Avondale Lifecare Limited - Avondale Lifecare

Introduction

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

The audit has been conducted by The DAA Group Limited, 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:	Avondale Lifecare Limited
Premises audited:	Avondale Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 4 April 2024 End date: 30 May 2024

Proposed changes to current services (if any): Verified the completed conversion of the old staff room in the hospital area into a double room suitable for two hospital-level care residents.

Total beds occupied across all premises included in the audit on the first day of the audit: 64

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 haumaru │ 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
(blue)	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
(green)	No short falls	Subsections applicable to this service fully attained
(yellow)	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

Avondale Lifecare Limited (known as Avondale Lifecare) provides rest home, hospital and dementia services for up to 67 residents.

The facility is owned and operated by New Zealand Aged Care Services Limited, which owns approximately ten aged care residential facilities. The organisation is governed by a board and a clinical governance team. The service is managed by an experienced care home manager and is supported by a clinical lead. Both were appointed to their roles in 2023.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service’s contract with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). The audit process included the review of policies and procedures, the review of residents’ and staff records, observations and interviews with residents, family, staff and management, and the general practitioner.

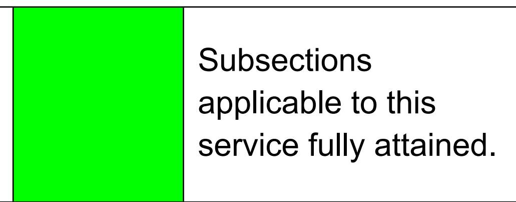
The residents and families interviewed were satisfied with the services provided, and the unique and the supportive cultural environment. Staff at all levels of the organisation are welcoming to the residents who come from a diverse range of cultures.

The audit was completed to verify two reconfigured beds to hospital level care beds. The hospital beds in the wing will increase to 23 beds. With the reconfiguration, bed capacity will increase to 54 hospital/rest home beds across the service. The audit identified the reconfigured rooms, staff roster, equipment requirements, established systems and processes are appropriate for the reconfiguration.

The verification process identified no areas requiring improvement.

The areas requiring improvement from the previous audit were reviewed and all have been fully addressed. There were no new areas requiring improvement identified from this surveillance audit.

Ō tātou motika | Our rights

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

Policies are in place to ensure residents who identify as Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana Motuhake, when required.

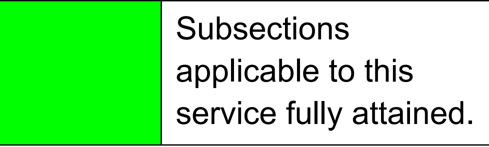
Pacific peoples are provided with services that recognise their worldview and are culturally safe.

Staff understand the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). The service has a policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism.

Informed consent for specific procedures is gained appropriately.

Processes are in place to resolve complaints promptly and effectively with all parties involved. The complaints register is maintained.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

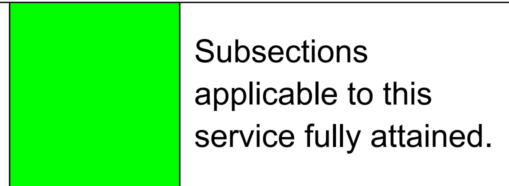
The quality and risk management systems are focused on quality service provision and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory obligations and meets the contract with Te Whatu Ora Te Toka Tumai Auckland. Policies and procedures are current and managed effectively by the clinical manager/quality and support staff at head office.

There is a clearly documented business plan which is implemented with set aims and objectives to meet. All policies and procedures are current, and a document control management system is in place. The clinical governance group follows up on any clinical issues.

All new staff receive a full orientation at commencement of employment. Competencies are completed and training was provided during orientation, and this was recorded. Ongoing education is encouraged, and staff can participate in planned education annually, including first aid training. All employed and contracted health professionals have an annual practising certificate. Staff is adequate to cover the reconfiguration of the two added beds.

The care home manager ensures the facility is adequately staffed twenty-four hours a day, seven days a week.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.

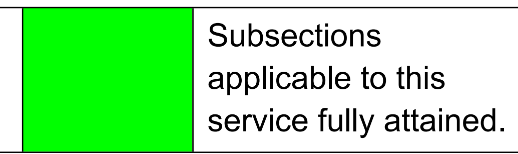
Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so. Medicines for the residents in the reconfigured beds will be stored safely in the current medication room.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.

The facility meets the needs of residents. There is a current building warrant of fitness. Electrical equipment and calibration requirements are up to date. All internal and external areas are accessible, safe and meet the needs of residents living in this rest home and hospital. The dementia service is well designed to allow for freedom of movement for all residents.

