

Thornton Park Retirement Village Limited - Thornton Park Retirement Lodge

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Thornton Park Retirement Village Limited
Premises audited:	Thornton Park Retirement Lodge
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 November 2024 End date: 6 November 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	35



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

Thornton Park Retirement Lodge is a privately owned facility certified to provide rest home level of care and hospital level care (geriatric and medical), for up to 43 residents. There were 35 residents on the day of audit.

The certification audit was conducted against the Ngā Paerewa Health and Disability Service Standard 2021 and the contracts with Health New Zealand – Te Whatu Ora. The audit process included observations, a review of policies and procedures, review of residents' and staff files, and interviews with residents, family members, managers, staff, and a general practitioner.

The manager (non-clinical) is appropriately qualified and experienced. She is supported by a clinical nurse manager and a team of experienced care staff. There are quality systems and processes documented.

This certification audit identified improvements required in relation to the Pacific health plan, complaints management; documentation of a business/ strategic plan, aspects of the quality programme, essential notifications, staffing, training and completion of competencies, care plan timeframes, interventions, monitoring and evaluations, medication management, documentation of the maintenance plan, infection control and restraint.

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.

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

Thornton Park Retirement Lodge provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented, and managers and staff work collaboratively with others in the community to embrace, support, and encourage a Māori worldview of health and to provide effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicate with them about their choices and preferences. There was no evidence of abuse, neglect, or discrimination.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood and respected and upheld by the service. Complaints policies are in place.

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 are partially attained and of medium or high risk and/or unattained and of low risk.
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Thornton Park Retirement Lodge has a documented organisational structure, mission statement, risk management framework and quality and risk management programme.

There are human resources policies in place to guide the service to good employment practice. An orientation programme is in place that provides new staff with relevant information and a buddy system to facilitate safe work practice, and a performance appraisal system.

Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Staff reported that there were adequate care staff and resources to safely provide care.

Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Thornton Park Retirement Lodge's policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. There is a process to ensure care plans are individualised and based on the residents' assessed needs and routines.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. In interviews, residents and family/whānau expressed satisfaction with the activities programme in place.

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. Evidence of completed current medication competencies was sighted.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. The service has a current food control plan in place. Resident's requests are accommodated.

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

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

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

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

The facility meets the needs of residents and was clean and well-maintained. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised with ample light and adequate heating.

There is a current building warrant of fitness in place. Clinical equipment had been tested and tagged as required. Hot water temperatures are checked regularly. A preventative maintenance programme is being implemented but needs to be formalised and documented.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six-monthly. Staff, residents and family/whānau understood emergency and security arrangements. There is a staff member on duty on each shift who holds a current first aid certificate. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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

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

Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The infection prevention and control programme, content and detail is appropriate for the size, complexity, and degree of risk associated with Thornton Park Retirement Lodge. A suite of infection prevention and control policies and procedures guide staff. The infection prevention and control coordinator is a registered nurse.

The infection prevention and control programme are designed to link to the quality and risk management system. The programme has been reviewed annually. Infection prevention and control is included in the monthly quality and risk meeting. The pandemic plan is in place and there is sufficient personal protective equipment (PPE) available.

Chemicals are stored securely throughout the facility. Dedicated household staff provide safe management of dirty and clean laundry. Documented cleaning and laundry services policies and procedures are in place, along with appropriate monitoring systems to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The restraint coordinator is the clinical nurse manager (registered nurse). There are currently seven residents utilising restraints in the form of lap belts, and bed rails. There are processes in place to document restraint assessment, interventions, monitoring, and evaluation. Restraint elimination training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. The service considers least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. Thornton Park Retirement Lodge is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	5	6	0	0
Criteria	0	153	0	15	9	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and policy are documented for the service that acknowledge Te Tiriti o Waitangi and the principles of partnership, participation, and protection. At the time of the audit there were residents and staff members who identified as Māori. Thornton Park is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and these are generally documented in the resident care plan where required.</p> <p>There are clear processes to include tikanga in everyday practices. Staff complete cultural training around Te Tiriti o Waitangi during orientation. Thornton Park evidenced a commitment to a culturally diverse workforce which reflected the demographics of their local population in the Māori health plan and equitable recruitment processes. They have linkages with local Māori communities for guidance and support. There are Māori staff and external providers who can provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident’s care planning, their activities, and their dietary needs.</p> <p>There is an implemented Māori health assessment and care plan available that includes the physical, spiritual, family/whānau, and psychological health outcomes of the residents</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>PA Low</p>	<p>Staff and management recognised the importance of treating people equally, regardless of their difference in culture; of treating the whole person by sharing respect, meaning, knowledge and experience; and of providing specific cultural support for Pacific people as per their individual cultural needs. All residents inform the service of their ethnicity on admission. There were no residents that identified as Pasifika at the time of audit.</p> <p>The Pacific Island policy and Pacific health plan could not be located at the time of audit. At the time of the audit there were staff who identified as Pasifika. The Pasifika team members are well connected within the local community and are available for guidance if required.</p> <p>Interviews with 10 staff (five caregivers, one maintenance officer, one cook, one kitchen hand, one cleaner and one activities officer), and three managers/directors (including the owner, clinical nurse manager and the manager) and documentation reviewed identified that the service provides person centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed throughout the facility in English and te reo Māori. Information on the Nationwide Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Four residents (one rest home and</p>

