policy is in place and is supported by a national Restraint Approval Group. The restraint coordinator is a registered nurse. At the time of the audit the service was restraint free. Restraint minimisation education is conducted twice annually. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	3	0	0	0
Criteria	0	165	0	3	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>	FA	<p>A Māori health plan and policy are documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. At the time of the audit there were residents who identify as Māori. Residents who identify as Māori are supported to maintain their links in the community as confirmed in interview with the relatives and review of care plans. The service has engaged with a cultural advisor who has links through Health New Zealand Te Whatu Ora – National Public Health Service (Te Waipounamu) to provide guidance and support for Māori.</p> <p>The Māori health plan states the organisation actively increase Māori workforce through targeted recruitment, and Māori staff are provided with equal opportunities to develop their knowledge and skills and retain their expertise. There were no staff who identify as Māori employed at the facility; however, there are a number of staff who identify as Māori employed in a range of positions throughout the organisation.</p> <p>Interviews with ten staff, including two registered nurses (RN), four caregivers, one home assistant one cook and two activities coordinators) described examples of providing culturally safe services</p>

		<p>in relation to their role. Family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them. This includes their individual values and beliefs enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one director, one regional clinical manager, one quality systems manager, one clinical manager and one operations coordinator) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service provided training on cultural safety in 2024. Training encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing, Māori operating principles and values, assessment tools, and meeting resident's needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan in place. The service maintains a link with a local Pacific Island community group through Pacific staff members, in order to provide cultural support for Pacific staff and residents. The organisation has also engaged with a Pacific advocate who provides guidance and support Pacific people. The advocate is a member of the Health Quality & Safety Commission (kōtuinga kiritaki). At the time of the audit there were residents who identify as Pacific. During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On enquiry and admission all relatives (EPOA) of their family member provide ethnicity and cultural beliefs information. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>Pacific employees are able to attain their training goals and all staff are able to provide a culturally safe service. Pasifika staff confirmed they are welcomed and supported by management to attain qualifications.</p> <p>Information on cultural safety of Pacific peoples is provided in the</p>

		orientation programme for all new employees. Expectations regarding cultural practice is documented in employees job descriptions. Data collected for Pacific peoples informs targeted health interventions needed. Staff training ensure a culturally safe service. Interviews with the management team, staff, family/whānau and documentation reviewed identified that the service puts people using the services and family/whānau at the heart of their services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan, interviews with staff, education and training records reviewed, and resident care plans reviewed. The organisations policies and procedures align with the requirements of the Code. The clinical manager or operations coordinator discuss aspects of the Code with residents and their family/whānau and at meetings. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori and Pasifika languages. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Care plans reflected residents are encouraged to make choices and be as independent as possible. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Five family/whānau interviewed stated they felt residents rights were upheld and they were treated with dignity, respect and kindness and were encouraged to recognise Māori mana motuhake. The results from the 2023 family/whānau survey reflected a 93.6% agreement with the statement "The Service is provided in a manner that respects the dignity, privacy".</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Caregivers and RNs interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Family/whānau interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. 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. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names. Te reo Māori is celebrated during Māori language week and Matariki are celebrated. The service has signage in te reo Māori displayed in various locations throughout the facility. The staff noticeboards contain information on Māori tikanga practice. Interviews with management and staff confirmed their understanding of tikanga best practice. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi 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>	FA	<p>There is a documented abuse and neglect policy. This policy describes how staff ensure the service is free from any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days celebrate diversity. A staff code of conduct is discussed during the new</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>employee's induction to the service with evidence of staff signing the code of conduct policy. The code of conduct (titled 'House Rules'), states discrimination, harassment, and bullying will not be tolerated. All staff are held responsible for creating a positive, inclusive and a safe working environment. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions.</p> <p>Interviews with RNs and caregivers confirmed their understanding of professional boundaries. Professional boundaries are covered as part of orientation. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. During the interview with caregivers, they were all able to describe examples of what neglect and abuse may look like. All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. This was also supported by the 2023 Family/whānau survey. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes would be prioritised for Māori residents should they have any residents in the future that identify as Māori. Review of resident care plans identified goals of care which included interventions to promote positive outcomes. On interview care staff confirmed an understanding of holistic care for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Admatha Lodge has 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. The service utilises electronic accident/incident forms which has a section to indicate if next of kin have been informed (or not). Eighteen incident reports reviewed evidenced family/whānau were notified on all occasions, progress notes were updated, and care plans reviewed. An interpreter policy and contact details of interpreters is available. Support strategies and interpretation services are documented to assist with communication needs when required. The family/whānau are informed prior to entry of the scope of services and</p>

