

Sodhi Enterprises Limited - Coronation Lodge Rest Home

Introduction

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

The audit has been conducted by 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:	Sodhi Enterprises Limited
Premises audited:	Coronation Lodge Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 January 2025 End date: 23 January 2025
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:	15

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

Coronation Lodge provides rest home level of care for up to 22 residents. At the time of the audit there were 15 residents, all residents were under the age-related residential care (ARRC) contract.

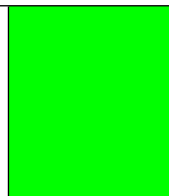
Coronation Lodge is owner operated. The owners are responsible for the overall leadership of the facility. The owners (facility manager and clinical nurse manager) have experience in aged care. The clinical nurse manager is a registered nurse and holds overall responsibility for clinical governance. The facility manager is responsible for maintenance, health and safety and financial management.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the contract held with Health New Zealand Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the resident files; interviews with residents and family/whānau; and interviews with staff, management and a general practitioner. Residents and family/whānau interviewed spoke positively about the care and support provided.

There were no short falls from the previous audit and no identified shortfalls from this audit.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Coronation Lodge demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect resident's property and finances.

The complaints process is responsive, fair and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

There is a business plan 2022-2025 with documented site-specific goals, which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy and management comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. Regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

The clinical nurse manager is responsible for each stage of service provision including assessing, planning, review, and evaluation of residents' needs, outcomes, and goals with the resident and/or family/whānau input.

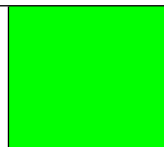
The organisation has an electronic resident management system. Resident files are electronic and enrolled nurses included medical notes by the general practitioner, and allied health professionals. Medication policies reflect legislative requirements and guidelines. Medications are stored securely.

A current food control plan is in place.

Transfers and discharges are coordinated and involve input from the resident and family/whānau.

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.

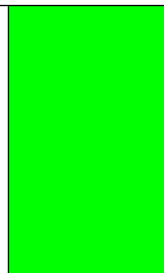


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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



Subsections applicable to this service fully attained.

There is a comprehensive organisational infection control programme which has been approved and reviewed annually. Staff complete education in relation to infection control and complete relevant competencies.

Surveillance data is collated and analysed. Data includes ethnicity data and is shared with staff. Since the previous audit, there have been no outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical nurse manager, who is the restraint coordinator. There are no residents currently using restraints. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

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	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori health plan acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. Coronation Lodge is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. At the time of the audit, there were Māori staff who confirmed in interview that mana motuhake is recognised. There were no Māori 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>	FA	<p>There is a documented Pacific health plan to ensure that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced. There were no Pasifika staff or residents at the time of audit.</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 Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori. Four residents and residents and two family/whānau interviewed stated that all staff respected their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Coronation Lodge policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff have received education around and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records.</p> <p>The two manager/owners and two staff (one HCA and one cook) interviewed demonstrated an understanding of professional boundaries.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>In the five files reviewed, admission agreements were signed and saved in the residents' electronic file. Informed consents had been signed and were included on the electronic file for general matters, as well as specific consents for Covid-19, influenza, and for specific procedures.</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. 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>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>A complaints register is being maintained, which includes all complaints, dates and actions taken. There have been two complaints received since the previous audit, the complaints reviewed included acknowledgement, follow up, and resolution. There have been no external complaints.</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager and clinical nurse manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</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>FA</p>	<p>Coronation Lodge provides rest home level of care for up to 22 residents. At the time of the audit there were 15 residents, all residents were under the age-related residential care (ARRC) contract.</p> <p>Coronation Lodge is owner operated. The facility manager/owner and the clinical manager/owner (RN) were interviewed. The owners are responsible for the overall leadership of the facility and were knowledgeable around legislative and contractual requirements. The clinical manager is a registered nurse and holds overall responsibility for clinical governance. The clinical manager collects quality data and analyses and reports against this monthly. The facility manager is responsible for maintenance, health and safety and financial management. The facility manager and clinical manager meet formally on a monthly basis to discuss the report, which includes all aspect of the service.</p>