		<p>three hospital) and four family/whānau (hospital) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates that training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Interviews with residents and family/whānau confirmed they are treated with respect. Information about resident's values and beliefs is gathered on admission with family/whānau involvement, and this information is integrated into the residents' care plans. Spiritual needs are identified, church services are accessible, and spiritual support is available.</p> <p>There are consumer rights, privacy and confidentiality, cultural appropriateness, intimacy and sexuality, and spirituality policies in place and these are supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names.</p> <p>The service promotes te reo Māori and tikanga Māori through their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand it. Māori cultural days are celebrated and include Matariki and Māori language week. The service works alongside tāngata whaikaha and supports them to</p>

		participate in individual activities of their choice including supporting them with te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff complete abuse and neglect education during orientation and this is also covered in the annual training plan. Staff are guided on how to identify abuse and neglect, how to value the older person, and show them respect and dignity. All residents and family/whānau interviewed confirmed that staff are caring, supportive, and respectful.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>All staff are held responsible for creating a positive, inclusive, and safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. Cultural days are held to celebrate diversity.</p> <p>Police checks are generally completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities, and confirmed there is a culture of positive working relationships and a supportive environment. There are policies in place that focus on promoting non-discriminatory behaviour.</p> <p>Interviews with staff confirmed a supportive working environment that promotes teamwork. The service promotes a holistic model of health which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
Subsection 1.6: Effective communication occurs	FA	Information on the services provided is included in the information

<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>pack which residents and family/whānau receive on admission. Policies and procedures relating to accident/incidents and complaints alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. The accident/incident event forms have a section to indicate if family/whānau and/or next of kin have been informed (or not) of an accident/incident, which was completed in the accident reports reviewed. All communication is documented in the progress notes. Resident files reviewed identified that family/whānau are kept informed of any changes, and this was confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used when indicated. At the time of the audit, there were no residents who did not speak English, although cue cards were used to ensure effective communication for non-verbal residents.</p> <p>Residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The service communicates with other agencies that are involved with the resident, such as Hospice, ACC, and Health New Zealand specialist services to ensure that the delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical nurse manager described the process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirmed they know what is happening within the facility through resident and family/whānau meetings and through involvement in development and review of care plans.</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</p>	<p>FA</p>	<p>There is a Choice and Informed Consent policy. The resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for</p>

<p>choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>vaccinations were also on file, where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and were sighted for all files reviewed. Copies of enduring power of attorneys (EPOAs) or welfare guardianship orders were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>PA Low</p>	<p>There is a documented complaints policy which sets out the complaints procedure. This is provided to residents and family/whānau on entry to the service and complaints forms are available at the entrance to the facility. Discussions with residents and family/whānau confirmed they were provided with information on complaints.</p> <p>Complaints are recorded as events on the electronic patient management system. The manager was able to access a paper-based record of complaints (register); however, this had not been updated for some time and thus, there was a lack of clarity as to whether there were any complaints, and which complaints were currently active. There were no documented internal complaints since the last audit; however, four external complaint files were opened in 2023 (all notified by the Health and Disability Commissioner [HDC]), which were not noted on the complaints register. Two were closed with no further action required and two were currently active, awaiting further advice/action from the HDC office. The two complaints reviewed included comprehensive responses to HDC, which were considered appropriate for the HDC to close the complaints and take no further action. There was also a Coroners Enquiry which had just been received and was awaiting</p>

		<p>response from the service.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held where concerns can be raised. Family/whānau confirmed during interviews that management are available to listen to concerns and act promptly on issues raised and confirmed that concerns raised were dealt with promptly.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Contact details for interpreters were available. Both the manager and the clinical nurse manager acknowledged their understanding that Māori prefer face-to-face communication and often wish to include family/whānau participation in the complaints process.</p> <p>Staff confirmed that they are informed of complaints (and any subsequent corrective actions) as part of the staff meetings.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Low</p>	<p>Thornton Park Retirement Lodge is privately owned and operated and certified to provide hospital (geriatric and medical), and rest home levels of care for up to 43 residents. All beds are dual-purpose beds.</p> <p>On the day of the audit there were 35 residents; 16 at rest home level and 19 hospital including one resident on a long-term support-chronic health care (LTS-CHC) contract, two residents were on a younger person with a disability (YPD) contract, one resident was on an End of Life (EOL) contract and two residents were on ACC contracts. The remaining residents were on the age related residential care (ARRC) contract.</p> <p>The owner/director resides in Hamilton and has been involved with the business for many years and is aware of the legislative and contractual requirements. Both the manager and the clinical nurse manager (CNM) have been in their roles since February 2024; however, they had both been previously employed at Thornton Park</p>