		<p>any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand – Canterbury. There is a dietitian contracted to support nutritional consultation. The delivery of care includes a multidisciplinary team, the activated enduring power of attorney (EPOA) provides consent and are involved in all decision-making in partnership with the services involved. The regional clinical manager described the process around providing family/whānau with time for discussion around care, time to consider decisions and opportunity for further discussion if required. Family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through emails, regular newsletters, and meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. There is a comprehensive booklet - 'a guide for residents, EPOAs and families' available for potential residents and their family/whānau. Informed consent processes were discussed with residents/whānau/families on admission. Resident files reviewed had written general consents sighted for photographs. Consent for release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consents had been signed by activated enduring power of attorneys (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with caregivers confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and undertaking personal cares. All the files reviewed had either EPOA or current welfare guardian documentation on file.</p> <p>The EPOA documentation is filed and activated with certificate for incapacity sighted in files reviewed. Advance directives for health care including resuscitation status were in place in resident files. Where a medically initiated resuscitation decision had been documented, there was documented evidence of discussion with the enduring power of attorney. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making. Discussions with family/whānau confirmed that they are involved in the</p>

		decision-making process, and in the planning of resident's care.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The organisational complaints policy is being implemented. The complaints policy includes use of te reo and references support for Māori residents to ensure the process works equitably for Māori residents. The operations coordinator has responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. The operations coordinator maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings. There have been two complaints received since the last audit in January 2023. One complaint was made in 2023 and one was received recently in 2024.</p> <p>The complaints reviewed have been acknowledged and investigated in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaint made in 2023 has been closed and complaint received in 2024 is still open. Letters of investigation and outcomes offer advocacy. There have been no external complaints received since the previous audit. Discussions with family/whānau confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are in a visible location at the entrance to the unit. Those making a complaint can involve an independent support person/advocate in the process if they choose to do so.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and</p>	FA	<p>Dementia Care New Zealand Limited is the parent company of Admatha Dementia Care Limited - Admatha Lodge. Admatha Dementia Care provided care for up to 55 residents requiring psychogeriatric care and dementia level care across two adjacent houses. Admatha Lodge provides psychogeriatric level of care for up to 25 residents. Occupancy during audit was 22 residents. One resident was on a mental health contract. All remaining residents were receiving psychogeriatric care under the aged residential hospital specialised services (ARHSS) agreement. Admatha Dementia Care provided dementia level of care for up to 30 beds. This building was closed by Dementia Care New Zealand Limited in September 2023</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>and the service no longer provides this level of care.</p> <p>Dementia Care New Zealand has a corporate structure that includes two directors/owners and a governance team of managers which includes: an operations management leader; quality systems manager; public relations and marketing manager; a clinical advisor; two regional clinical managers (North and South Island); and a national training coordinator. The role of Strategic Communication, Engagement and Governance Advisor is in place and guides the governance of the organisation. There are terms of reference for responsibilities at the general meeting and for the clinical governance group that reports to the general meeting. A group of advisors provide guidance to the directors this includes business advisors, the clinical governance group and customer focus groups. The guidance from this group assists with the direction of the strategic and business plan.</p> <p>Dementia Care New Zealand has engaged a cultural advisor to advise the Board and work in partnership with Māori to ensure updating of policy and procedure within the organisation. This will enhance Te Tiriti partnership, reduce inequity, and improve equality. Policies reviewed demonstrate commitment to the HDSS:2021. Barriers to providing culturally appropriate services are identified and mitigated. A Māori Health Plan and Pacific Health Plan are developed and a review of the intentions of Te Tiriti o Waitangi and the implications of this for the organisation is planned. There is increasing value placed on Māori tikanga and the use of te reo Māori within the organisation. The governance body monitors key metrics on equity including the number of staff and residents identifying as Māori. The directors work to ensure that Māori plans and policies are led by Māori, and that Māori residents, Whānau and staff members are supported. Dementia Care New Zealand has engaged with a cultural advisor to ensure these needs are met.</p> <p>Dementia Care New Zealand has an overarching strategic plan 2021-2024 and a related business plan 2023-2024 that is developed in consultation with managers and reviewed annually. The director described the overall business plan which includes the vision, values and “the work we do” documented in English and te reo Māori. The organisation’s vision includes acceptance of all people with kindness, love, provision of peace, and comfort. The management team are</p>
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		<p>striving to achieve this vision with openness, honesty, integrity, and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside Pacific community inclusion. The strategic plan includes principles associated with rangatiratanga and human rights; Manaakitanga wellbeing; whanaungatanga social organisation of whānau, hapu, and iwi; wairuatanga spiritual comprehensive and integrated services; kaitiakitanga guidance; consistent evidence-based services; and kotahitanga unity of purpose.</p> <p>Dementia Care New Zealand surveys families after six weeks of care, conducts annual surveys and resident surveys to understand the needs of the different users of the services. Annual surveys include a request for ideas for the business plan. Focus groups of residents or their EPOA at each local facility are facilitated by the Strategic Communication, Engagement and Governance Advisor. The objective of these groups is to obtain consumer representative feedback and ideas. Quality improvements are identified at the individual homes and/or organisationally where needed. The feedback from these sources and quality improvements generated are reported through DCNZ general meeting and steps to address issues raised are identified. Dementia Care New Zealand works closely with Health New Zealand services across New Zealand to ensure service provision meets the needs of the local community.</p> <p>Both directors and all of Dementia Care NZ's management have completed Ngā Paerewa Te Tiriti eLearning modules. The directors and management team also take opportunities for further learning through external advisors and external training. A regional clinical manager supports the clinical manager of each service. Where clinical issues arise, they are considered at the clinical governance meeting which the regional clinical managers attend. Issues and outcomes from the Clinical Governance Meeting are discussed with the directors and reported through the general meeting.</p> <p>The day-to-day clinical operations is overseen by the clinical manager who is supported by an operations coordinator, who oversees the non-clinical part of the operations. The clinical manager has been in the role since July 2022 and has worked at DCNZ for three years. The operations coordinator has been in the role for since August 2023 and reports to the operations management leader. One of the directors,</p>
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		<p>regional clinical manager and quality systems manager were present during the audit.</p> <p>The clinical manager attended a two-day clinical managers conference in April 2024 that included training around; pressure injury/wound care, medication management, pacific peoples cultural safety, vision/values, leadership, and communication. Both the clinical manager and operations coordinator have completed Nga Paerewa/Te Tiriti o Waitangi training modules one and two.</p> <p>Partial Provisional:</p> <p>The 25- bed home that provided dementia level was closed in September 2023. This has been used as a boarding house in the short-term. The service plans to move their current 22 PG residents from Admatha Lodge into Admatha Care home for the short-term while they complete refurbishments to Admatha Lodge. Admatha dementia care home will be opened as psychogeriatric care. There is a transition action plan around the move of residents that identifies mitigating key risks. The service will not require dementia level care on their current certification.</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>	FA	<p>Dementia Care New Zealand is implementing a quality management framework using a risk-based approach to improve service delivery and care. The organisation has a focus on improving health equity through critical analysis of organisational practices including the review of policies and processes to ensure all care staff deliver high quality health care for Māori. The cultural advisor ensures that organisational practices from the governance level down to individual facility operations improve health equity for Māori. Goals are established and progress reported at all levels of the organisation. The clinical manager and regional clinical manager log and monitor all quality data and report any corrective actions required to achieve compliance where relevant. Quality data reported includes falls, behaviour incidents, bruises, pressure injuries, skin tears, infections, medication errors and restraint use. Data is collated for benchmarking and results reported back to the facility for quality improvement plans if required.</p>