The old staff room was reconfigured to accommodate double hospital beds in one of the wings. The room has been refurbished and ready for occupancy. The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence

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

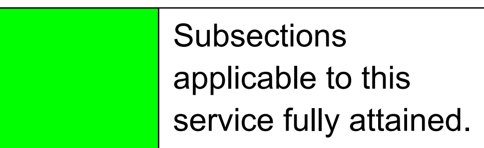
Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date 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 the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The registered nurses coordinate the programme. The infection prevention and control coordinators are involved in procurement processes and have been involved in the service reconfiguration.

Orientation and ongoing education of staff are maintained. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. The infection outbreak of COVID-19 in December 2023 was managed according to Ministry of Health (MoH) guidelines.

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.

Policies and procedures are in place that evidence promotion of eliminating restraint use. At the time of the audit two residents were using a restraint. The register was maintained. Training was provided to staff.

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	19	0	0	0	0	0
Criteria	0	52	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Avondale Lifecare has a cultural policy and a Te Tiriti o Waitangi policy which was also embedded in the organisation's Māori Health plan reviewed. Māori residents and staff are provided with ongoing support to achieve their aspirations recognising mana motuhake. There were residents who identified as Māori. Staff who identify as Māori are part of the diverse team of staff who are employed at Avondale Lifecare. There is a Māori health advisor who is available for this service.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services is underpinned by the Pacific peoples' worldview policy. Expert advice is sought from the resident and family and/or the community. A church minister is available to bless residents and rooms as needed. Cultural assessments and care plans for residents of each Pacific descent are available to implement. Models of care for each are clearly documented and implemented. There were residents who identified as Pasifika and 21 staff who identified as Pasifika on the day of the audit. Each spoke their own languages fluently.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained. The registered nurse (RN) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.
Subsection 1.7: I am informed and able to make choices 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. 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,	FA	Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation and service plans were signed by residents who were competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent.

keep well, and live well. 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.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code. Staff interviewed stated that they are fully informed about the complaints procedure and where to locate the forms if needed. The families interviewed were pleased with the care and management provided to their family members. They understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family member. The care home manager (CHM) is responsible for complaints management and maintaining the reviewed complaints register. The general manager (clinical operations) follows up all complaints for the organisation. There have been 12 complaints received over the last year and all have been closed out. The complaints were received from residents' meetings, staff and family. Complaints were acknowledged and followed up in a timely manner. Two complaints have been received from the Health and Disability Commissioner's (HDC) office. One was received on 24 March 2022, and remains open. The second complaint was received on 19 January 2023 which initially came through Te Whatu Ora Te Toka Tumai Auckland and was signed off appropriately. However, the family have taken this to the HDC's office, and the complaint remains open. In the event of a complaint being received from a Māori resident or whānau member, the service would seek the assistance of the Māori health advisor if this was required. The complaints process was sighted in te reo Māori.
Subsection 2.1: Governance The people: I trust the people governing the service to have	FA	New Zealand Aged Care Services Limited owns approximately ten facilities. Avondale Lifecare provides rest home, hospital and dementia care services. Governance consists of two directors and one general manager (GM)

the knowledge, integrity, and ability to empower the communities they serve. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.		clinical and operations, one GM clinical and quality, a workforce development and recruitment manager and a general manager finance. The roles of each board member are clearly documented in the business plan 2024 – 2025, which was reviewed. There is Māori representation on the board. The board meets monthly and more often as needed. The governance body ensures compliance with legislative, contractual and regulatory requirements. The organisation's mission statement, statement of purpose and philosophy are documented on the business plan reviewed. This was identified as an area for improvement in the previous audit (criteria 2.1.2) which has been addressed. There are four main objectives to achieve for the coming year. Governance is appropriate for the size of the organisation. Regular monitoring of the business plan ensures goals are signed off when met or action plans are established to improve outcomes. The GM provides monthly clinical, and operations reports to the board and monthly key performance indicators (KPIs) for benchmarking purposes. The care home manager until recently covered two facilities, but now only covers Avondale Lifecare full-time. The organisation has established a clinical governance board. Training has been provided for all board members, including Te Tiriti o Waitangi and health equity training. The clinical manager has attended training on Te Tiriti and health equity. The service provider endeavours to provide equitable service to Māori as documented in policy and aims to reduce barriers for those residents who identify as Māori and those with disabilities. The clinical manager aims also to have a good relationship with all residents, families/whānau and local community organisations. Core competencies are completed by all staff as part of the orientation process. Avondale Lifecare provides age-related residential care (ARRC) and has contracts with Te Whatu Ora Te Toka Tumai Auckland for providing rest home, respite, Waikaha - Ministry of Disabled People younger persons disabled (YPD), hospital level care and dementia care services. Sixty-four beds were occupied on the day of the audit. Forty-four (44) residents were receiving hospital level care, six rest home level care, one respite and one YPD (both rest home level care) and 12 dementia care. The verification was completed to verify two reconfigured beds to hospital

