

Hawthorndale Care Village Limited - Hawthorndale Care Village Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Hawthorndale Care Village Limited

Premises audited: Hawthorndale Care Village Limited

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 17 December 2024 End date: 17 December 2024

Proposed changes to current services (if any): The Hawthorndale Care Village is a new village in Invercargill developed by the Calvary Hospital Board of Trustees. The village includes 13 individual houses with a total of 86 beds. The service is applying to be certified to provide rest home, hospital (medical and geriatric) and dementia level care. A village centre has been built to support

the houses within the village and includes a chapel, library, shop, theatre, café, hair salon, communal toilets, offices, nurses office, and medical room. The village is planning to open 5 May 2025 and residents from Calvary Hospital will transfer to the new village.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

The Hawthorndale Care Village is a new village in Invercargill developed by the Calvary Hospital Board of Trustees. The village includes 13 individual houses with a total of 86 beds. The model of care is based on an adapted mixed-service model based on the New Zealand environment and similar to the Dutch De Hogeweyk Dementia Village concept, where people live in six or seven-bedroom households and are assisted to be as independent as possible with support from staff. Residents live in the houses, sharing with people who have different assessed needs. Their model of care is based on creating and conserving lifestyle, independence and most importantly, community involvement.

Calvary Hospital Southland has been providing quality aged care since the 1960s. Inspired by De Hogeweyk, the board made a decision to build a village at another site in Invercargill along the same model. The new trust has been established with an aligned purpose with Calvary Hospital Southland (CHS) and operates with the same Board of Trustees.

Calvary Hospital will close operations on the completion of The Hawthorndale Care Village and Calvary Hospital Southland will work closely with staff and residents to transition to the new village. There is a transition plan including a risk management plan.

The service is applying to be certified to provide rest home, hospital (medical and geriatric) and dementia level care. A village centre has been built to support the houses within the village and includes a chapel, library, shop, theatre, café, hair salon, whānau room, gymnasium, communal toilets, offices, nurses office, and medical room. The village is planning to open on 5 May 2025.

This partial provisional audit was undertaken to assess the new purpose-built village. The audit process included the review of policies and procedures, transition/education and staffing plans, observation of the environment and interviews with management.

The service is managed by a general manager (RN) who holds relevant qualifications and has been in the role for 16 years. The manager is supported by a clinical manager (RN) who has also been in the role for 16 years.

The audit identified the design of the village, houses, staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the village.

Improvements are related to the completion and opening of the new village, fire approval, external fencing, and landscaping.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

The organisation is a Not-for-Profit Charitable Trust governed by a Board of Trustees. Business planning is undertaken at board level with input from the Chief Executive Officer. The quality and risk management framework clearly identifies the organisation's roles and responsibilities and commitment to including all health care services, staffing, and meeting the needs of residents and family/whānau. The business, strategic plan, risk and quality plans have been updated to reflect the Mixed Model of Care.

The Hawthorndale Care Village have developed a number of draft rosters to cover the village and key roles are identified. Staff from Calvary Hospital will transfer with residents to the new village. Training has been completed around some of their new roles as House leads and House assists.

There is an online learning and development platform (Altura) which gives staff easy access to learning and development in line with the needs identified, and the monthly organisational mandatory training and competencies.

The service has Human Resource (HR) policies; HR recruitment processes; a comprehensive induction orientation and training package; documented job descriptions; new employee package; employee handbook; and resources.

Ngā huarahi ki te oranga | Pathways to wellbeing

The Diversional Therapy-Quality of Life policy describes the organisations framework for activities. The activity programme aligns with the mixed model of care and enables all residents to participate to their individual capabilities, taking into account their likes and dislikes.

There is a trained Diversional Therapist (FTE) who will continue to oversee the activity programme at The Hawthorndale Care Village. The DT is supported by two activity assistants employed 30 hours each. Each house will have their own activity planner and group activities will be held in the Village Centre. The administration team have introduced a 'Crossing Paths – Transition Newsletter; keeping residents and family/whanau up to date with the progress and transition to the new village.

There are medication management policies in place. The service will continue to implement the electronic Medimap medication system with blister packs being delivered weekly. There is a secure medication room situated in the Village Centre. Medication will continue to be administered by medication competent staff.

There are a number of food service policies and procedures. The service currently has three cooks at Calvary Hospital that will transfer across to The Hawthorndale Care Village. The cooks will oversee the shop and café and support the house leads in each house with meal prep and cooking. The house leads are responsible for coordinating the menu in each house including supplying

meals and baking each day. Residents are to be encouraged to participate in daily activities as able and desired including cooking and baking. Resident dislikes are known and accommodated.