		<p>At Admatha, internal audits reviewed have been completed as per the internal audit schedule. Any corrective actions identified were used to improve service delivery and were signed off when resolved and discussed at staff meetings. Quality data is collected, analysed, and discussed at staff meetings. Satisfaction surveys are completed annually. The surveys completed in 2023 reflected an overall satisfaction of the service being provided with 93.8% of respondents stating they were happy with the medical care provided and that staff were friendly and approachable. Quality improvements have been implemented around; laundry service, cultural spiritual needs, environment, building and maintenance. Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>Each adverse event is documented electronically. Accident/incident forms reviewed indicated that the forms are completed in full, signed off by the clinical manager. Opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the staff meetings. There is a Health & Safety programme in place including training, hazard identification, incident and near miss reporting and investigations. Health and safety meetings are held monthly. Hazards are documented and addressed appropriately. Staff received education related to hazard management and health and safety at orientation and annually. Policies reference current health and safety legislation and there is a staff representative. There are monthly quality improvement meetings, health and safety meetings, monthly infection committee meeting, resident event analysis management meetings, activities, clinical meetings, and six-monthly restraint review meetings. Meeting minutes and monthly bulletins are available for all staff in the staffroom. Discussions with staff confirmed their involvement in the quality programme. In addition, the service holds a six-monthly organisational meeting where policy and staffing issues are addressed e.g., restraint elimination.</p> <p>Discussions with the regional clinical manager, quality systems manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports since the previous audit in relation to RN shortages (last RN shortage notification was</p>
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		completed for week beginning 11 March 2024), one unstageable pressure injury in March 2023 and one missing resident with police involvement in October 2023. There have been three Covid-19 outbreaks documented since the last audit. These were appropriately notified, managed, reported to Public Health and staff were debriefed after each event to discuss lessons learned.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The clinical manager and the operations coordinator work full-time Monday to Friday. The clinical manager/regional clinical manager provides 24 hours on call for clinical matters and the operations coordinator is on call for non-clinical concerns. The clinical manager lives close to the facility so is able to attend in the case of a clinical emergency. There is a specific roster documented and is appropriate for psychogeriatric level of care. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Family/whānau interviewed stated there were sufficient staff available when they visited. The regional clinical manager and clinical manager stated that the service has had a full complement of RNs after the last RN shortage in March 2024.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The service employs 17 caregivers and supports them to obtain a New Zealand Qualification Authority (NZQA) qualification. A review of staff records showed that 13 caregivers have achieved the required standards to support psychogeriatric level care and four are in progress within the 18-month period for completion. The annual training programme exceeds eight hours annually. Training is conducted via zoom and led by the DCNZ educator (also a mental health trained RN). There is an attendance register for each training session and educational topics offered, including: in-services the DCNZ Best Friends dementia training, competency questionnaires, online learning, and external professional</p>