		level care beds. The hospital beds in this wing will increase to 23 beds. With the reconfiguration, bed capacity will increase from 52 to 54 hospital/rest home beds across the service. The audit identified the reconfigured room, staff roster, equipment requirements, established systems and processes are appropriate for the reconfiguration. The transition plan describes the staffing coverage, no new staff will be required, and staffing needs will be assessed and adjusted according to numbers and acuity. The audit verified the reconfigured room as suitable to provide hospital level care.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement, with a focus now on achieving Māori health equity. This includes the management of incidents and complaints, internal and external audit activities, monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. The care home manager explained the processes involved and how the strategic plan is implemented. Business continuity is also part of risk management and planning. There are a range of internal audits that are undertaken. The schedule for 2024 was reviewed and audits followed through. Internal audits reviewed included cleaning and laundry audits, environment, infection prevention, restraint, care planning and resident records. The service prioritises those related to key aspects of service delivery and resident and staff safety. Evaluation against quality indicators and any trends identified occurs. Any issues identified are addressed with a corrective action plan. The staff are informed of any results. This was an area for improvement from the previous audit (criteria 2.2.3) which has been addressed. Document control is managed from head office. The GM clinical and quality/transition manager and clinical support staff are involved with this process. Two-monthly reviews occur, and any changes are sent through to the CHMs to evidence any changes made, and staff are informed as needed of any changes implemented. Paper-based records are still being used at the facility. All policies and procedures were current. This was an area of improvement from the previous audit (criteria 2.2.2) which has been addressed. A staff satisfaction survey was carried out in March 2023 and a

		resident/family survey in September 2023. Surveys are comprehensive and the results are collated and scored by the CHM. Comments/outcomes for each section were documented. Most comments were positive. Any negative comments were addressed. This was also an area of improvement from the previous audit (criteria 2.2.1) which has been addressed. Health and safety systems are implemented. Any internal or external risks are identified. There was a current up-to-date hazard register and hazardous substance register. A risk management plan for 2024 to 2025 with aims and objectives was in place. Six-monthly 'health checks' are completed, and any corrective actions are documented with any associated risks identified and scored, for example, the incidents/accidents, infection prevention, compliance, occupancy, complaints, clinical documentation and other risks. The CHM attends fortnightly managers' meetings and reports to weekly operations meetings to both GMs. This addresses a previous finding (criteria 2.2.2) related to risk management. The CHM is well informed about, and understood, the responsibilities in relation to the National Adverse Events Reporting Policy. Statutory and regulatory obligations in relation to essential reporting have been complied with. Notifications were forwarded to HealthCERT for change of leadership roles on 12 September 2022 (CHM) and 17 August 2023 (clinical lead). A further notification was forwarded to the New Zealand Aged Care Services Ltd GM clinical and operations on 22 February 2024. Any notification forms are held at the organisation's head office.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	Rosters for the last six weeks were reviewed to determine staffing levels and skill mix to provide culturally and clinically safe services. The service provides staff to cover twenty-four hours a day, seven days a week (24/7). The rosters reviewed were adjusted in response to resident numbers and levels of care, and when residents' needs change. No bureau staff are used. Staff from other facilities can provide cover as needed. A core staff has been employed at Avondale Lifecare for some time. The clinical lead covers Monday to Friday. Registered nurses cover all shifts. There are currently eight registered nurses (team leaders); six are InterRAI trained, and one is enrolled to train this year. There is one qualified diversional therapist who has completed a relevant