There is a village shop in the Village Centre which will open Monday to Friday. The house leads will collect their daily supplies. Residents will be encouraged and supported to assist with the shopping.

A café is also available for residents/relatives/whanau in the Village Centre. All house leads have completed food safety training and in preparation for the transition to the new village, they have completed further training around cooking and preparing meals.

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

The village includes 13 houses. The village is designed as a suburban village with gardens and streets rather than an institution with corridors. Residents can step outside their homes and experience everyday activities with carer support. Entrance to the village is via a secure entrance into the Village Centre building. The village centre includes a shop, café, hairdresser, theatre/music room, chapel, whānau room, gymnasium, library and offices.

Each house has a spacious open plan living/dining and kitchen area.

All resident rooms in the houses are single and are of an appropriate size to allow rest home, dementia, or hospital level of care. There is sufficient space for the safe use and manoeuvring of mobility aids including a hoist if required.

There are covered patios off the living areas. Each room has individualised heat pumps which can be controlled by the resident and good ventilation.

The paths and landscaping around the village are in the process of being completed. The secure boundary fence is not yet fully installed.

The service has developed preventative maintenance schedules which will be implemented at the new village.

Much of the furniture and equipment will transfer with residents from Calvary Hospital. However, the organisation has bought new equipment where needed such as (but not limited to) new hospital beds, hoists, and tablets for each house.

The houses have carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen/dining area. There is adequate space in the houses for storage of mobility equipment.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator is well-established in the role at Calvary Hospital and will continue in the role at the new village. Education is provided to staff at induction to the service and is included in the education planner. Antimicrobial medicine data is collated and monitored monthly. Surveillance processes are documented and implemented. Internal benchmarking within the organisation occurs and will continue at the new village.

Each household has a resident laundry to manage personal laundry. All other laundry is outsourced and will be collected daily. There are adequate linen cupboards in each house.

Here taratahi | Restraint and seclusion

There is a safe restraint policy to guide the safe use of restraint, should it be assessed as required. Restraint elimination training for staff, begins during induction, and is scheduled annually. Training includes managing behaviours that challenge and de-escalation strategies.

The clinical manager is the restraint coordinator and will continue to provide support and oversight for restraint management in the new village.

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	10	0	4	0	0	0
Criteria	0	82	0	8	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 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>	FA	<p>The Hawthorndale Care Village includes 13 individual houses (5 x 6 resident room homes and 8 x 7 resident room homes) with a total of 86 beds. The service is applying to be certified to provide rest home, hospital (medical and geriatric) (72 dual-purpose beds) and dementia level care (14 dementia beds). A village centre has been built to support the houses within the village and includes a chapel, library, shop, theatre, café, hair salon, whanau room, gymnasium, communal toilets, offices, nurses office, medical room and men’s shed. The village is planning to open 5 May 2025.</p> <p>The 72 residents living at the current Calvary Hospital will be transferred to the new village on opening. There is a transition plan including a risk management plan.</p> <p>Calvary Hospital Southland has been providing quality aged care since the 1960s. Inspired by world leading dementia village (De Hogeweyk is a suburban village in the Netherlands), the board (Charitable Trust) made a decision to build a village at another site in Invercargill along the same model (social rather than a traditional/ institutional model of care). The model has an underlying objective to allow residents to live a normal life, exercising choice over their daily lives. As part of their feasibility, a number of the board members visited De Hogeweyk and The CARE</p>

