Lonsdale 2005 Limited - Lonsdale Total Care Centre

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Lonsdale 2005 Limited
Premises audited:	Lonsdale Total Care Centre
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: 27 February 2025 End date: 28 February 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: 52

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	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

Lonsdale Total Care Centre (referred to as Lonsdale) provides hospital (geriatric and medical), dementia, and rest home care for up to 61 residents. At the time of the audit there were 52 residents.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 2021 and the contracts with Health New Zealand – Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical lead, a household manager and experienced staff. There are quality systems and processes being implemented. Feedback from family members interviewed was positive about the care and the services provided. There is a documented induction and in-service training programme to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service identified shortfalls in relation to staff training, orientation, care plan interventions and documentation of outbreaks.

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.

Lonsdale provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to residents in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents, their representatives, and effectively communicates with them about their choices.

Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of individuals to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are documented. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files include medical notes by the nurse practitioner and visiting allied health professionals.

The diversional therapist and team provide and implement the activities programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The nurse practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

Residents are referred or transferred to other health services as required

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

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

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant if fitness. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of the residents.

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

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

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

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. There are documented policies to ensure staff receive training and education related to safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	25	0	4	0	0	0
Criteria	0	172	0	4	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori Health Plan is documented for the service which acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Lonsdale is committed to respecting self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice. Lonsdale have built and developed the Tāngata Whenua relationship with Ngati Takihiku and Ngati Ngarongo hapu of Kereru marae of Raukawa iwi. The services' cultural advisor (who is also the cultural advisor of Health New Zealand – Te Whatu Ora hospital), members of the management team and significant number of staff whakapapa to Kereru marae. They provide guidance with cultural practice, are consulted with policies and procedures and can provide interpreting support for residents if required. Cultural assessments are completed for residents who identify as Māori. Staff at Lonsdale discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents during handovers and meetings. All staff have access to relevant tikanga guidelines. The service supports increasing Māori capacity by employing more

		Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported with cultural resources and staff are encouraged to use both te reo and relevant tikanga in their work with the residents as detailed in the Māori health plan and tikanga guidelines. The service has signage throughout in Māori and the Health and Disability Commissioners (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English with pamphlets available. Interviews with eleven staff (three registered nurses, four healthcare assistants, one cook, one laundry, one cleaner, and one diversional therapist) and three managers (general manager, household manager and the clinical lead) and documentation reviewed described how care is based on the resident's individual values and beliefs.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Lonsdale recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and the Fonofale model. On the day of audit there were Pasifika residents living at Lonsdale. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when developing the initial care plan, in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Individual cultural beliefs are documented in the activities profile, activities plan and care plan. Lonsdale links in with a Pasifika advisor who they consulted regarding the Pasifika care plan and provides guidance regarding cultural practices. The service also consults with family/whanau of current residents and current staff to inform practice. Code of rights information is accessible in Tongan and Samoan when required.

		The service continues to recruit new staff as vacancies become available. At the time of the audit there were staff that identified as Pasifika. The general manager described how Lonsdale continues to provide equitable employment opportunities for the Pacific community. Interviews with staff, management, three residents (one rest home, two hospital), six family/whanau (three hospital and three dementia) and documentation reviewed identified that the service provides resident centred care.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commission's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The general manager or clinical lead discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the three-monthly resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/ whānau. There are links to spiritual support through the local churches. Church services are held regularly. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect.	FA	Staff members interviewed described how they support residents in their choices. Family/whānau interviewed stated their loved ones had choice and examples were provided. It was observed that residents are treated with dignity and respect. This was also confirmed during

Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.		interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki, Te Matatini and Māori language week; however, there was no sufficient evidence that all staff have attended specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, in order to build knowledge and awareness about the importance of addressing accessibility barriers (link 2.3.4). The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents. Residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are

		covered as part of orientation.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information regarding the services offered is provided to residents and family/whānau on admission. Three-monthly resident and family/whānau meetings identify feedback and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify whānau /next of kin of any accident/incident that occurs. Correspondence with family/whānau is recorded in the progress notes. The accident/incident forms reviewed identified family/whānau /next of kin are kept informed, and this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit there were residents who could not speak or understand English. Staff and management interviewed described how they assist the residents that do not speak English with interpreters through staff, family/whanau and resources to communicate as needed. Non-subsidised resident's family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. They are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice, and dietitian). The general manager gave examples of open communication with family/whānau, including the time and support around discussions and decision making.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my	FA	There are policies around informed consent. Resident files reviewed included informed consent forms signed by either the resident, or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents interviewed could

choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files reviewed where appropriate. Certificates of mental incapacity and activation of the EPOA documents were also on file for dementia level residents.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints procedure is provided on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaint register. There have been sixteen minor complaints received year to date since the previous audit in May 2023 (two in 2023, 13 in 2024 and one in 2025 year to date). There is one coroner's investigation that remains open from January 2024. All the information has been sent as requested and the service is waiting for further correspondence from the coroner. The management team could evidence the complaints documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the staff meetings. Complaints are a standard agenda item in all management/governance meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaint forms are available at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including three-monthly meetings. Residents

		and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time. The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Lonsdale is an owner operated facility located in Foxton. The service provides care for up to 61 residents. There are 12 dedicated rest home beds, 16 dedicated hospital beds, seven dedicated dementia and 26 dual purpose beds. Six of the dual-purpose rooms are double rooms; there are two rooms with triple beds (with two residents each at the time of the audit) and three double rooms in the hospital area; there are two double rooms in the rest home area; and there is one double room (singly occupied at the time of audit) in the dementia area. All the other rooms are single. On the day of the audit there were 52 residents in total; 23 rest home residents including one resident on extended care contract; 23 hospital residents, including two residents funded by Accident Compensation Corporation (ACC), and two residents on a younger person with a disability (YPD) contract; and six residents at dementia level. All residents other than the ACC, YPD and the ones on the extended care contract, were under the age-related residential care (ARRC) agreement. The owner (chief executive officer [CEO]) of Lonsdale is supported by a governance body that consist of the Lonsdale group general manager, Lonsdale general manager, office manager and household manager. The governance body meets monthly as part of the management / governance meeting and reviews management report covering issues pertaining to the operation of the business, financials, in-depth analysis of clinical risk and objectives. Lonsdale has a 2024-26 business plan approved by the CEO with documented vision, mission, and values. The plan includes operational and clinical objectives that are regularly reviewed and signed off when fully attained. The CEO understands Te Tiriti o Waitangi, health equity and

		supports meaningful inclusion of Māori and ensures the organisation's values and goals reflect the needs of Māori. The model of care incorporates Māori concept of wellbeing – Te Whare Tapa Wha. The service's philosophy and strategic plan reflects a resident and whānau-centred approach to all areas of service delivery. The management and CEO have completed the Ministry of Health Foundation in Cultural Competency and locally provided cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The service has extensive links through management staff and have developed tāngata whenua relationship with Ngati Takihiku and Ngati Ngarongo hapu of Kereru Marae. The service's cultural advisor (who whakapapa's to Kereru marae) informs and advises the Lonsdale governance team to ensure that its reflection of collaboration with Māori aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The cultural advisor provides advice to the owners in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Lonsdale 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 to improve health outcomes for Māori and tāngata whaikaha. The CEO and the Lonsdale group general manager visit the facility at least monthly and maintain regular contact with management each week as needed. The general manager and clinical lead have oversight on clinical governance for the service, providing a monthly detailed clinical governance report to the management/governance meeting for discussion. There have been no changes to the management team since last audit. The overall management of Lonsdale is provided by the general manager, an experienced registered nurse, who has been in the role for 12 years. They are supported by a household manager, office manager and a clinical lead who has been in the role since December 2022. The general manager works Monday to Friday with the clinical lead working Thursday to Monday to ensure seven-day cover with senior clinical staff. They are both available for 24/7 on call. The