		<p>Retirement Lodge. The manager as administrator from December 2022, and the CNM as a registered nurse. They are supported by a team of experienced care and household staff. The owner advised they have contracted an external consultant with considerable experience in the age care sector to support the new management team. The owner also provided regular backup support via phone. At the time of audit, neither the manager nor the CNM had completed formal training in relation to managing an aged care facility (link 2.3.2) however, they have access to support and training through Health New Zealand.</p> <p>A contracted consultant supports the management team with policy development. The mission and philosophy were evidenced and reflect a resident and family/whānau centred approach to all services; however, there was no documented strategic/business plan available documenting the services aims, ambitions and goals. The owner described a focus on occupancy and pandemic management and in ensuring quality care of residents by supporting effective management practices.</p> <p>The owner described collaboration with mana whenua through the CNM (who identifies as Māori) to support outcomes to achieve equity and the identification of barriers to services for Māori as described in the Māori health plan. Māori residents, tāngata whaikaha and whānau have input to improving service delivery through surveys. There was no evidence documented to evidence the owner and manager have completed training in relation to cultural safety. Cultural safety is embedded throughout the service within the quality and risk programme and evidenced by staff interviews.</p> <p>The clinical nurse manager has oversight of clinical governance which is appropriate to the size and complexity of the Thornton Park Retirement Lodge service. The owner/director holds weekly meetings with the manager and clinical nurse manager to keep updated with occupancy; however, there was no evidence quality is shared at these meetings (link 2.2.2). Due to the frequency of the meetings with the owner, the owner is able to contribute to any decisions promptly.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Thornton Park Retirement Lodge has a documented quality and risk management programme. This includes monitoring of incidents and accidents, internal audits, satisfaction surveys and feedback from residents and family/whānau. An external consultant has worked with the management team to review all policies, with these updated to guide practice, when required. Any new policies or changes to policy are communicated to staff. Quality data is benchmarked. Staff have completed cultural safety and training session in Te Tiriti O Waitangi. There are staff (including the CNM) who identify as Māori who provide assistance and guidance on the provision of culturally safe care.</p> <p>Internal audits have been completed according to schedule; however, corrective actions identified were not always identified, signed off as completed, and there was no evidence in the meeting minutes that corrective actions were discussed.</p> <p>There is a meeting schedule documented outlining the meetings and timeframes of meetings; however, meetings were not always completed as per the documented schedule. The meeting minutes (of the meetings that had been held) reviewed did not clearly evidence outcomes, corrective actions to address service improvements, responsibility for action, follow up and sign off.</p> <p>Resident and family/whānau satisfaction surveys were completed in January and August 2024. Results evidenced general satisfaction with service delivery; however, there were no corrective actions documented around the comments made in the surveys. Results evidenced general satisfaction with service delivery; however, there were no corrective actions documented around the comments made in the surveys. Separate food satisfaction surveys were held in February and August 2024 with results and comments indicating ongoing concerns with menus and food; however, there was no evidence of corrective actions being identified to address the negative comments made in the surveys were sighted. Feedback from the surveys is shared with residents during the resident meetings. Regular resident and family/whānau meetings have occurred as planned.</p> <p>Incidents/accidents are documented as events in the patient</p>
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		<p>management system, with immediate action noted and any follow-up action(s) required documented, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly, analysed, discussed at clinical meetings and trends posted on the health and safety board. A health and safety system is in place with identified health and safety goals. Health and safety meetings were not evidenced as being regularly held. A senior caregiver undertakes the role of health and safety officer for the service and has completed the required training through WorkSafe NZ. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard and risk register had been reviewed in February 2024. Health and safety policies are implemented and monitored by the health and safety officer and the external consultant. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering employees the employee assistance programme.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities including the Health Safety Quality Commission (HSQC) in relation to essential notifications; however, these had not always been completed as required. There have been section 31 notifications completed to notify HealthCERT around changes in management, RN shortages, resident assault, and resident absconding the facility. There has been one outbreak of Covid-19 (February/March 2024) since the previous audit, which was appropriately managed, and staff debriefed but not formally notified.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>PA Moderate</p>	<p>There is a documented staffing rationale and skill mix policy determining staffing levels and skill mix for safe service delivery. A review of the roster indicated that the number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. There are separate staff dedicated to activities, cleaning, laundry, cooking, and food service for seven days a week; however, there is a shortfall in</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>RN cover of approximately nine shifts per week. The CNM advised that they require five RN's; however, only have three currently available, with one on maternity leave and that they are recruiting to vacancies. There are four overseas trained RN's (all working towards NZ registration), employed as assistant coordinators to mitigate the risk for shifts where there is no RN available. The CNM works 40 hours Monday-Friday and provides clinical and operational support for the care team. The CNM shares clinical on-call with the RN staff 24/7. There are clear guidelines for an increase in staffing, depending on resident acuity. Interviews with staff, residents and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews. Residents interviewed confirmed that their care requirements are addressed in a timely manner.</p> <p>There is an annual training plan in place; however, not all sessions scheduled have been held and there was no evidence of a register of completion. Required competencies for staff were not listed and there was no policy available in relation to training and competency.</p> <p>All staff files reviewed evidenced completion of training. Assistant coordinators complete medication administration competencies. A record of staff who have completed medication competencies has been maintained.</p> <p>The service supports and encourages caregivers to obtain a NZQA qualification. Two of the three RNs (including the CNM) are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including infection prevention and control, pandemic preparedness, end of life and palliative care. Staff have completed Te Tiriti o Waitangi and cultural training; however, there was no evidence of learning opportunities that provide staff with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. The staff and management collaborate to ensure that there is a positive workplace culture.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The Thornton Park Retirement Lodge manager takes responsibility for support staff recruitment and the CNM for clinical staff recruitment. Responsibility for recruitment processes lies with the manager. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Practising certificates were on file for all health professionals.</p> <p>The appraisal policy is implemented. All performance appraisals were completed as per the appraisal schedule. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A new staff member confirmed that they were buddied and supported with an orientation to am/pm shifts. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</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 privacy and confidentiality policy, a management of resident and staff records policy and a document control and retention of records policy. Resident files are held on an electronic patient management system which is regularly backed-up using cloud-based technology and is password protected. There is a business continuity plan in case of information systems failure. Staff information is paper based and retained, securely stored, and archived in line with legislative requirements.</p> <p>Resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based</p>