	<p>village Rotorua. A new trust was established with an aligned purpose to Calvary Hospital. The Hawthorndale Care Village has been established on a large 2.57ha site.</p> <p>The new model of care is based on an adapted mixed-service model based on the New Zealand environment and similar to the Dutch De Hogeweyk Dementia Village concept, where people live in six-seven-bedroom households and are assisted to be as independent as possible with support from the staff. Residents live in the houses sharing with people who have different assessed needs.</p> <p>The audit identified the design of the houses, staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new village.</p> <p>The organisation is a Not-for-Profit Charitable Trust governed by a Board of Trustees (Hawthorndale Care Village Charitable Trust). Business planning is undertaken at board level with input from the Chief Executive Officer, board directors and trustees (Hawthorndale Retirement Limited). The quality and risk management framework clearly identifies the organisation's roles and responsibilities and commitment to including all health care services, staffing and meeting the needs of residents and family/whānau. The business, strategic plan, risk, and quality plans have been updated to reflect the Mixed Model of Care.</p> <p>The Trust has a well-established organisational structure. There is a Business Plan for the new Village which links to the vision, mission, values, and strategic direction.</p> <p>The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori, addressing barriers for Māori and improved health outcomes for Māori and tāngata whaikaha. Cultural safety is embedded within the documented quality programme and staff training. There is a transition plan and regular meetings around the progress of the transition plan to the new care centre.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and</p>
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	<p>sensitive to the cultural diversity of the communities that they serve. Strategic direction and goals are regularly reviewed. The working practices at the current Calvary Hospital are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing.</p> <p>The organisation consults with residents and whānau through care plan reviews, newsletters and meetings. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through regular scheduled meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how the organisation can deliver a service to improve outcomes and achieve equity for tāngata whaikaha. There has been increased meetings, updates and feedback from questions raised around the transition to the new village.</p> <p>The Hawthorndale board of Trustees are experienced and provide strategic guidance and effective oversight. Three of the five board members have visited the De Hogeweyk village. Terms of reference for roles and responsibilities are documented.</p> <p>The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters, and occupancy. Residents and family/whānau feedback are used to plan, implement, monitor, and evaluate the service delivery.</p> <p>The board trustees have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety. There is a Māori advisor available to support the management and trustee. A kaumatua has blessed the current village site. The service has been working with an aged care consultant to ensure policies and procedures align with the village practices.</p> <p>The quality committee acts as the clinical governance group. Clinical governance ensures a coordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the Quality Committee on clinical indicators are incorporated into regular reports to the chief executive officer (CEO) and board trustees.</p> <p>The service is managed by a general manager (RN) who holds relevant qualifications and has been in the role for 16 years. Responsibilities and</p>
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		<p>accountabilities are defined in a job description and individual employment agreement. The manager confirms knowledge of the sector, regulatory and reporting requirements and maintains currency through ongoing training. The manager is supported by a clinical manager (RN) who has also been in the role for 16 years.</p> <p>The majority of the 72 residents at Calvary Hospital that are transferring to The Hawthorndale Care Village are under the age related residential care (ARRC) contract.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is an annual leave and rostering policy that is yet to be updated to align with the current model of care. The service has developed a number of draft rosters to align with the village model and the transfer of 72 residents to the new village.</p> <p>Each of the 13 houses has a home lead (senior caregiver) rostered Monday to Sunday for the morning and the afternoon shift. They are each supported by two home assists rostered across six houses & seven houses.</p> <p>There are two-four registered nurses rostered each morning shift and two-three registered nurses rostered on an afternoon shift. On night shift, there is one registered nurse and three home leads across the 13 houses.</p> <p>Night staff will move between houses to support and monitor residents. Technology will assist staff to monitor those houses where staff are not stationed 24/7. Between 9.30 pm – 7.00 am the electronic sensor monitoring of hallways and front doors sends notifications to the RNs phone and nurse office monitoring system. Staff can then go directly to that house to assist residents as able. The technology is not used to replace staff, it is used as a notification and allows timely monitoring and support across the village environment.</p> <p>Where residents' needs for safe care require a higher level of nursing, registered nurses will be authorised to move staff between Houses (as required), always ensuring that safe staffing levels are maintained across the village.</p> <p>The roster can be adjusted daily with floating home assists related to</p>