		general manager reports a very low turnover of staff. The management team have completed more than eight hours of training related to managing an aged care facility, including cultural training, attending New Zealand Aged Care Association conference, privacy training, and regional ARC meetings.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Lonsdale has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data is critically analysed for comparisons and trends to improve health equity. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and new policies or changes to policy are communicated to staff. Weekly management meetings, monthly management/governance meetings, and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), and staffing. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. Corrective actions are discussed at management/governance and staff meetings to ensure any outstanding matters are addressed with sign-off when completed. The resident and relative satisfaction survey completed in 2024 showed a high level of satisfaction in all areas including (but not limited to) care, medical services, communication, food and activities, with no corrective actions required. Survey results analysis were shared with residents, family/whānau, governance and staff. A health and safety system is in place with identified health and safety goals.

		There are quarterly health and safety meetings, and health and safety is also discussed as part of the staff and management/governance meetings. The health and safety officer completes a monthly report which is discussed at the management/governance meeting. The health and safety officer (interviewed) has undertaken formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed six monthly (December 2024). Health and safety policies are implemented and monitored by the health and safety officer and the committee which comprises of representative from each department. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering one to one assistance, family/whānau support, and shared kai at meetings. Staff have completed cultural safety competencies and staff who identify as Māori and Pasifika are involved in the care of residents who identify as Māori and Pasifika to ensure high quality care is provided. Electronic reports are completed for each resident incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Opportunities to minimise future risks are identified by the registered nurses, clinical lead, and general manager who review every adverse event. Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been one section 31 notification related to a coroner's investigation, and four Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) since last audit. There have been two outbreaks since the previous audit, which were not always appropriately notified (link 5.4.4).

Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	PA Low	There is a staffing policy that describes rostering requirements. There is 24/7 registered nurse cover. The general manager and clinical lead work in such a way that ensures seven day cover with the senior clinical team and provide on-call out of hours. Interviews with staff, and management team confirmed that their workload is manageable. Staff and resident's family/whānau are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident/family meetings. There is a documented annual education and training schedule. The education and training schedule lists compulsory training which includes cultural awareness, dementia, de-escalation, and challenging behaviours; however, this has not been implemented and there is no ongoing monitoring of compliance. Competencies are completed by staff, which are linked to the education and training programme. All healthcare assistants are required to complete annual competencies for restraint, handwashing, cultural safety and moving and handling. A record of completion is maintained; however, not always monitored to check staff are completing training as required. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity; however, not all staff have completed the required training. Māori staff share information and whakapapa experiences to support learning about and address inequities at handovers and during meetings. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently twenty-four staff members have attained an NZQA level 3 or above qualification. Of the six healthcare assistants who work in the dementia units, four have attained their dementia standards, and two are in progress. Registered nurses' complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional registered nurse specific competencies include interRAI assessment competencies. There are ten registered nurses and nine are interRAI trained. All registered nurses are encouraged to attend in-service

		training and complete critical thinking and problem solving, and infection prevention and control training (including pandemic and outbreak management Staff wellness is encouraged through participation in health and wellbeing activities.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	PA Low	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Nine staff files reviewed evidence implementation of the recruitment process, employment contracts, police checking and performance reviews. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator). A register of practising certificates is maintained for all health professionals including. All staff who had been employed for over a year have an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation; however, not all of the files reviewed evidenced completed orientation documentation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for Māori. Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place. Ethnicity data is identified, and an employee ethnicity database is available. Information is reviewed at governance meetings. Wellbeing support is provided to staff. The staff accident/incidents that had been reported and sighted, evidenced debrief being done and under health and safety section of the meeting minutes staff incidents are documented including de-briefs on measure implemented and what can be done to