		documents are securely stored. Documentation is archived following transfer or discharge of a resident. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission policy for the management of inquiries and entry to Thornton Park Retirement Lodge is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the enduring power of attorney (EPOA)/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring permanent care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. The manager and clinical nurse manager (CNM) reported that the rights and identity of the residents will be protected by ensuring residents' information is kept confidential in locked cupboards, and secure electronic systems. Residents and EPOA/whānau/family were updated where there was a delay to entry to service; this was observed in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The manager and CNM reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The resident and/or family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. The service completes routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori.</p> <p>The service partners with local Māori communities, Māori health practitioners, traditional Māori healers, and organisations to benefit and support Māori individuals and whānau.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Six electronic resident files were reviewed: three rest home, including one resident on a long-term support- chronic health (LTS-CHC) contract; and three hospital level, including one resident on an ACC contract, one younger person with a disability (YPD), and one resident on an end-of-life contract.</p> <p>All files sampled identified that initial assessments and initial care plans were resident centred; however, these were not all completed within the required timeframes. 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 RNs and caregivers.</p> <p>InterRAI assessments are required to be completed within 21 days (exclusive of ACC, YPD and LTS-CHC residents); however, one rest home resident did not have this completed within the 21-day timeframe. Long-term care plans are also required to be developed within 21 days, and to contain detailed interventions to address identified problems; however, not all were completed within the expected timeframe, and not all of the care plans included sufficient interventions and guidance for staff to safely care for the residents' conditions. Resident, family/whānau and GP involvement are encouraged. Long-term care plans are required to be reviewed at least six-monthly; however, not all care plans evidenced six monthly evaluations and not all interRAI reassessments were completed six-monthly. The care plan evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Detailed strategies to maintain and promote the residents' independent wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing, were documented in some cases.</p> <p>The end-of-life resident had appropriate risk assessments completed, and a care plan documented.</p> <p>The GP visits the service once per week and is available on call 24/7. Residents' medical admission and reviews were completed within the</p>
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	<p>required timeframes. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. The GP confirmed that medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was evidenced in the files reviewed.</p> <p>Information is shared between the staff at each handover, as observed on the days of audit. Interviewed staff stated that they are 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. A multidisciplinary approach is adopted to promote continuity in service delivery.</p> <p>Short-term care plans are required to be developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff; however, these were not always documented for acute needs. The short-term care plans that had been completed 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 CNM or RNs and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>There were three active wounds, (skin tears) at the time of the audit. There is a wound folder of all active wounds. All wounds have individual assessments, wound management plans and evaluations forms, with photos to evidence progression towards healing. The same information is also entered on the electronic resident management system. The CNM reported that the Health New Zealand wound nurse specialists and GP have input into chronic wound management when required. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori health care plan in place reflects the partnership and</p>
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		<p>support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information would be identified and strategies to manage these documented. Enduring power of attorney (EPOA)/whānau/family confirmed that religious, cultural and beliefs are respected; however, one resident who identifies as Māori did not have a cultural assessment, or Māori health plan completed. The staff confirmed they understood the process to support residents and whānau.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; turn charts; nursing observations; wound monitoring forms; blood glucose; and restraint monitoring charts; however, not all were not completed as per policy. Incident reports reviewed evidenced timely follow up by an RN.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by an activities officer (diversional therapist in training), and an activities assistant Monday to Friday and facilitated by other staff members during the weekend. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile is completed for each resident within two weeks of admission in consultation with the EPOA/whānau/family and residents.</p> <p>The activity programme is formulated by the activities officer in consultation with the CNM, RNs, family/whānau, residents, and caregivers. The activities are varied and appropriate for people in a rest home and hospital setting. Residents' activity care plans were evaluated every six months or when there was any significant change. Van trips are conducted weekly, and there is a 'cycling without age' community access group who take the residents out on volunteer piloted trishaw rides (weather permitting).</p> <p>Activity progress notes and activity attendance checklists were completed daily (paper-based), and electronically. The residents</p>

		<p>were observed participating in a variety of activities on the audit days. The activity planner sighted included: music; bingo; happy hour; book reading; indoor golf; floor and board games; trivial pursuit and general knowledge; knitting group; bus outing/sightseeing; church services; and therapeutic massage. A number of activities were observed during the time of audit, and were seen to be lively, inclusive, and had high levels of resident participation.</p> <p>The planned activities and community connections are suitable for the residents. The activities officer reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements facilitated by current staff members and whānau. All residents are encouraged to celebrate religious and cultural festivals, with Māori residents attending the local marae. There are weekly church services.</p> <p>Family/whānau and residents reported high levels of satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There is a medication management policy in place. The service uses an electronic and paper-based management system for medication prescribing, administration, review, and reconciliation. Administration records are maintained, and drug incident forms are completed in the event of any drug errors.</p> <p>Indications for use are noted for pro re nata (PRN) medications. Outcomes of PRN medications were documented for effectiveness. Over-the-counter medications, and supplements are prescribed. There is a process for allergies to be indicated; however, not all medication charts reviewed did not have this completed. Photo identifications were current. Eye drops in use were dated on opening and stored appropriately. Policies and procedures for residents self-administering medications are in place and this includes ensuring residents are competent, and the safe storage of medications. There were no residents self-administering medications on the day of the audit; however, processes on safely managing residents who self-medicate are in place.</p> <p>Medication reconciliation takes place when a resident is transferred</p>

		<p>back to the service from the hospital or any external appointments. The medicines are checked against the prescription, and these are updated in the electronic medication management system or on the paper file by the GP. The GP completes three-monthly reviews. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy promptly. There is only one medication room. Monitoring of medicine fridge and medication room temperatures is conducted regularly; however, not all deviations from normal had corrective actions documented.</p> <p>A medication competent caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no standing orders in use. The medication policy clearly outlines RN responsibilities around supporting residents, including Māori residents and their whānau to understand their medications</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The cook works full time Monday to Friday and has oversight of the kitchen. There are supported by a weekend cook and a team of kitchen hands who are assigned to the areas to assist with plating and serving of meals. All food and baking are prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 29 November 2025. The four-week seasonal menu has been reviewed by a registered dietitian. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. The profile is updated as the resident needs change and a copy is provided to the kitchen. All</p>

		<p>alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. Meals are served directly to the residents in the dining room. Residents known to have their meals in their rooms are provided with a tray service and food are kept warm in thermal covers. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori, including 'boil ups,' hāngi, Māori bread, and corned beef and these are offered to residents who identify as Māori when required.</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>There is a documented process for the management of transfers and discharges. A standard transfer form from Health New Zealand is utilised when residents are required to be transferred to a public hospital or another service. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed. Upon discharge, current and old notes are collated and stored in a locked cupboard in a secure area (paper-based), or in cloud storage for electronic information. If a resident's information is required by subsequent GP or service, a written request is required for the file to be transferred. Residents are supported to access or seek a referral to other health and/or disability service providers and social support or Kaupapa Māori agencies,</p>