	<p>acuity levels. Daily meetings at the beginning of each shift will support reviewing the resident needs to ensure correct staffing levels.</p> <p>Management interviewed confirmed they have sufficient staff employed at Calvary Hospital that will transfer to The Hawthorndale Care Village and cover the roster. There are 11 registered nurses (RNs) and one new graduate nurse (seven are interRAI trained and one is booked in to complete). There are two enrolled nurses (ENs) one of whom is also interRAI trained. All RNs and ENs are first aid trained.</p> <p>There are a total of 60 caregivers (32 house leads and 28 house assists). A further six home assists are being interviewed to be employed.</p> <p>There is an online learning and development platform (Altura) which gives staff easy access to learning and development in line with the needs identified or the monthly organisational learning focus and challenges. Altura learning is captured on the individual staff member's learning and development file. A training plan is in place for 2025. Mandatory training is required including (but not limited to); health and safety, food handling, dementia, restraint, cultural safety, manual handling, falls prevention and infection control.</p> <p>In addition to preparing staff to the new model of care, all staff have completed dementia training, cooking sessions, food safety, and basic first aid. Weekly Q&As sessions with staff have included education.</p> <p>The organisation has mandatory competencies which include: safe moving and handling; medication competency; hand hygiene/infection prevention and control; fire safety; cultural safety and emergency management. Current staff are up to date with their competencies. There are currently three residents receiving peritoneal dialysis, one has been receiving this at Calvary Hospital for ten years, and all registered and enrolled nurses have completed training</p> <p>Caregivers are supported to complete Careerforce. Eighteen caregivers have completed or are in the process of completing level four. Twelve are commencing the four dementia papers required in February 2025. Fifteen caregivers have level three qualifications, and two caregivers are in the process of completing level three.</p> <p>There are a number of Māori and Pacific staff and a Māori advisor that</p>
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		<p>support the cultural safety training programme for staff. The programme is designed to strengthen staff knowledge and provide continued support, feedback, and staff health equity expertise as part of the programme.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs 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>The service has Human Resource (HR) policies, HR recruitment processes, induction orientation and training packages, documented job descriptions, a new employee package, employee handbook and a competency training package and resources. The induction package has been updated to align with the new mixed model of care. Individual HR files are kept for each staff member. Five staff files were reviewed, and all were up to date including having current appraisals. The service validates professional qualifications as part of the employment and appraisal process.</p> <p>The service has a contract with a local GP medical provider. The GP visits once a week at the current Calvary Hospital and advised this will continue at the new village. The GP service will be available on call (by phone or text) after hours. A nurse practitioner also supports the team weekly. There is a contracted physiotherapist that provides three hours a week and physio assistants that provide support across 36 hours weekly. A contract is in place with a local pharmacy and a podiatrist.</p> <p>As all current staff are transferring from the current Calvary Hospital, a day's environmental induction is scheduled at the village for all staff on various days early 2025. In addition to preparing staff to the new model of care, all staff have completed dementia training, cooking sessions, food safety, and basic first aid. Weekly Q&As sessions with staff have included education.</p> <p>The organisation has mandatory competencies which are required to be completed at induction and one-two yearly, which include: safe moving and handling; medication competency; hand hygiene/infection prevention and control; fire safety; cultural safety, restraint, and emergency management.</p> <p>Ethnicity data information is captured during employment. Staff have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing. This was described by</p>