		<p>development. All senior caregivers and RNs have current medication competencies. Registered nurses, caregivers and activities team members have a current first aid certificate.</p> <p>There are five RNs, four have completed interRAI training. Registered nurses have attended training including (but not limited to) critical thinking, infection prevention and control, including Covid-19 preparedness and dementia, delirium, and depression. The regional clinical manager provides oversight of the RNs and caregivers through regular visits to the facility. There is a range of competencies specific to the employee's role. There is a schedule and register in place. Caregivers and RNs are required to complete annual competencies for cultural, restraint, and moving and handling. A record of completion is maintained on an electronic human resources system. Staff are trained and understand the practice of tikanga Māori. Staff also complete cultural safety training and are provided with opportunities to learn about Māori health outcomes, disparities, and health equity trends. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. Staff interviewed report a positive supportive work environment.</p> <p>Partial Provisional:</p> <p>With the transfer of staff and residents to the adjacent home there is no changes required to staffing. There are sufficient staff employed to continue to cover the roster for up to 25 residents requiring psychogeriatric level care. The service will continue implementing the same education programme.</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</p>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal. The service demonstrates that the orientation programme supports all staff</p>

<p>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>to provide a culturally safe environment for Māori. The service collects ethnicity data for employees and maintains an employee ethnicity database. Staff files are held securely. Six staff files (one clinical manager, one RN, one operations coordinator, two caregivers and one activities coordinator) were selected for review which evidence recruitment processes are being implemented and includes reference checking, qualifications, and annual practicing certificates.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of current practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacist, physiotherapist, podiatrist, and dietitian). There is an appraisal policy in place. Of the files reviewed all staff who had been employed for over one year have an annual appraisal completed. Staff with less than one year of service receive an appraisal following completion of their orientation and at six months of service. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.</p> <p>Partial Provisional:</p> <p>All staff will transfer with residents to the adjacent facility. The service is planning to complete an orientation to the new home prior to occupancy. This includes environmental induction and fire drill.</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 document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored off-site and/or backed up on the electronic system and easily retrievable when required. Other</p>

		<p>paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a document shredder for immediate document destruction. Information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents who are admitted to Admatha Lodge are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The operations coordinator and regional clinical manager screen prospective residents prior to admission. In cases where entry is declined, there is liaison between the operations coordinator and the referral team. The prospective resident would be referred to the referrer. The operations coordinator described reasons for declining entry would only occur if there were no beds available, or Admatha Lodge is unable to provide the service the prospective resident requires, after considering staffing and resident needs. There have been no residents declined entry to Admatha Lodge.</p> <p>The operations coordinator keeps records of how many family/whānau have viewed the facility for the prospective resident, admissions and declined referrals. The service collects ethnicity information at the time of admission from individual residents. 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 for Māori. Review of the current residents admitted to Admatha Lodge evidence diverse ethnicity including those who identify as Māori. The service has established links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p> <p>There is an information pack relating to the services provided at Admatha Lodge, which is available for families/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Health New Zealand - Canterbury service agreements. Services that are not provided by Admatha Lodge are included in the admission agreement. Admatha Lodge identifies and implements supports to benefit Māori and whānau. The service has information available for</p>

		Māori, in English and in te reo Māori. The service has engaged with a local Māori advisor who has links to Health New Zealand National Public Health Service in order to benefit Māori individuals and whānau.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five resident files were reviewed including one resident on a mental health contract. An RN is responsible for conducting all assessments and for the development of care plans. There was evidence of family/whānau involvement in the interRAI assessments and long-term care plans reviewed. Admatha Lodge provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.</p> <p>Admatha Lodge uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include (but are not limited to) those relating to falls, pressure injury, behaviour, continence, nutrition, skin, culture, activities, and pain. The initial support plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of the assessments formulate the basis of the long-term care plan. All residents have a behaviour assessment and a behaviour plan, with associated risks and supports needed and includes strategies for managing/diversion of behaviours.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are holistic, resident centred and provided guidance to staff around all medical and non- medical requirements. The care plans included a 24-hour reflection of close to normal routine for the resident with detailed interventions to assist caregivers in management of the resident behaviours. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds. These have been signed off when resolved or moved to the long-term care plan. Evaluations reviewed have been completed at the time of interRAI re-assessments (six-monthly) and when changes occurred earlier as indicated for the five resident records reviewed. Written evaluations</p>