		<p>where indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services such as podiatrists, gerontology nurse specialists, and physiotherapists was sighted in the files reviewed.</p> <p>EPOA/whānau/family are involved in all transfers or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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>Thornton Park Retirement Lodge is a small, homely, single level facility divided into three wings – rest home, hospital, the Armstrong wing, and a small, detached unit – together offering a total of 43 beds. The facility is secure and gated and holds a current warrant of fitness which expires on 26th June 2025.</p> <p>Most resident rooms are single occupancy and fitted with handbasins. There are two double occupancy rooms; these are generally used for a single resident (as observed on the days of audit). Most of the bedrooms have a shared ensuite bathroom with shower and toilet. There are also sufficient communal toilets and showers. Handrails are appropriately placed in ensuite bathrooms and communal showers and toilets. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. Privacy is assured with shared and communal toilet/shower/bathing facilities having a system that indicates if it is engaged or vacant. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance to them, into the facility and are able to personalise their room.</p> <p>Fixtures, fittings, floorings, and wall coverings are in good condition and are made from materials which allow for ease of cleaning. The residents interviewed were happy with the shared and communal facilities. All bedrooms have ample natural light and ventilation. Heating is provided by panel and night storage heaters which are all thermostatically controlled. Staff and residents interviewed, stated heating and ventilation within the facility is effective.</p> <p>There are large and small communal areas. Activities occur in the main lounge and other areas of the facility, with residents being</p>

		<p>assisted to activities in different areas as required. There are sufficient lounges and private/quiet seating areas where residents who prefer quieter activities or visitors may sit. The dining areas are spacious, inviting, and appropriate for the needs of the residents. All corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The external areas and decked areas are well maintained. All external areas have attractive features, including landscaped grounds, and raised vegetable beds which are easily accessible to residents. All outdoor areas have some seating and shade. There is safe access to all communal areas. There is a monitored outdoor area where residents may smoke. All other areas are smoke free.</p> <p>There is an experienced maintenance officer who works 32 hours per week to address day to day repairs and complete planned maintenance. Preventative maintenance occurs but is not currently formally documented in a long-term maintenance plan. Tasks undertaken include electrical testing and tagging and calibration of medical equipment (next due May 2025) and fortnightly testing of hot water. Review of records confirmed that hot water temperature checks have been completed as scheduled and were within the recommended range. Essential contractors such as plumbers and electricians are available 24 hours as required. There is a maintenance request book for repairs and maintenance requests which is located in the nurse's station. The maintenance book is checked daily by the maintenance officer and signed off when repairs have been completed.</p> <p>The lawns and garden are maintained by a grounds keeper who works 30 hours per week. The service does not have a facility vehicle for transporting residents.</p> <p>Thornton Park Retirement Lodge is not currently engaged in construction. If this were to happen, the management team are aware of the requirement to ensure the designs and environments reflect the aspirations and identity of Māori.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There is an approved fire evacuation scheme in place dated 28th September 2005. Regular six-monthly fire drills are completed. The last fire drill took place on 26th September 2024 and was followed up by a staff training session on fire evacuation procedures provided by an external fire alarm contractor.</p> <p>The emergency management policy outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. There are civil defence stacker boxes set up with civil defence equipment and supplies on site and an alternative evacuation site in close proximity at Tablelands is available with its own supplies in the event of a tsunami. There is sufficient bottled water and food for each resident for a minimum of three days. All civil defence supplies are checked regularly. There is gas cooking and a gas barbecue available for alternate cooking. An on-site generator is automatically connected in the event of loss of power.</p> <p>Fire safety and emergency management is included in staff orientation and fire safety in the ongoing education plan. A minimum of one person trained in first aid is always available.</p> <p>Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mat when activated, light up on corridor displays in the hallways to alert staff as to who requires assistance. Call bells are regularly tested. The residents were observed to have their call bells in close proximity and staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered promptly.</p> <p>The facility is gated and secured. There is a security policy documented and implemented by staff. The buildings are secure at night with after-hours doorbell access, which is connected to the call bell system. There are sensor lights at the main entrance. The main entrance doors are locked each night at sunset and opened at sunrise.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are well documented in policy authorised by the governance body. Infection prevention and control data is collated monthly and is reported to the staff meetings when these occur. There is a clear pathway in place for reporting infection prevention and control and AMS issues (outbreaks) through the manager, to the owner. Internal benchmarking takes place.</p> <p>There are policies and procedures in place to manage significant infection prevention and control events. Any significant events are managed using a collaborative approach and involve the management team, the general practitioner, and the public health team. Governance is informed of any outbreaks.</p> <p>External resources and support are available through external specialists, microbiologist, the general practitioner, wound nurse, and Health New Zealand when required.</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>	<p>PA Moderate</p>	<p>The clinical nurse manager oversees infection control and prevention control across the service, in conjunction with two assistant coordinators (internationally qualified nurses). The coordinators each have a job description (which has been signed) that outlines the responsibility of the role; however, the CNM and assistant coordinators have not completed any form of infection control related education or training in order to perform the role. The infection prevention and control programme is appropriate for the size and complexity of the service. The CNM is aware of the requirement to review the infection prevention, control, and AMS programme at least annually; however, this has not occurred.</p> <p>Documented policies and procedures are in place and reflect current best practice relating to infection prevention and control and include policies for hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO);</p>

		<p>outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection prevention and control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Thornton Park Retirement Lodge has a comprehensive pandemic response plan in place. The infection prevention and control coordinators have input when infection prevention and control policies and procedures are reviewed.</p> <p>The infection prevention and control coordinators are responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection prevention and control training is included in the mandatory in-services that are held for all staff. Staff have not completed infection control education in the last 12 months (link 2.3.4).</p> <p>The manager and clinical nurse manager have responsibility for purchasing consumables. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection prevention and control</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>FA</p>	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>by the service and the general practitioner. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection prevention and control coordinator use the information obtained through surveillance to determine infection control activities, resources, and education needs within the service.</p> <p>Infections are entered into the infection register on the electronic resident management system. Monthly infection data is collected for all infections based on standard definitions. Infection control data is analysed, benchmarked, and evaluated monthly. Trends are identified; shared with staff, management, and governance; however, ethnicity data is not included in the reporting process of infections.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. There are processes in place to isolate infectious residents. The service receives email notifications and alerts from Health New Zealand for any community concerns. All communications were observed to be culturally appropriate.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. There has been one outbreak (Covid-19) since last audit. There are documented processes related to outbreak management which staff are aware of as demonstrated during interviews. Systems are in place to ensure residents and family/whānau are updated regularly during outbreaks.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility.</p>
<p>Subsection 5.5: Environment</p>	<p>FA</p>	<p>Waste management policies are in place and confirm to legislative</p>