		management.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The Diversional Therapy-Quality of Life policy describes the organisations framework for activities. The activity programme aligns with the mixed model of care and enables all residents to participate to their individual capabilities, taking into account their likes and dislikes.</p> <p>There is a trained diversional therapist (FTE) who will continue to oversee the activity programme at The Hawthorndale Care Village. The diversional therapist (DT) is supported by two activity assistants employed 30 hours each. The service intends to employ a further activity assistant or DT to support the current team. Each house will have their own activity planner and group activities will be held in the Village Centre. A resident social profile is completed soon after admission and an individual activity plan developed at that time. The activity plan is incorporated within the care plan.</p> <p>The service has two vans (including one mobility van) for outings into the community. House meetings are held regularly to provide resident input into the activity programme and planning.</p> <p>The service ensures their staff support Māori residents in meeting their health needs and aspirations in the community. Te reo is encouraged through the use of Māori words. Māori language week and Matariki is part of the activities calendar.</p> <p>The administration team have introduced a 'Crossing Paths – Transition Newsletter; keeping you up to date with the transition from Calvary Hospital to 'The Hawthorndale Care Village'. The monthly newsletter to residents and family/whanau provides pictures of village building progress and answers frequently answered questions. 'Let's Talk' sessions have been scheduled regularly with residents and relatives/whanau to discuss the move and preparation/progress.</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>	FA	<p>There are medication management policies in place. There is a contract in place with a pharmacy who will continue to deliver medications to the new village. The service will continue to implement the electronic</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medimap medication system with blister packs being delivered weekly. There is a secure medication room situated in the Village Centre. The medication room was fully fitted with adequate cupboard and stainless-steel bench space, a locked controlled drug safe, and medication fridge. Each house has a locked cupboard that can store weekly resident blister packs and other daily medication and a Medimap tablet. These are to be monitored weekly by the registered nurse as per policy. Medimap has processes to ensure resident allergies are documented. The medication management policy describes management of adverse events.</p> <p>All controlled drugs and 'as required' drugs will be stored in the medication room at the Village Centre and the registered nurses will administer to the resident at each house. Medication will continue to be administered by medication competent staff and will include RN's, EN's and house leads. The registered nurses and enrolled nurses have completed syringe driver and peritoneal dialysis competencies. All competencies related to medications are up to date.</p> <p>The service has policies and procedures in place for any residents who wish to self-administer medications. These competencies must be completed and reviewed on a three-monthly basis for any residents wishing to self-administer medications. Medications are to be installed in a locked drawer in the resident room.</p> <p>The service will not use standing orders and all over the counter medications residents wish to take, will be reviewed by the GP, and prescribed on the Medimap system. All residents will be supported to understand their medication as they choose.</p> <p>The current GP involved at Calvary Hospital will continue at The Hawthorndale Care Village. The GP visits weekly and is available after hours. A nurse practitioner is available to support the team.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to</p>	<p>FA</p>	<p>There are a number of food service policies and procedures. The service currently has three cooks at Calvary Hospital that will transfer across to The Hawthorndale Care Village. The cooks will oversee the shop and café and support the house leads in each house with meal prep and cooking. Pressure cookers are available in each house.</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>All meals and baking are to be prepared and cooked within the fully functional kitchens of each house. There is a four-week menu that has been reviewed by the dietitian. Food preferences and cultural preferences are encompassed into the menu, with continuous encouragement for residents to share traditional, family and/or own recipes for the village menu. The house leads are responsible for coordinating the menu in each house including supplying meals and baking each day. Residents are to be encouraged to participate in daily activities as able and desired including cooking and baking. There is flexibility around the cooking methods without altering the nutritional value or protein for the main meals (lunch and dinner). Each resident has a nutritional screening on admission and dietary profile completed. Resident dislikes are known and accommodated. Modified meals (puree/soft) and high calorie/protein foods are provided by the house lead as relevant to their residents. Nutritious snacks are to be available 24 hours. The fridges are to be temperature checked (and recorded) weekly as already current practice.</p> <p>There is a village shop in the Village Centre which will open Monday to Friday. The house leads will collect their daily supplies including meat, fresh vegetables/fruit/dry goods, and snacks. Supplies are brought in 'normal' household amounts for dry and canned goods. Residents will be encouraged and supported to assist with the shopping.</p> <p>There is a chiller, fridges, and freezer in the commercial kitchen in the Village Centre to support cold storage for the shop. This commercial kitchen is not opening for use at this stage except for safe storage of refrigerated and frozen food. The RNs will have access to the shop after hours and weekends for any additional supplies needed.</p> <p>A café is also available for residents and family/whanau in the Village Centre. A food control plan will be registered for the café within 6 months. A food control plan is not required for each house.</p> <p>All house leads have completed food safety training and in preparation for the transition to the new village, they have completed further training around cooking and preparing meals.</p>
<p>Subsection 4.1: The facility The people: I feel the environment is designed in a way that is</p>	<p>PA Low</p>	<p>The village includes 86 care beds across 13 houses. The village is designed as a suburban village with gardens and streets rather than an</p>

<p>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>institution with corridors. Residents can step outside their homes and experience everyday activities with carer support. Entrance to the village is via a secure entrance into the Village Centre building (link 4.2.6). The village centre includes a shop, café, hairdresser, wellness centre, theatre/music room, chapel, and offices. The village centre has yet to obtain a Certificate of Public Use.</p> <p>There are two golf carts available to transfer residents/visitors/staff around to the houses and village centre when needed. A large men's shed is in the village.</p> <p>There are five premium houses (Houses 1, 2, 3, 5, 13). All have six resident rooms with full ensuites. The following houses have seven rooms (4, 6, 7,8, 9,10,11,12) with a communal mobility bathroom and mobility toilet. The following houses are built as duplex houses (7 & 8; 9 & 10; and 11 & 12).</p> <p>There are ceiling hoists available in some of the houses and bathrooms. Each house has a spacious open plan living/dining and kitchen area. There is also a laundry in each house for personal laundry.</p> <p>All resident rooms in the houses are single and are of an appropriate size to allow rest home, dementia, or hospital level of care. The rooms are to be individually decorated and personalised with resident belongings and adornments. There is sufficient space for the safe use and manoeuvring of mobility aids including a hoist if required.</p> <p>There are covered patios off the living areas. Each room has individualised heat pumps which can be controlled by the resident and good ventilation.</p> <p>The houses have been fully completed with furnishings yet to be installed. The paths and landscaping around the village are in the process of being completed. The secure boundary fence is not yet fully installed (link 4.2.6).</p> <p>The service has developed preventative maintenance schedules which will be implemented at the new village. The maintenance person is employed for 30 hours at Calvary Hospital and will transfer to The Hawthorndale Care Village, a full-time gardener is also in place. A maintenance book is in the RN nurses office where requests for maintenance and repairs. There is a planned maintenance schedule.</p>
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		<p>Hot water temperatures in each house in resident bathrooms are to be monitored monthly. Essential contractors are available 24 hours.</p> <p>Much of the furniture and equipment will transfer with residents from Calvary Hospital; however, the organisation has bought new equipment where needed such as (but not limited to) new hospital beds, hoists, and tablets for each house.</p> <p>The houses have carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen/dining area. There is adequate space in the houses for storage of mobility equipment. A nurse's hub is contained within a large cupboard in the lounge area that can be locked.</p> <p>At that time of the building project, the land had been blessed. The official opening of the village centre will include a blessing by local Iwi. The cultural advisor has been consulted on the building project and also have Māori staff.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>There are emergency and disaster policies to guide staff in managing emergencies and disasters. These are in the process of being updated to align with the village. All registered nurses, enrolled nurses and house leads are first aid trained. The fire evacuation plan for the Village and houses is currently with fire consultants who are developing this for approval. Each house has yet to have fire evacuation instructions and exit signs displayed. Fire drills are to be held six-monthly. A fire drill will be held prior to opening with staff as part of the induction to the village.</p> <p>There are civil defence supplies available (including an AED) in the event of an emergency. These will be stored in the Village Centre. Each house and the village centre (including the nurse's office) have emergency power back up and emergency lighting in place. There is to be at least three days of food items held in the shop for the village. A generator and gas barbeques are available in the event of a power failure. There are large water tanks on-site with pump access, and there will be bottled water stored in each house.</p> <p>There is currently no Village technology policy which describes the technology used at the village. Residents at dementia level of care and other residents at risk will wear a small tag which is connected to call</p>