		<p>reviewed identify if the resident goals had been met or unmet.</p> <p>A Māori health care plan is utilised for residents who identify as Māori and is based on the Te Whare Tapa Whā model of care.</p> <p>The general practitioner (GP) from the medical centre provides medical services including after hours on call support. Residents are reviewed by a visit to the facility by the GP on admission, acutely or for monthly/ three monthly reviews. There is evidence in the resident files that the residents were seen by the GP within 5 working days of admission and resident regular reviews occurred as per required time frames. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit stated they were very happy with the competence of the RNs, care provided and timely communication when there are concerns.</p> <p>Specialist services are initiated as needed. Allied health interventions are documented and were integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. A physiotherapist visits weekly and sees resident's on admission, six monthly and post fall reviews or as required. A dietitian reviews residents monthly and the podiatrist visits six weekly. Specialist services (e.g., mental health, psychogeriatrician, speech language therapist, wound care specialist, and continence specialist nurse) are available as required through Health New Zealand - Canterbury.</p> <p>Caregivers and RNs interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the RNs document at least daily and as necessary in the resident records.</p> <p>The family/whānau interviewed reported that the residents' needs and expectations are being met. When a resident's condition changes, the staff alert the RN who then assesses the resident and initiate a review with the GP. Family stated they were notified of all changes to health, including infections, accident/incidents, GP visits, and medication</p>
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		<p>changes. This was consistently documented in the resident files.</p> <p>At the time of the audit, there were 12 wounds (skin tears, lesions, abrasions, surgical and other) from six residents actively being managed. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. A wound register has been fully maintained. There is access to specialist input into chronic wounds as required. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; blood glucose levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</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>	FA	<p>The two activities coordinators work 27 and 24 hours a week and provide activities to residents Monday to Sunday with van outings arranged fortnightly. The activities coordinators and staff who accompany residents on van outings have current first aid certificates and van driving competencies. The activities coordinator develops and coordinates with staff on the delivery of the activity programme. There are resources available for caregivers to use after hours and when the activities coordinator is off. A monthly and daily activities calendar is posted on the noticeboards, and copies are available for residents and family/whānau.</p>

		<p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. These include (but not limited to), cooking, exercises, floor games, entertainment, art, local news, music, craft, van trips, sensory activities, and one-on-one and group walks around the garden. Residents who do not participate regularly in group activities are visited one-on-one. The interactions observed on the day of the audit showed engagement between residents, the activity coordinator, and staff. Some residents were observed participating in cake baking activities.</p> <p>Residents' participation and attendance in activities are recorded in the resident records. Residents have an individualised activities assessment and care plan which is integrated in the long-term care plan. These are reviewed at least six-monthly. Resident care plans evidence 24-hour activity plans which included strategies for distraction, de-escalation, and management of challenging behaviours.</p> <p>Community visitors include entertainers. Special events like birthdays, St Patricks day, Matariki, Easter, Father's/Mother's Day, ANZAC day, Christmas, and theme days are on the programme and celebrated with appropriate resources available. The service ensures that staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. Families/whānau interviewed spoke positively of the activities programme with feedback and suggestions for activities made via one on one, surveys and meetings.</p> <p>Partial Provisional:</p> <p>There will be no changes to the activity programme with the transfer to the adjacent facility. The activities coordinators will continue to work with the caregivers to provide individual and group activities to residents.</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</p>	PA Low	<p>Dementia Care New Zealand has organisational policies documented around safe medicine management that meet legislative requirements. The RNs and medication competent caregivers who administer medications are assessed annually for competency. Education around safe medication administration is provided. All medication charts and</p>

<p>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>signing sheets are electronic. On the day of the audit, a RN was observed to be safely administering medications. The RN and caregivers interviewed could describe their roles regarding medication administration.</p> <p>Admatha Lodge uses robotic rolls for all regular and blister packs for as required' medicines and blister packs for short course medicines. All medications once delivered are checked by the RNs against the medication chart. Any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the medication trolley (stored in the nurses station) and medication room. The medication fridge, medication cupboard nurses station temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Ten medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. Due to the nature of the service (psychogeriatric) there were no residents self-administering medications. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. Standing orders in use and documentation confirms annual reviews and clear instructions for use.</p> <p>There is documented evidence in the clinical files that family/whānau are updated about changes to their family-members health. The RN and regional clinical manager described how they work in partnership with residents and family/whānau who identify as Māori to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Partial Provisional:</p> <p>The current medication management system will be transferred across the care home. The service intends to utilise the secure nurses station room as the medication room instead of the previous medication cupboard under the stairs. The medication room includes shelves, locked cupboards and handbasin. Further refurbishment is required around the installation of a CD safe, fridge and transportation of</p>
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		current medication system.
<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>	FA	<p>The cook works full time four days a week and is supported by another qualified chef who works the other three days. The service employs kitchen hand staff for cleaning and other non-cooking duties. All meals are prepared and cooked on site. Meals are served directly from the Bain Marie dishes to plates for serving to residents in the adjacent dining room. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates and cutlery are available for residents to maintain independence with meals. Caregivers interviewed are knowledgeable regarding resident's food portion size and normal food and fluid intake.</p> <p>Caregivers confirmed they report any changes in eating habits to the RN and record this in progress notes. The kitchen was observed to be clean, well-organised, well equipped and with a current approved food control plan expiring 16 April 2025. The four-weekly seasonal menu has been reviewed by a dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen. The kitchen meets the needs of residents who require special diets. The cooks work closely with the RNs with resident's dietary profiles and any allergies. Residents who require supplements for identified weight loss or meal alternatives as assessed by dietitian, have them supplied. Nutritional snacks are available 24/7. Kitchen staff are trained in safe food handling.</p> <p>Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau surveys, and one-to-one interaction of residents with the cooks in the dining room allows the opportunity for feedback on the meals and food services. Survey results from 2023 reflect overall satisfaction with food services. The cook and caregivers interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they provide food for the cultural themed days in line with the theme. The cook stated they</p>