		<p>The Coronation Lodge annual business plan 2022- 2025 (currently in the process of review) has clearly identified their mission, services, and values. Identified goals are regularly reviewed with outcomes reported. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The annual quality and risk management programme and meeting minutes reflect reviews of the business and quality plan and also evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in the range of meetings that take place across the facility.</p> <p>Both the clinical manager and the facility manager have maintained at least eight hours of professional development activities each related to their respective roles.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Coronation Lodge is implementing the quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The monthly staff meetings provide an avenue for discussions in relation to (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; education; quality data; health and safety; hazards; service improvement plans; incidents and accidents; internal audits; and infections. Corrective actions are documented where indicated to address service improvements, with evidence of progress and closure when achieved. Three monthly resident and family/whānau meetings provide a forum for open disclosure, sharing of survey results and staff movements. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>The 2024 resident and family satisfaction surveys indicate that both residents and family have high levels of satisfaction with the services being provided. Results have been communicated to residents in resident meetings.</p> <p>A health and safety system is in place. The health and safety team is led by the facility manager. The facility manager has attended health and</p>

		<p>safety training. Health and safety notices are posted on a noticeboard in the staffroom. Hazard identification forms and an up-to-date hazard and risk register were sighted. Each hazard is risk rated with controls put into place. Hazards are regularly monitored. Health and safety is a regular agenda item in staff. Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. Each event involving a resident, triggers a clinical assessment and the timely follow up by the clinical manager.</p> <p>Discussions with the clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been no requirement for the facility to submit a section 31 to HealthCERT and no outbreaks since the previous audit.</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>FA</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and the clinical nurse manager both work full-time from Monday to Friday. The facility manager is on call 24/7 for any operational related issues and the clinical nurse manager for any clinical concerns. Each shift includes a team leader (senior caregiver) the team leaders all have a current first aid certificate and an up-to-date annual medication competency. Residents and family/whānau interviewed stated that there were adequate staff on duty at all times. Staff interviewed felt that the managers are accessible and supportive.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training. The facility utilises online training and the clinical manager monitors staff completion, as evidenced in training records sighted.</p> <p>Ten caregivers are employed. They are supported to transition through the New Zealand Qualification Authority (NZQA) health and wellbeing through Careerforce. Five caregivers have achieved level 2, two caregivers have commenced level 3, three caregivers have commenced level 4.</p> <p>The competency assessment policy is being implemented. Staff complete a variety of competencies, including medication, blood sugar levels, fire safety and neurological observations competency assessments, as part of</p>

		<p>their orientation and yearly. Staff orientation covers health and safety and emergency procedures (clinical and non-clinical). The clinical nurse manager is interRAI trained.</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>Five staff files reviewed included evidence of completed training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. All staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The clinical manager who is an RN is responsible for all residents' assessments, care planning and evaluation of care. five resident files were reviewed: Initial care plans were developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, risk assessments and information from pre-entry assessments.</p> <p>The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission, in consultation with the residents and family/whānau, where appropriate or per the residents' request. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. InterRAI assessments are scheduled for completion within three weeks of an admission and planned for a six-monthly or earlier review. The interRAI assessments and reassessments reviewed are completed within the required timeframes. The long-term care plans are scheduled to be completed following the initial interRAI assessment. In the residents' files sampled, the interRAI assessments are current, and support the care plan</p>