<p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>and local council requirements. Policies include considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, and laundry/cleaner’s room. There is no evidence to demonstrate that staff have received training and education in waste management and infection prevention and control, as components of mandatory training (link 2.3.4).</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas. There are sluice rooms, with sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Household staff are aware of the requirement to keep their cleaning trolleys in sight and were observed doing this during the audit. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Household staff have completed chemical safety training.</p> <p>All laundry is processed on site. The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. The infection prevention and control coordinator monitor cleaning and laundry services. Residents and family/whānau confirmed satisfaction with laundry services in interviews</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>The facility is committed to becoming restraint free; while working in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. The CNM on interview described the</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>focus on working towards a restraint-free environment.</p> <p>There is a process of reporting to the manager and owner (governance) when restraints are required. The owner is involved in the service on a regular basis and supports the management team on eliminating any restraint use. Restraint use is part of the quality data collated.</p> <p>The restraint coordinator is the CNM for which there is a job description. The restraint coordinator monitors environmental impacts on the use of restraint and implements changes that contribute to restraint minimisation. An example of this is the use of low-low beds and fall out mats. There are currently seven residents utilising a restraint (two lap belts, and seven bed rails). The restraint management policy and procedure inform the delivery of services to avoid the use of restraint. The use of alternative methods is a focus of the policy. The policy includes holistic assessment processes of the person, support plan, and information on avoiding the use of restraint.</p> <p>Restraint is discussed meetings. Education on eliminating restraint is included in the orientation programme and as part of the annual training plan.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>PA Moderate</p>	<p>Restraint is only initiated and as a last resort after consultation with a GP, registered nurse and restraint coordinator and involve the resident and/or their next of kin/representative. There is an implemented process describing the frequency and extent of monitoring restraint that relates to identified risks.</p> <p>The assessment process includes alternatives and identifies interventions and strategies that have been tried or implemented. There are seven residents identified on the restraint register. Restraint assessments including associated risks had been completed which linked to the care plan in most cases. The care plan included interventions to manage the resident's safety and dignity. Monitoring requirements are identified in the care plan; however, this was not the case for two of the seven residents. Records reviewed identified the need for regular two-hourly monitoring while restraints</p>

		<p>are in place; however, this was not consistently implemented. Progress notes describe restraint events. The restraint use is evaluated three-monthly. The resident and family/whānau are involved in the review.</p> <p>The restraint policy includes clear guidelines around the use of emergency restraint. The policy states a full review of each restraint incident will be completed, and the report forwarded to the restraint coordinator/CNM for consideration. There have been no reported events of emergency restraint at Thornton Park Retirement Lodge.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. Restraint use is reviewed three-monthly, and restraint data, including any incidents, are shared with staff, reported by the CNM to the FM, who in turn reports to the owner.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3</p> <p>My service provider shall design a Pacific plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care.</p>	PA Low	There is staff who identify as Pasifika who are available to guide staff members and also provide linkages to the Pasifika Community; however, there was no Pacific Health plan or policy available.	There was no Pacific Health plan or policy available at the time of the audit.	<p>Ensure a Pacific health plan and/or policy is developed in partnership with Pasifika and is available to staff.</p> <p>90 days</p>
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	Complaints are recorded as events on the electronic patient management system. The manager was able to access a paper-based record of complaints (register); however, this had not been updated for some time. There have been four complaints received through HDC; two were closed with no further action required and two were currently active, awaiting further advice/action from the	Four external complaint files were opened in 2023 (all notified by HDC), and these were not noted on the complaints register.	<p>Ensure all complaints are documented on the complaints register</p> <p>90 days</p>

		Commissioner's office. The two complaints reviewed included comprehensive responses to HDC, which were considered appropriate for the HDC to close the complaints and take no further action		
Criterion 2.1.10 Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.	PA Low	During the audit there was no evidence of the owner or manager having completed cultural competencies.	The owner and manager have not yet completed competencies in relation to Te Tiriti o Waitangi and cultural safety	Ensure the owner and manager completed cultural competencies. 90 days
Criterion 2.1.2 Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.	PA Low	The services mission, purpose and values are documented; however, a current business/ strategic plan documenting the services strategic plans/ objectives, goals and review could not be located. The governance policy states "The management team documents and implements plans to guide service delivery and outcome measurement. with the strategic plan being developed by the management team".	A current business/ strategic plan could not be located during the audit.	Ensure a business/ strategic plan is available. 90 days
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Moderate	A meeting schedule is documented that outlines meetings and frequency of meeting; however, this has not always been adhered to. Senior management meetings are scheduled monthly, all staff meetings March, June September and December; caregiver meetings are scheduled to	i). Not all meetings have been evidenced as being held as scheduled in 2024; caregiver meetings have been held in June, July and August; an all staff meeting was held in September; a health and safety meeting was held in May.	i). & ii). Ensure meetings are held as scheduled. iii). & iv). Ensure quality data is discussed with the owner and the staff, the manager and owner.