		<p>accommodate any requests from residents within reason. Family/whānau members interviewed indicated satisfaction with the food.</p> <p>Partial Provisional:</p> <p>There are two kitchenettes off the open plan dining areas in each of the two smaller homes within the Care Home. Both kitchenettes are fully functional. Meals will be made offsite at their sister site (Avonlea). Current kitchen staff will work from Avonlea. A van will transfer meals (in containers) to the home in hot boxes and dished from the kitchenettes by staff. Temperatures will be monitored before transport and on arrival as per the food control plan. There is a policy around the transport of meals between the two homes. The registered nurse completes a nutritional assessment for each new resident and the food service provider will be notified of any changes, and/or special diets. Resident dislikes and allergies are known, and alternative foods will be offered as current practice. There will be nutritious snacks available 24 hours in both kitchenettes and fridges. The homecare assistants in each unit will assist with the serving of meals from each kitchenette, dishes and cleaning schedule for the kitchen.</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 are coordinated in collaboration with the family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form, copies of medical history, form with family/whānau contact details, resuscitation form, medication charts and last GP review records. The families/whānau are involved for all transfers to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or Kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical manager advised that a comprehensive handover occurs between services.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The buildings, plant, and equipment are fit for purpose at Admatha Lodge and comply with legislation relevant to services being provided. The current building warrant of fitness expires 1 April 2025. The environment is inclusive of peoples' cultures and supports cultural practices. Maintenance requests are logged into an electronic maintenance log and the operations coordinator arranges repair with approved contractors or replacement with the purchasing officer (who visits weekly). Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, gutter maintenance, calibration of medical equipment and testing of hot water temperatures that is managed by the operations coordinator and purchasing officer who visits weekly and provides additional support as required. Hot water temperatures are monitored weekly and where temperatures are below 45 degrees Celsius a corrective action plan is documented (sighted).</p> <p>Testing and tagging of electrical equipment was completed in April 2024. Checking and calibration of medical equipment, hoists and scales is next due in June 2024. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care. The corridors have sufficient room to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and to the outside areas and gardens. The external courtyards and gardens are secure, easily accessible and have seating and shade. The external areas are well maintained and were appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the garden. The service is on one level. The psychogeriatric unit comprises of two wings (Amour and Mon Ami homes). There are two lounges -one of which includes a kitchenette and the other beside the dining room and main kitchen. The kitchen, laundry and cleaning spaces are all centrally located and can be accessed by staff easily.</p> <p>All the rooms are large enough for easy movement with mobility aids and can accommodate the use of hoists. There is easy viewing of</p>
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		<p>outside through windows in all the rooms along with easy access to outdoor space. Residents can have personal items in their bedrooms. Each room is identified by the resident's name. There are six communal toilets and four communal showers. Bathrooms/showers have signs, handrails, and call bells; are well lit, ventilated, and heated. There is sufficient space in the bathroom/shower areas to accommodate shower chairs and commodes. The communal toilets and bathrooms/showers have privacy locks system that indicates if it is engaged or vacant. Staff and visitor facilities are provided. A variety of seating is provided to meet all resident's needs. Flooring is carpet tiles or vinyl and maintained in good condition. Installations, walls, and floorings are in good condition. The service has current plans to build or extend and the managing director advised that the service has a meeting arranged to liaise with local Māori providers and the cultural advisor to ensure aspirations and Māori identity are included.</p> <p>Partial Provisional:</p> <p>Admatha Care Home neighbours Admatha Lodge and they are both under the same certificate. Admatha Care Home was closed September 2023 and has been used as a boarding home. The service plans to transfer all residents from Admatha Lodge to Admatha Care Home for a short period of time while renovations and extensions are made to Admatha Lodge.</p> <p>Admatha Care Home includes 30 resident rooms. Only 25 residents rooms will be utilised by the service. The home is divided into two smaller homes to align with DCNZs model of Care. (Tai home and Awa Home). Each home has an open plan kitchen, dining area and lounge. Resident rooms are adequate size to manage mobility equipment with support by staff. There are sufficient mobility bathrooms in each home that are large enough for mobility equipment. There are locks and curtains for privacy. Equipment is being transferred with the residents as part of the move to the new environment. Hallways and doorways are not excessively wide, but the safe movement of equipment and residents can be demonstrated. The building and furnishings are dated, and the management team are planning to complete some refurbishments that are required prior to occupancy. There are electric heaters in all resident rooms that have not been tested and tagged. One lounge has a gas fire and heat</p>
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		<p>pump, and the other lounge has a gas fire only. Hot water temperatures are yet to be checked. All communal areas and resident bedrooms have external windows with plenty of natural sunlight.</p> <p>There is indoor/outdoor flow from the lounges to spacious outdoor gardens and grounds with walking pathways. There is raised gardens, seating and shade and the outdoor area has been well-maintained. There is an employed gardener who maintain the gardens and grounds. The outdoor area is secure.</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>	FA	<p>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service, dated 23 June 2003. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last fire drill having been completed on 22 January 2024. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage, there is a barbeque and gas hobs in the kitchen should gas cooking be needed. There are extra blankets. Emergency lighting is available to give staff time to organise emergency procedures. There are adequate supplies in the event of a civil defence emergency, including sufficient water storage (ceiling header tanks) for three litres per person per day for three-days. Information around emergency procedures is provided for residents and relatives in the admission information provided. There is no generator onsite; however, they can hire one from a local contractor if required.</p> <p>The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. There is always a first aid/CPR trained staff member on duty 24/7. There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There are display monitors in strategic positions in the hallways that would indicate where the call bell is coming from and allow to respond. Residents were observed to have their call bells in proximity to their current positions. Family/whānau interviewed confirmed that call bells are</p>