	<p>goals and interventions. The long-term care plans are holistic and align with the service's model of person-centred care. The long-term care plans sampled reflected residents' strengths, goals and aspirations aligned with their values and beliefs identified through the assessment process documented. Care plans included comprehensive interventions to guide care delivery.</p> <p>Residents' and family/whānau representatives of choice or enduring power of attorney (EPOAs) were involved in the assessment and care planning processes. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>Care plan evaluations were completed and documented progress against the set goals. Acute changes in health status are recorded in the progress notes and were recorded as short-term care plans or updated in the long-term care plan. A record of who participated in the development and evaluation of care plans was documented in meetings that occur with family/whānau. These meetings occur at the time of admission, as well as at the time of any acute health change and at the six-monthly review.</p> <p>Where progress towards goals was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment would be completed and a referral would be made to the needs assessment service coordination (NASC) team for reassessment of level of care. The care plans evidenced service integration with other health providers, including activity notes, medical and allied health professionals. Allied health interventions are documented for visits and consultations.</p> <p>The general practitioner (GP) sees each resident three monthly and as needed; the GP also provides an on-call service. Medical assessments are completed by the GP within five working days of an admission. Routine medical reviews are completed every three months and more frequently as determined by the resident's needs. Medical records, including three-monthly reviews, are evidenced in sampled records. Changes in residents' health were appropriately escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evidenced in the sampled residents' files. On interview, the GP praised the service and the care provided, he confirmed he is contacted in a</p>
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		<p>timely manner when required, and that medical orders were followed, and care was implemented promptly.</p> <p>Residents' care was monitored on each shift and reported in the progress notes by the caregivers. Any changes noted were reported to the team leaders and clinical manager, as confirmed in the records sampled.</p> <p>A wound register is maintained. There was one wound on the day of audit- a skin tear. The wound management plan and documented evaluations, to show healing progression.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and team leaders complete monitoring charts, including observations; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries describe the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely been documented for unwitnessed falls as part of post falls management.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures that meet legislative requirements are in place for medication management. All staff who administer medications have completed annual competencies. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The team leader interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>All medications are stored in a secure room. Medication trolleys are locked and stored securely when not in use. The medication fridge and medication room temperatures are monitored weekly. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All eyedrops have been dated on opening and discarded as per manufacturer's instructions.</p> <p>Ten electronic medication charts were reviewed; each chart has a</p>

		<p>photographic identification, allergy status and sensitivity identified. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly. Medication charts have photo identification and allergy status identified. There were no residents self-medicating at the time of the audit. There are comprehensive policies in place should a resident wish to self-administer medications. The staff interviewed could describe the process around residents self-administering medications.</p> <p>All medications are administered as prescribed. Indications for use and effectiveness of pro re nata (PRN) medications is expected to be recorded in the progress notes or on the electronic medication system. There are no vaccines kept on site, and no standing orders are in use.</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>	FA	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring July 2025. Diets are modified as required and the staff confirmed awareness of the dietary needs of the resident. Residents have a nutrition profile developed on admission, which identifies dietary requirements and preferences. Alternatives are catered for as 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</p>	FA	<p>There is a resident transfer/discharge policy. Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support and Māori agencies were indicated or requested. The clinical nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>

support.		
<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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Coronation Lodge and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building has a current warrant of fitness, which expires March 2025.</p> <p>There is a planned and reactive maintenance programme in place, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales, and clinical equipment and testing, which are all current. Hot water temperatures are monitored and managed within 43-45 degrees Celsius.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A clearly defined and well documented infection prevention and control programme is implemented. The programme was developed by an external infection prevention and control expert. The current infection prevention and control programme is linked to the quality improvement programme. The infection prevention and control policies are reviewed by the clinical nurse manager who seeks advice from external experts as required. The policies and procedures comply with legislation and accepted best practice and include appropriate referencing.</p> <p>Staff have received education in infection prevention and control programme at orientation and through ongoing face to face and annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents occurs individually during care provision, as well as reminders about handwashing and advice about remaining in their rooms if they are unwell; residents confirmed this at interview.</p>
Subsection 5.4: Surveillance of health care-associated	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection surveillance is an integral part of the

<p>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>infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infection data includes ethnicity and is entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs through an external agency and infection control surveillance is discussed at monthly staff meetings.</p> <p>Records of infection control data confirms there are low infection rates. Staff reported they receive information about infection rates and audit outcomes at staff meetings, and these were sighted in meeting minutes. New infections are discussed at shift handovers to ensure prompt intervention can occur.</p> <p>A comprehensive pandemic plan is in place. There has been one covid-19 outbreak since the previous audit which was well documented, reported in a timely manner and a debrief meeting was held with staff.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation. They are conversant with restraint policies and procedures. There are no residents with restraints in the facility. Restraint minimisation training for staff begins during their orientation and continues annually.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.