		<p>be held alternate months from the all staff meetings (January, February, April, May, July/ August, October, November). Staff training meetings, kitchen meetings, housekeeping meetings, and maintenance meetings are scheduled monthly. Resident and family/whānau meetings have been held two monthly as scheduled. The RN meetings include assistant coordinators (internationally qualified nurses) includes quality, infection control and health and safety have been held monthly as scheduled; however, while quality data is discussed in this meeting, this is not evidenced as being shared with staff outside of this meeting. The manager does not attend these meetings.</p>	<p>ii). There was no evidence of kitchen, housekeeping, maintenance, staff training meetings held in 2024.</p> <p>iii). The quality meetings are held over the phone weekly between the management and the owner, which evidenced discussion around occupancy and current issues, and did not discuss quality information.</p> <p>iv). There was no evidence quality, health and safety and infection control matters are shared with staff, the manager and owner.</p>	90 days
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Internal audits have been held according to schedule; however not all corrective actions were identified. Of the corrective actions that were in place, these were not always signed of as resolved. Meeting minutes reviewed did not evidence discussions of corrective actions. There was no designation of responsibility around monitoring and closure of corrective actions. There was no evidence of corrective actions to address areas of lower satisfaction identified in satisfaction surveys.</p>	<p>i). Meeting minutes of the meetings that have been held did not evidence of a review of the previous minutes or closure of any matters arising from the previous meeting.</p> <p>ii). Of the 22 internal audits completed, eight did not have corrective action plans in place.</p> <p>iii). Ten corrective action plans had not been signed off as resolved or ongoing and did not document who was responsible for this.</p> <p>iv). There was no evidence in the</p>	<p>i). Ensure there is evidence of matters arising being closed off from previous meetings.</p> <p>ii). - iv). Ensure corrective actions are identified, responsibility of closure is assigned, and corrective actions are evidenced as being discussed in meeting minutes.</p> <p>v). Ensure areas of low satisfaction have corrective actions identified in satisfaction</p>

			<p>meeting minutes reviewed that corrective actions are discussed with staff.</p> <p>v). In the three satisfaction surveys reviewed there was no evidence of development of corrective actions for areas of low satisfaction.</p>	<p>surveys.</p> <p>90 days</p>
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	<p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around changes in management, RN shortages, resident assault, and resident absconding the facility. There have been no notifications required to be made to the Health Quality and Safety Commission. There has been one outbreak of Covid-19 since the previous audit (February/March 2024), which was appropriately managed, and staff debriefed but not formally notified.</p>	<p>A Covid-19 outbreak in February/March 2024 was not notified to comply with notifiable disease requirements.</p>	<p>Ensure all outbreaks are notified as required.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>A review of the roster indicated that the number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. There are separate staff dedicated to activities,</p>	<p>There was no RN cover for nine shifts over the two-week roster reviewed which does not meet the requirements of the ARRC contract D17.4 (a-i).</p>	<p>Ensure there is RN cover 24/7 to meet the requirements of the ARRC contract D17.4 (a-i).</p>

		cleaning, laundry, cooking, and food service for seven days a week. However, there was a shortfall in RN cover of nine shifts per week. There are four overseas trained RN's (all working towards NZ registration), employed as assistant coordinators to mitigate the risk for shifts where there is no RN available. The clinical nurse manager works 40 hours Monday-Friday and provides clinical and operational support for the care team and shares clinical on-call with the RN staff 24/7. Assistant coordinators are rostered to cover morning shifts through the week when the CNM is on duty.		180 days
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	The policy in relation to education and competencies was not available at the time of the audit; therefore, required competencies were not clearly defined. A record of completion was maintained for staff who had completed medication competencies; however, there was no evidence of other competencies completed.	<p>i). There was no evidence of a policy in relation to competencies staff are required to complete.</p> <p>ii). There was no record of the competencies staff have completed over the last year.</p>	<p>i). & ii). Ensure the policy is available, competencies are defined, and a record is maintained.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-</p>	PA Low	There is an annual training plan is documented which includes all required training sessions and exceeds the required eight hours of training; however not all sessions were evidenced as being held as scheduled. Cultural awareness and	<p>i). Training sessions not evidenced as being held included abuse and neglect, advance directives, Code of rights, advocacy, infection control including standard precautions, outbreak management, waste</p>	<p>i). Ensure all required training sessions are held according to schedule.</p> <p>ii). Ensure a record of attendance is maintained.</p>

<p>quality safe services.</p>		<p>Te Tiriti of Waitangi training was evident on staff files; however, was not documented in the training records. There was a first aid trained staff member on duty at all times. A record of staff attendance was not evidenced as being maintained and the content of training sessions was not available. There was no evidence the manager and clinical nurse manager have attended training in relation to managing an age care facility.</p>	<p>management, falls prevention sessions privacy, complaints, resident welfare and medication education.</p> <p>ii). There was no evidence of staff attendance.</p> <p>iii). There was no evidence of the content of the training sessions that have been held.</p> <p>iv). The manager and clinical manager have not yet attended training in relation to managing an age care facility.</p>	<p>iii). Ensure the content of the education sessions is held on file.</p> <p>iv). Ensure the manager and clinical nurse manager attend training in relation to managing an age care facility.</p> <p>90 days</p>
<p>Criterion 2.3.6 Service providers shall establish environments that encourage collecting and sharing of high-quality Māori health information.</p>	<p>PA Low</p>	<p>Staff have completed Te Tiriti o Waitangi and cultural training; however, there was no evidence of collation and sharing of Māori health information.</p>	<p>There was no evidence of collecting and sharing of Māori health information with staff.</p>	<p>Ensure Māori health information is shared with staff.</p> <p>90 days</p>
<p>Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>All assessments and care plans are completed by an RN in partnership with the residents and family/whānau. There is a policy and process determining resident assessment and care plan timeframes; however, not all were completed within the required timeframes.</p>	<p>i). One hospital level resident at high risk of aspiration, on an enteral feeding regime via PEG, and having deep suction did not have initial assessments, initial care plan, or a care plan in place despite being in the service for over 6 months.</p> <p>ii). One rest home resident did not have an initial assessment, initial care plan, or long-term care plan developed within the required timeframes.</p>	<p>i). - iv). Ensure care plans and all assessments are completed within the required timeframes</p> <p>60 days</p>