		<p>answered in a timely manner. The facility is secure. Entry into the dementia unit is by pressing an access button and exit is by entry of a code which is made available to staff and family/whānau. The doors are set to automatically release in case of fire. The front door to the building is locked by staff at sunset and unlocked at sunrise. The building is secured after hours. Staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p> <p>Partial Provisional:</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service, dated 23 June 2003. A fire evacuation drill is due prior to opening (link 2.4.4). There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies will be transferred across place and stored including spare water. There is also water storage at Admatha Home in ceiling tanks which is in excess of 225 litres of water. Call bells are available in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. A light above the door shines to identify where the bell is. The bell is pushed three times in the event of an emergency. The facility is secure with keypad entry at the gate. Advised that the code is given to family/whanau.</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>	FA	<p>The infection control plan and Antimicrobial Stewardship policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Manatū Hauora recommendations. The infection control coordinator is a registered nurse and on interview reported they have full support from other members of the management team regarding infection prevention matters. This includes time, resources, and training. Monthly staff, infection control and management meetings include discussions regarding any residents of concerns, including any infections. Infection prevention incidents and issues are reported to the directors monthly through a report from the clinical governance meeting to the general meeting and urgent or significant issues are</p>

		<p>reported to the directors immediately.</p> <p>The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted. Additional support and information are accessed from the infection control team at Health New Zealand – Canterbury, the community laboratory, and the GP as required. The infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. There were three infection outbreaks reported since the previous audit which were managed according to Manatū Hauora guidelines and reported to the directors immediately.</p> <p>Partial Provisional:</p> <p>The IPC programme will remain the same with the transfer to the adjacent facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control coordinator (RN) oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The RN has completed external education on infection prevention and control for clinical staff.</p> <p>The service has a clearly defined and documented infection control programme that was developed with input from external infection control services. The infection control programme was approved by the director and is linked to the quality improvement programme. The infection control programme is reviewed annually, and it is current.</p> <p>The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control</p>