		<p>centre in the nurses' office and alarm on the portable phones carried by RNs and house leads. When the resident is near the main exit doors of the village, the tag sends messages to RN phones and the nurses office monitoring system.</p> <p>There are two automatic doors (internal and external) at the main entrance of the village centre. The internal door does not open until the external door has closed and vice versa.</p> <p>The front doors of the houses will have swipe card access at night into the house, but free access to leave. There is a CCTV system installed and placed in strategic locations across the village grounds and strategically outside the village. These cameras are cabled back to the nurses' office and reception monitoring system for live and historical viewing. Motion sensors in hallways, bedrooms and front doors at night activate the call system, which alerts home staff and RNs via their cell phones of any residents wandering. A wireless bed exit monitoring system will be used for residents that are assessed as a high falls risk. Security lighting is installed throughout the village.</p> <p>The whole village is to be secure with a high fence. Information on fire and emergency is available as part of resident information provided and staff induction.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship Programme is supported by the board. The programme is reviewed on an annual basis, and an annual report is provided to the board and quality committee. The infection prevention and control (IPC) coordinator collates data monthly on incidents and rates of healthcare associated infections (HAI), which is first presented to and discussed at the quality committee. Data is benchmarked monthly against the last three years, to support their quality programme. Data is regularly presented to the Board and the Directors, identifying any trends and actions.</p> <p>The quality committee is comprised of representatives from across the service and they meet bi-monthly. The IPC coordinator described how they provide expert advice as and when needed. In addition, IPC specialist teams at the local hospital provide local /regional support and</p>