		prevent future incidents.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use), and electronically. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	Residents who are admitted to Lonsdale hospital and rest home are assessed by the needs assessment service coordination (NASC) team to determine the required level of care. Completed NASC authorisation forms for dementia, rest home and hospital level of care residents were sighted. A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of choice, and referral agencies. Residents in the dementia unit were admitted with appropriate EPOA or welfare guardian documents in place and these were sighted in resident records reviewed. The records reviewed confirmed that admission requirements were

		conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided. The general manager reported that all potential residents who are declined entry are recorded. When an entry is declined the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented. The service has existing engagements with local iwi health practitioners, and organisations to support Māori individuals and whānau. The clinical lead stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Eight resident files were reviewed: Three hospital including one resident on ACC funding and one resident on a YPD contract; three rest home, including one on an extended care contract and two dementia level care. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed. Lonsdale uses a range of risk assessments alongside the interRAI care plan process. InterRAI assessments (excluding ACC resident) and reassessments have been completed within expected timeframes. When completed outcome scores from interRAI assessments were identified on the long-term care plans. All residents in the dementia unit have a behaviour assessment completed on admission with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The assessments identified the

		type of behaviours presented and triggers. The long-term care plan includes a 24-hour reflection of close to normal routine for the resident to assist carers in management of the resident behaviours. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan. Long-term care plans are completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non- medical requirements; however, not all care needs identified through incident forms and progress noted documented registered nurse follow up and monitoring. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. Evaluations are completed at the time of interRAI re-assessments (six-monthly), and document the progression towards goals. A nurse practitioner visits twice weekly, on call is provided by paramedics and health New Zealand. The nurse practitioner had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The mental health services are readily available as required. The nurse practitioner was complementary regarding the service and clinical care provided. The NP confirmed on interview that the staff utilised the identify, situation, background, assessment and recommendation (ISBAR) tool when sending referrals and the NP feels they were well informed when staff contact her. Staff follow up on their requests promptly. If there are any issues, the NP stated that the facility manager always addresses them with the nursing staff. Resident files identify the integration of allied health professional input into care and a team approach is evident. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.

		Healthcare assistants (HCAs) and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a registered nurse to the incoming registered nurse and HCAs on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the HCAs and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status. The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the nurse practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP/NP visits, medication changes and any changes to health status and this was consistently documented in the resident files. All skin issues are reported as wounds needs so that there is a process to aid monitoring and follow up There were a total of 20 wounds being actively managed across the service. These included skin tears, lesions, chronic ulcers. There were five pressure injuries being managed at the care home (one stage three, three stage two and one stage one). There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Healthcare assistants complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight;

		food and fluid; turning charts; blood glucose levels; and toileting regime. Behaviour monitoring chart entries described the behaviour and strategies to de-escalate behaviours including re-direction and activities. Neurological observations have been routinely completed for unwitnessed falls or where head injury was suspected as part of post falls management. Lonsdale provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori Health is woven into care plans and reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health care plan. Staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff in consultation with the residents, family/whānau and EPOA.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The resident's activities programme is implemented by a full-time diversional therapist and a team of 13 volunteers as well as and HCAs to provide all residents with their activities. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments are completed within three weeks of admission in consultation with the family/whānau and residents. A monthly planner is developed for the secure dementia unit and a separate planner for rest home/ hospital. The activity programme is formulated by the diversional therapist in

		consultation with the management team, registered nurses, EPOAs, residents, and care staff. The activities on the programme are varied and appropriate for residents assessed as requiring dementia, rest home and hospital level of care. The care plans have sufficient interventions recorded in the activities plan to guide staff in the management of behaviour over 24 hours. Activity participating registers were completed daily. The residents in the rest home and hospital communities were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quiz, bingo, floor games, Matariki, table games, sensory, outdoor walks, van outings, music, pet therapy, entertainment and exercise. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives for all residents (as appropriate). One on one activities are provided for residents who cannot or choose not to participate in the planned activities. These residents are followed up individually to ensure that their diversional therapy needs are met with time allocated by the diversional therapist or a volunteer. The dementia community`s activities calendar sighted has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities including domestic like chores, baking and music therapy. The residents in the dementia unit were observed joining in activities on the days of audit. There were residents who identified as Māori. The activity coordinator reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals with varying events lined up. Residents and family/whānau reported favourably with the level and variety of activities provided.
Subsection 3.4: My medication	FA	Lonsdale has policies, developed by an external consultant, available