		<p>resources including personal protective equipment (PPE) were available and sighted on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into related clinical processes that impact on health care associated infection (HAI) risk and has access to all clinical records and diagnostic results of residents.</p> <p>Staff have received education around infection control practices at orientation and through annual education sessions. Additional staff education has been provided in response to pandemic and outbreak management. Education with residents and family/whānau occurs on an individual basis as applicable. This included reminders about handwashing, advice about not visiting the facility if they are unwell and for residents to remain in room, as able, if unwell. This was confirmed in interviews with family/ whānau.</p> <p>The infection control coordinator consults with management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The operations coordinator and regional clinical manager stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits are completed six monthly , and where required, corrective actions were implemented.</p> <p>Caregivers, home assistants and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are some of the culturally safe infection control practices</p>
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		<p>observed, and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff is practicing in a culturally safe manner. The service has educational resources in te reo Māori.</p> <p>Partial Provisional:</p> <p>The IPC programme will remain the same with the transfer to the adjacent facility. Each resident room has a handbasin. All required PPE and hand sanitizers with transfer with staff and residents when they move to the adjacent home.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme is reviewed annually and has been approved by the directors. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Antimicrobial stewardship data is being collected. The antimicrobial stewardship committee meets quarterly, reviews this data, and provides a summary along with any relevant issues for consideration by the directors. The infection control coordinator and regional clinical managers review organisational antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</p> <p>Partial Provisional:</p> <p>The IPC and AMS programme will remain the same with the transfer to the adjacent facility.</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</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The healthcare associated infections being monitored</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Results are reported through management reporting to the directors. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, management, and the directors.</p> <p>Family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with five family/whānau. There have been outbreaks of Covid-19 reported in January, June, and December 2023 since the previous audit. These were managed appropriately with appropriate notifications completed.</p> <p>Partial Provisional:</p> <p>The IPC programme including surveillance monitoring will remain the same with the transfer to the adjacent facility.</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>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning/chemical room. Cleaning products were in labelled bottles. The home assistants (cleaning/laundry/bed making staff) ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. Home assistants are responsible for cleaning. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms in the laundry . Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The home assistants have attended training appropriate to their roles. The operations coordinator</p>

		<p>has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>Home assistants are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets by the caregivers. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All home assistants have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The home assistant interviewed demonstrated awareness of the infection prevention and control protocols. Satisfaction surveys and interviews confirmed satisfaction with the cleaning and laundry processes. Internal audits are completed for cleaning and laundry services which are monitored by the infection control coordinator and any corrective actions are identified and implemented. Results are discussed at all meetings.</p> <p>Partial Provisional:</p> <p>The service intends to transport laundry daily to the laundry at their sister site (Avonlea) for laundering. There is a documented procedure around how this will be managed. There is plenty of space at Admatha Care centre for the storage of dirty laundry (for transport) and an area available for the collection of clean linen and storage. The Home assistants will transfer across to Admatha Care Centre and will continue to be responsible for cleaning. There is a secure sluice available. All chemicals and PPE from Admatha Lodge will be transported across and secured in the sluice and cleaners cupboard.</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>	FA	<p>The governance body includes objectives around elimination of restraint. The service's restraint policy includes the definitions of restraint, which aligns with the HDSS:2021 standard. The policy covers elimination of restraint, evaluation, and restraint procedures (including emergency restraint). At the time of the audit the service was restraint free. All staff receive education in restraint twice annually. The restraint coordinator is an RN, who is conversant with</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint policies and procedures and is part of the national Restraint Approval Group. The service considers least restrictive practices, implementing de-escalation techniques, alternative interventions, and only uses an approved restraint as the last resort. Where restraint is used, data is be collated, analysed, and reported along with the quality data which is reported to the directors.</p> <p>Partial Provisional:</p> <p>With the transfer to the adjacent facility, there is no changes to staffing, policy, restraint education and processes.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Partial Provisional: All staff will transfer with residents to the adjacent facility. The service is planning to complete an orientation to the new home prior to occupancy. This includes environmental induction and fire drill.</p>	<p>Partial Provisional: The transition plan includes preparing staff for the new environment including completing a fire drill prior to occupancy</p>	<p>Ensure staff are inducted to the new environment and a fire drill is completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>Partial Provisional: The current medication management system will be transferred across the care home. The service intends to utilise the secure nurses station room as the medication room instead of the previous medication cupboard under the stairs. The medication room includes shelves, locked cupboards and handbasin. Further refurbishment is required around the installation of a CD safe,</p>	<p>Partial Provisional: The medication room is yet to be being fully furnished.</p>	<p>Ensure the medication room is fully furnished and fit for purpose.</p> <p>Prior to occupancy days</p>

		fridge and transportation of current medication system		
<p>Criterion 4.1.1</p> <p>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.</p>	PA Low	<p>Partial Provisional: There is a BWO for Admatha Care Home dated 18 March 2024. The service plans to re-open Admatha Care Home as a temporary psychogeriatric home for the residents currently residing at Admatha Lodge. The intention is to transfer the residents into the Care Home August 2024 for at least 5 months while Admatha Lodge goes through refurbishments and renovations. The following is yet to completed; (i) Re-plaster and paint ceiling in one lounge; (ii) Bathroom drain covers to be replaced, (iii) testing/tagging of electrical heaters in all the rooms, and (iv) monitoring of hot water temperatures.</p>	<p>Partial Provisional: (i) The ceiling paint in one of the lounges is peeling away; (ii) There are exposed drains in communal bathrooms; (iii) testing/tagging of electrical heaters in all the rooms has not been completed, and (iv) monitoring of hot water temperatures has not commenced.</p>	<p>(i). Ensure the lounge ceiling is replastered and painted; (ii). any exposed drains in bathrooms are covered; (iii). all electrical equipment is tested and tagged and (iv) hot water temperature to resident areas are monitored and below 45 degrees.</p> <p>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.