		New Zealand Qualification Authority (NZQA) level 4 qualification, and one activities coordinator. There are two laundry staff and three cleaners to cover seven days a week. The kitchen manager completes the kitchen rosters so that there is a chef and kitchen hand on each day and one on the afternoon shift 3 pm to 8 pm daily. All education is documented. The caregivers have completed competencies for infection prevention, restraint elimination, cultural and manual handling as part of orientation. There are a total of 40 caregivers, with 24 having completed recognised New Zealand Qualifications Authority (NZQA) and aged care-related courses inclusive of dementia care courses. Seventeen (17) have completed level 4, four level 3 and three level 2. The activities coordinator is also trained as a caregiver. During the verification process the facility manager demonstrated knowledge and understanding of the requirements for rest home/hospital and dementia staffing based needs. The transition plan describes occupancy timeframes, staffing, and a documented annual staff training plan. A copy of the proposed roster was sighted which had adequate staff coverage. In the 23 beds wing, morning shift, there are four caregivers, plus a team leader (level four) and a registered nurse, afternoon shift three caregivers, plus a team leader (level four) and registered nurse and night shift, two caregivers and a registered nurse.
Subsection 2.4: Health care and support workers 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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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.	FA	Policies and procedures to guide staff in relation to human resource management and responsibilities have been updated. This was an area of improvement from the previous audit (criteria 2.4.1) which has been fully addressed. All employed and contracted health professionals have current annual practising certificates. These are monitored annually by the clinical lead. An orientation and induction programme is implemented and staff confirmed the programme's usefulness and applicability and felt well supported. New caregivers are 'buddied' to work with a senior caregiver for orientation. Time was also spent with the registered nurses. Additional time is provided as required. A checklist is completed. Orientation when completed is signed off by the clinical lead and/or the CHM and a record is maintained in the individual staff member's record. This was an area of improvement from the

		previous audit (criteria 2.4.4) which has been addressed. Orientation records were reviewed in the sample of the staff records reviewed. Performance reviews are undertaken at three months from commencement of employment and annually, and staff have the opportunity to discuss any training requirements or any concerns with the CHM. This was also an area of improvement from the previous audit (criteria 2.4.5), which has been effectively addressed. The verification of the reconfigured beds evidenced that facility manager is aware of the contractual staffing requirements. The facility manager and staff confirmed the staffing numbers are adequate and will be adjusted according to numbers and acuity. Staff currently employed will continue to work in the same wing and any new staff employed will complete an orientation specific to the unit including a fire evacuation.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	A total of six residents' files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required and these were sighted in all files reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/enduring power of attorney (EPOA). All InterRAI assessments reviewed were current, including all in the InterRAI database. Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Long-term care plans were also developed, and routine six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. All routine care plan evaluations were completed in a timely manner. This addresses all the previously identified areas requiring improvement (criteria 3.2.1 and 3.2.5). Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. Residents in the dementia unit had 24-hour activities care plans in place. Behaviour management plans identifying triggers and interventions were implemented as required. The general practitioner (GP) completes the residents' medical admissions

		within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. The registered nurses (RNs) reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample

		of these was reviewed during the audit. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The registered nurses were observed administering medications safely and correctly in their respective departments. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards. There were residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place, and this was sighted. There were no standing orders in use. The medications for the residents in the reconfigured beds will be stored in the current medication room. Medication competent staff will administer medications as per policy and standards requirements. The current policies and procedures will continue to be used.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 2 February 2025. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Snacks and drinks are available for residents throughout the day and night when required.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they	FA	Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan

know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.		reviewed confirmed that, where required, a referral to other allied health providers was completed to ensure the safety of the resident.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There was a current building warrant of fitness which was displayed and expires 22 June 2024. Electrical testing and tagging was verified as being tested last on 13 September 2023, and calibration of any equipment was checked by the contracted medical company on 17 May 2022. The performance verification report was sighted. Hoists were checked annually, and this was recorded separately. Whānau/family interviewed were happy with the environment being suitable for their family member's needs. There was appropriate signage and cultural information on the notice boards for staff and residents to view. The resident funded under the YPD contract had all necessary equipment needed.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	The completed conversion of the old staff room in the hospital area into a double room suitable for two hospital-level care residents has been verified as being suitable and meets requirements. This did not require any change or re-approval of the already-approved evacuation plan.

Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the quality team and is linked to the quality improvement programme. The previously identified area requiring improvement regarding reviewing the IP programme (criteria 5.2.2) has been addressed. Evidence of the reviewed IPC programme was sighted. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. 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.	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The health care-associated infections (HAIs) being monitored included infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. All infection data is reported to the governing body. Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing PPE, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. 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. Benchmarking is completed with

		other sister facilities. There was a COVID-19 infection outbreak in December 2023, since the previous audit. This was managed in accordance with the pandemic plan with appropriate notification completed.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The clinical lead and two team leaders interviewed advised that restraint is eliminated whenever possible. The clinical lead confirmed that this is documented in policy (sighted) and is communicated to staff during orientation and as part of the ongoing education programme. Monthly reporting is provided by the clinical lead restraint coordinator and discussed at the quality and safety meeting. De-escalation training includes a competency questionnaire which was completed by all staff at orientation and annually. The clinical lead takes responsibility for ensuring the restraint register is maintained. At the time of audit, two residents were using a restraint.

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.

No data to display

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, these 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.