		advice as and when needed.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The current IPC coordinator (RN) will continue in the role as IPC coordinator at the new facility. There is a job description available. The IPC coordinator has completed external training in infection control and has many years' experience in the role.</p> <p>There are a suite of infection control policies and procedures available to staff, including (but not limited to): outbreak management; vaccinations; usage of personal protective equipment; communicable diseases; and hand hygiene. The infection prevention and anti-microbial stewardship programme policies have been reviewed to align with the Hawthorndale model. The infection control policies reflect the spirit of Te Tiriti.</p> <p>The infection control committee, which is comprised of representatives from the service, meet bimonthly as part of the quality committee.</p> <p>There is a communicable and notifiable disease management policy; an outbreak management, isolation or segregation policy documented. Support and learning resources are available when required.</p> <p>IPC training is completed as part of induction and as part of the annual training plan. Training is led by the IPC coordinator and includes Altura online training and additional IPC support from Health New Zealand specialist IPC team as required.</p> <p>There are documented clinical procedures including peritoneal dialysis that include appropriate infection prevention practises. There is an internal audit schedule that includes IPC practice to policy and outbreak management review audit.</p> <p>Personal protective equipment (PPE) is available to support any outbreak. The IPC coordinator has had input into the design of the village and infection prevention has been considered. Policies include single use items, healthcare associated infection surveillance and the built environment. Cleaning procedures are in place around sharing medical devices, such as stethoscopes.</p> <p>As an organisation, the Māori health advisor will consult with the infection control personnel and committees as and when required.</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. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedure and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly at the current facility and reported to the combined quality, clinical and staff meetings, as well as the board through monthly reports. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection control coordinator works in partnership with the GP and nurse practitioner to ensure best practice strategies are implemented.</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>	FA	<p>Monitoring and benchmarking systems are in place to capture surveillance data. Infection monitoring will continue to be the responsibility of the IPC coordinator. All infections are entered into the electronic database. The IPC coordinator generates a monthly analysis of the data. Ethnicity data is captured. Standardised definitions are utilised. Processes are implemented, including end of month analysis that includes trends identified, and corrective actions for infection events above the target of key performance indicators. Monthly comparisons of data are captured. Benchmarking occurs internally across the last three years. Outcomes are discussed at the combined quality, staff, and management meetings which will continue at the new village.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	FA	<p>There are organisational policies and procedures around waste management, chemical safety, use of personal protective equipment, laundry, and cleaning processes.</p> <p>Each household has a resident laundry with a washing machine, dryer, and ironing board to facilitate resident's undertaking their own personal laundry, with support by staff. Adequate lighting is provided, and there is adequate space for small amounts of washing. All other laundry is outsourced and will be collected daily. There are adequate linen</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>cupboards on each house.</p> <p>There is a lockable cupboard is the laundry in each house for storage of household chemicals. Each laundry has a separate handwashing facility, and adequate bench space with a large basin. All household staff and care staff have completed chemical training as part of their orientation and through the annual training programme. There are internal audits related to cleaning and laundry that is overseen by the IPC coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>PA Low</p>	<p>The service and board are committed to the elimination of restraint use, and this is being actively demonstrated across the facility. The service has remained restraint-free for the last 10 years.</p> <p>There is a comprehensive restraint policy to guide the safe use of restraint should it be assessed as required. Prior to the implementation of restraint, all other clinical measures must have been tried and outcomes documented, including a comprehensive and transparent assessment, with evidence of family/whānau and resident discussion.</p> <p>The facility restraint elimination training for staff, begins during induction, and is scheduled annually. Training includes managing behaviours that challenge and de-escalation strategies.</p> <p>The restraint approval process is described in the restraint policy, and procedures provide guidance on the safe use of restraints. The clinical manager is appointed as the restraint coordinator, and she provides support and oversight for restraint management in the facility. The restraint policy describes environmental restraint in regards to dementia level care; however, as this village will be secure for all residents the policy should also consider environmental restraint for those residents assessed as rest home or hospital level care they potentially are not cognitively able to follow a code to exit the village.</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 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>The service has developed a number of draft rosters to align with the village model and the transfer of 72 residents to the new village. There is an annual leave and rostering policy that is yet to be updated to align with the current model of care.</p> <p>Each of the 13 houses has a home lead (senior caregiver) rostered Monday to Sunday for the morning and the afternoon shift. They are each supported by two home assists rostered across six houses & seven houses.</p> <p>There are two-four registered nurses rostered each morning shift and two-three registered nurses rostered on an afternoon shift. On night shift, there is one registered nurse and three home</p>	<p>There is an annual leave and rostering policy that is yet to be updated to align with the current model of care.</p>	<p>Ensure the annual leave and rostering policy is updated to reflect the model of care at The Hawthorndale Care Village.</p> <p>Prior to occupancy days</p>

		<p>leads across the 13 houses.</p> <p>Night staff will move between houses to support and monitor residents. Technology will assist staff to monitor those houses where staff are not stationed 24/7. Between 9.30 pm – 7.00 am the electronic sensor monitoring of hallways and front doors sends notifications to the RNs phone and nurse office monitoring system. Staff can then go directly to that house to assist residents as able. The technology is not used to replace staff, it is used as a notification and allows timely monitoring and support across the village environment.</p> <p>Where residents' needs for safe care require a higher level of nursing, registered nurses will be authorised to move staff between Houses (as required), always ensuring that safe staffing levels are maintained across the village.</p> <p>The roster can be adjusted daily with floating home assists related to acuity levels. Daily meetings at the beginning of each shift will support reviewing the resident needs to ensure correct staffing levels</p>		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the</p>	PA Low	<p>The village centre includes a shop, café, hairdresser, theatre/music room, chapel, whānau room, gymnasium, medical room and offices. The village is designed as a suburban village with</p>	<p>The village centre has yet to obtain a Certificate of Public Use.</p>	<p>Ensure a Certificate of Public Use is in place.</p> <p>Prior to occupancy days</p>