			<p>iii). One rest home resident did not have an interRAI assessment completed with 21 days of entering the service.</p> <p>iv). Two rest home residents did not have their interRAI assessments reviewed 6-monthly.</p>	
<p>Criterion 3.2.2</p> <p>Care or support plans shall be developed within service providers' model of care.</p>	PA Low	The service has policy and protocols in place to ensure culturally safe care occurs; however, policy was not followed in one instance reviewed.	One resident who identified as Māori did not have a cultural assessment or Māori health plan completed	<p>Ensure cultural assessments and Māori health needs are detailed.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	PA Moderate	There is a policy and process determining resident assessment and care plan content; however, not all care plans contained sufficient interventions or content to guide staff in the safe care of residents' conditions	The care plans of one rest home, and two rest home residents did not contain sufficient detail to guide the staff in PEG care, nebuliser use, aspiration risk, suctioning, dealing with an abusive relative, tobacco, and alcohol use.	<p>Ensure care plans are sufficiently detailed to guide staff in the safe care and management of resident's needs and medical conditions</p> <p>60 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives</p>	<p>PA Moderate</p>	<p>Policy states a requirement for neurological observations being undertaken for unwitnessed falls or where there is suspected injury to the head; however, for six fall related incidents that were reviewed, the unwitnessed falls did not have neurological observations completed according to policy. Care plans also detail the repositioning requirements for residents at risk of a pressure injury; however, these did not occur as detailed in all cases.</p>	<p>i). Positioning charts were not consistently completed for two residents requiring two hourly turns.</p> <p>ii). Neurological observations were not completed as per policy for six unwitnessed falls reviewed.</p>	<p>i). Ensure repositioning charts are completed as per policy.</p> <p>ii). Ensure neurological observations are completed as per policy</p> <p>60 days</p>

<p>services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Moderate</p>	<p>There is a policy and procedure detailing timeframes for the evaluation of assessments and care plans; however, not all and care plans had been evidenced as evaluated within the required timeframes.</p>	<p>i). Care plans had not been evidenced as reviewed six monthly in the four files reviewed of residents who had a care plan and had been in the service longer than six months. ii). Short term care plans had not been used for one hospital resident with a respiratory tract infection, and one with a wound.</p>	<p>i). Ensure all care plans are evidenced as being evaluated at least six monthly. ii). Ensure short term care plans are utilised for all short term needs as per policy. 60 days</p>

<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies documented around safe medicine management that meet legislative requirements; however, policy and safe practice was not being implemented during the days of audit</p>	<p>The medication fridge and medication room temperatures have been monitored daily; however, fridge temperatures were outside the acceptable range 10 times in the previous month with no corrective actions documented.</p>	<p>Ensure corrective actions are documented and implemented as per policy and best practice guidelines</p> <p>60 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	<p>PA Moderate</p>	<p>The electronic and paper-based medication charts have the facility to identify if a resident has an allergy or not; however, this function had not been completed for all residents reviewed. The clinical nurse manager confirmed the residents in question had no allergies at the time of audit.</p>	<p>Eight (two electronic, six paper) of the twelve medication charts reviewed did not have the allergy status completed.</p>	<p>Ensure all residents have their allergy status completed on the electronic medication chart</p> <p>60 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>There is an experienced maintenance officer who works 32 hours per week to address day to day repairs and complete planned maintenance. Preventative maintenance occurs. Tasks undertaken include electrical testing and tagging and calibration of medical equipment (next due May 2025) and fortnightly testing of hot water. Review of records confirmed that hot water temperature checks have been completed as scheduled and were within the recommended range Essential contractors such as plumbers and electricians are</p>	<p>No long-term maintenance plan was available on the day of audit.</p>	<p>Ensure preventative maintenance tasks on a long-term maintenance plan</p> <p>90 days</p>

		available 24 hours as required. There is a maintenance request book for repairs and maintenance requests which is located in the nurse's station. The maintenance book is checked daily by the maintenance officer and signed off when repairs have been completed.		
<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a documented infection control policy, and related job description detailing the need for infection control expertise and leadership; however, the clinical nurse manager and assistant coordinators have not completed any form of infection control related education or training in order to perform the role.</p>	<p>The clinical nurse manager who oversees infection control, and the two assistant coordinators (internationally qualified nurses) have not completed any form of infection control related education or training in order to perform the role.</p>	<p>Ensure those overseeing and implementing the infection control programme have the requisite level of knowledge and up to date education in infection control and anti-microbial stewardship.</p> <p>60 days</p>

<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	<p>PA Low</p>	<p>There is a clearly defined and documented infection control programme, that was developed in conjunction with a previous external consultant. This links to the quality programme and has been approved by the owner. Policy details the requirement for the infection control programme to reviewed and reported on annually; however, this has not occurred.</p>	<p>The clinical nurse manager is aware of the need to review the infection control programme annually; however, this has not occurred.</p>	<p>Ensure the infection control programme is reviewed and reported on annually.</p> <p>90 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities are be described and documented in the infection control manual and policies using standardised surveillance definitions; however, surveillance does not currently include ethnicity data</p>	<p>Ethnicity data is not being collated and analysed during infection surveillance.</p>	<p>Ensure ethnicity data is collated and analysed during infection surveillance.</p> <p>90 days</p>
<p>Criterion 6.2.1</p> <p>The decision to approve restraint for a person receiving services shall be made:</p> <p>(a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;</p> <p>(b) After adequate time has been given for cultural assessment;</p> <p>(c) Following assessment,</p>	<p>PA Moderate</p>	<p>Policy details the required assessment, planning, risks and intervention needs of residents utilising restraint; however, this was not evident in two of seven files reviewed of residents utilising restraint</p>	<p>Two of seven residents utilising restraint did not have assessment, planning, risks and intervention needs of residents utilising restraint or related interventions documented in their care plan.</p>	<p>Ensure all interventions relating to restraint use are documented.</p> <p>60 days</p>

<p>planning, and preparation, which includes available resources able to be put in place; (d) By the most appropriate health professional; (e) When the environment is appropriate and safe.</p>				
<p>Criterion 6.2.2 The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Low</p>	<p>Policy and care plan documentation details the frequency of restraint monitoring; however, this was not implemented consistently.</p>	<p>Seven of seven residents using restraint did not have their restraint monitored consistently as per the timescales detailed in the restraint assessment.</p>	<p>Ensure restraint monitoring occurs according to the detailed frequencies. 60 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.