The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.		for safe medicine management that meet legislative requirements. The registered nurses, and medication competent HCAs who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided. All medication charts and signing sheets are electronic. On the days of the audit, a medication competent HCA was observed to be safely administering medications. The registered nurses, and HCAs interviewed could describe their roles regarding medication administration. All medications are checked by the registered nurses against the medication chart on delivery. Medication reconciliation is also conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checks medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Medication audits and weekly checks ensure medications are in date and correctly stored. Medications were appropriately stored in the medication trolleys and the medication rooms. The medication fridges and medication room temperatures are consistently monitored daily. All eyedrops and creams have been dated on opening. Medication incidents are completed in the event of a drug error and corrective actions were acted upon. Sixteen medication charts were reviewed. There is a three-monthly review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were documented for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-administering medicines. The service does not use standing orders and there are no vaccines kept on site. There is documented evidence in the clinical files that residents and

		family/whānau are updated about changes to their health. The clinical lead described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The kitchen service complies with current food safety legislation and guidelines. The kitchen supervisor oversees the kitchen and undertakes cooking responsibilities. They are supported by a second cook and kitchen assistants. All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people, with an up-to-date food control plan expiring March 2025. The four-week seasonal menu was reviewed by a registered dietitian and due again April 2026. Kitchen staff have completed safe food handling training during orientation. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required. The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food at mealtimes is plated in the kitchen and delivered to the respective communities in scan boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that

		are culturally specific to te ao Māori. including 'boil ups,' hāngi, Māori bread, and corned beef were included on the menu, and these are offered to residents who identify as Māori when required.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	There are documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge and transfer from services. The clinical lead reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the registered nurses who manage the process until the resident is transferred. Discharges or transfers are coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required. The residents (if appropriate) and families/whānau are involved for all transfers to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and last nurse practitioner review records. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is required by a subsequent nurse practitioner, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, and nurse specialists, were sighted in the files reviewed. Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical lead advised a comprehensive handover occurs between services.

Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The facility has a current building warrant of fitness which expires in March 2025. The facility has a physical environment that supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective communities with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the care home. Quiet spaces for residents and their whānau to utilise are available inside and outside in the gardens and courtyards. The dementia care unit has exit and entry points to the safe outdoor walking pathway and garden areas which provide seating and shade. The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are due for next calibration in May 2025. Test and tag of electrical equipment is due April 2025. Hot water temperatures were monitored weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance team who cover Monday to Friday. The service uses certified tradespeople where required. The environment is maintained at appropriate temperatures with central heating across the facility. Te Ata Whai (hospital wing) has 13 single rooms all with an ensuite. There is also a communal toilet close to the lounge. The hospital wing has two rooms with three beds (although there are generally only two residents in the rooms) and three rooms with two beds. There are six rooms with two beds in the dual-purpose wing; there are two rooms with two beds in the rest home wing; and one room in the dementia unit with two beds (only used by one resident). The secure dementia wing has seven beds, a kitchenette, a sluice plus a shower room and two toilets. The outdoor area is secure, safe, well maintained and appropriate to the resident group and setting. The outdoor area includes paths, seating and shade and raised gardens. There is easy access to the courtyard from the main lounges and hallway exit doors. There are decals to distract residents from exit doors. The dementia area has a quiet lounge and a whanau room available for residents and their family/whānau. Entry and exit into the dementia community is by use of a combination keypad. The layout