health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.		gardens and streets rather than an institution with corridors A certificate of Public Use for the Village Centre is yet to be obtained.		
<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>	PA Low	Landscaping continues to be completed in preparation for opening and the majority of furnishings are in the process of being fully installed. The village centre furnishings	<p>(i). The landscaping including paths around the village are in the process of being completed.</p> <p>(ii). Furnishings are yet to be installed.</p>	<p>(i). Ensure the landscaping is completed.</p> <p>(ii). Review the bench top elements across the dual-purpose units to ensure the potential risks are mitigated.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	The fire evacuation plan for the Village and houses is currently with fire consultants who are developing this for approval. Each house has yet to have fire evacuation instructions and exit signs displayed. Fire drills are to be held six-monthly. A fire drill will be held prior to opening with staff as part of the induction to the village (link 4.2.3).	<p>(i). The fire evacuation plan for the Village and houses is currently with fire consultants who are developing this for approval. (ii). Each house has yet to have fire evacuation instructions and exit signs displayed.</p>	<p>(i). Ensure the fire evacuation plan is approved by the fire service. (ii) Ensure fire evacuation instructions and exit signs are displayed</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising</p>	PA Low	There are emergency and disaster policies to guide staff in managing emergencies and disasters. These are in the process of being updated to align with the village. There is currently no Village technology policy which describes the technology used at the village around security and	Emergency and disaster policies are yet to be updated to align with the Village.	<p>Ensure emergency and disaster policies are updated and staff are trained around these.</p> <p>Prior to occupancy days</p>

related risk.		safety of residents (link 4.2.6).		
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>There is a fire and emergency planning policy. A fire drill is scheduled for all staff at the induction days. Specialised fire warden training has been provided for village manager, clinical manager, and registered nurses.</p>	<p>A fire drill is scheduled for all staff at the induction days.</p>	<p>Ensure a fire drill has been completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.6</p> <p>Service providers shall identify and implement appropriate security arrangements relevant to the people using services and the setting, including appropriate identification.</p>	PA Low	<p>There is currently no Village technology policy which describes the technology used at the village. There is a security policy in place but does not fully describe the technology used and security of the village.</p> <p>Advised that some at risk residents will wear pendent call bells that will be linked to the call centre in the nurses' office and alarm on the portable phones carried by RNs and house leads. Residents at dementia level of care will wear wrist watch pendants. When the resident is near the main exit doors of the village, the watch sends messages to RN phones and the nurses office monitoring system.</p> <p>There are two automatic doors (internal and external) at the main entrance of the village centre. The internal door does not open until the external door has closed and vice</p>	<p>(i). The village is not yet secure.</p> <p>(ii). The technology policy describing monitoring and security is not yet in place.</p> <p>(iii).The swipe card access is not yet fully installed.</p> <p>(iv). The security motion sensors and wireless bed exit monitoring system is yet to be operational.</p>	<p>(i). Ensure the village is secure.</p> <p>(ii). Ensure a Technology/security policy is in place.</p> <p>(iii) Ensure the swipe card access is operational</p> <p>(iv).Ensure the security motion sensors and wireless bed exit monitoring system are operational.</p> <p>Prior to occupancy days</p>

		<p>versa.</p> <p>The front doors of the houses will have swipe card access at night into the house, but free access to leave. There is a CCTV system installed and placed in strategic locations across the village grounds and strategically outside the village. These cameras are cabled back to the nurses' office and reception monitoring system for live and historical viewing. Motion sensors in hallways, bedrooms and front doors at night activate the call system, which alerts home staff and RNs via their cell phones of any residents wandering. A wireless bed exit monitoring system is to be used for residents that are assessed as a high falls risk. Security lighting is installed throughout the village.</p> <p>The whole village is to be secure. The fences around the village are not yet completed.</p>		
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person's care or support plan. The policy or procedure shall inform the delivery of</p>	PA Low	<p>The restraint policy describes environmental restraint in regard to dementia level care; however, as this village will be secure for all residents the policy should also consider environmental restraint for those residents assessed as rest home or hospital level care that potentially are not cognitively able to follow a code to exit the village. The policy should include management of environmental</p>	<p>The restraint policy describes environmental restraint in regard to dementia level care; however, as this village will be secure for all residents the policy should also consider environmental restraint for those residents assessed as rest home or hospital level care that potentially are not cognitively able to follow a code to exit the village</p>	<p>Ensure the restraint policy is updated to reflect management of potential environmental restraint</p> <p>Prior to occupancy days</p>

<p>services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>		<p>restraint for these residents.</p>		
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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.