		provides secure environments for residents needing dementia care. There are sufficient numbers of communal toilets and bathrooms and a sluice. Communal, visitor and staff toilets are available and contained flowing soap and paper towels. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Shared facilities and toilets are of a suitable size to accommodate mobility equipment. Residents interviewed confirmed their privacy is assured when staff are undertaking personal care. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the resident group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in the large lounges of the communities. Residents' rooms are personalised according to the residents' preferences. All rooms have external windows to provide natural light and have appropriate ventilation and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. The service has no current plans to build or extend; however, should this occur in the future, the general manager advised that the service will liaise again with local iwi to ensure aspirations and Māori identity are included
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning (emergency planning manual) guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service February 2024. The fire drills are conducted every six-months, and these are added to the annual training programme. The staff orientation programme includes fire and security training. There are emergency flip charts posted in all areas. There are adequate fire exit doors, and there is a designated

		assemble point in the main car park area. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water (20 litres per person per day for seven days), candles, torches, continent products, and a gas BBQ to meet the requirements for the residents including rostered staff. There is a generator available. Emergency lighting is available and is regularly tested. The general manager, clinical lead, registered nurses, diversional therapist, and a number of healthcare assistants hold current first aid certificates. Staff interviewed confirmed their awareness of the emergency procedures. The service has a working call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Call bell audits were completed as per the audit schedule. Residents and whānau confirmed that staff respond to calls promptly. Appropriate security arrangements are in place. The entry and exit doors are locked and unlocked at set times sunrise. Whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols and sign into the visitors register. Visitors are asked not to visit if they are unwell.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.	FA	The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk, and incident reporting system. Infection control is part of the strategic and quality plans. Infection rates are presented and discussed at staff and management/governance meetings. The CEO attends the management / governance meetings where reports on progress

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.		towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) are discussed on a monthly basis including any significant infection events. The service has access to an infection prevention clinical nurse specialist from Health New Zealand.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	A registered nurse oversees infection control and prevention across the service, with support from the general manager. The job description outlines the responsibility of the role. The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the nurse practitioner, laboratory, and Health New Zealand infection control nurse specialist should this be required. The infection control programme is subject to annual review by the management team, and infection control audits are conducted. The infection control manual was developed by an external consultant, well known and respected in the industry, which outlines a comprehensive range of policies, standards and guidelines, including role definitions, responsibilities and oversight, training, and education of staff. Policies and procedures are approved by the governing body, reviewed annually by the management team and all policies are available to staff. The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There are sufficient quantities of PPE equipment available as required. There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service

		incorporates te reo information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan; however, the annual training has not been evidenced as being completed as scheduled (link 2.3.4). Staff were informed of any changes to policy, processes and pandemic responses by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Posters regarding good infection control practise were displayed in English, and te reo. There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the general manager. The management team and CEO would liaise with their iwi contacts should the design of any new building or significant change be proposed to the existing facility. There are hand sanitisers strategically placed around the facility. Residents, and staff are offered relevant vaccinations.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. 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	FA	The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff, management and governance meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.

to the needs, size, and scope of our services.		
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	PA Low	Infection surveillance is an integral part of the infection control programme and is described in Lonsdale infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Infection control surveillance is discussed at staff, management and governance meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator and general manager. Meeting minutes and graphs are available for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. There are outbreak policies and procedure in place that include clear communication pathways with responsibilities, documentation, notifications and debrief. There has been one Covid-19 outbreak (February 2024) and one scabies outbreak (November 2024). There was no documentation able to be located to evidence the service follow their outbreak procedures. Interview with staff confirmed that at the time of outbreaks staff wore personal protective equipment, and families were kept informed by phone or email. Visiting was not restricted.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Cleaning services are provided by dedicated staff seven days per week. Cleaning chemicals are kept in a

environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		locked cupboard when not in use. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have not all been evidenced as completing chemical safety training (link 2.3.4). A chemical provider monitors the effectiveness of chemicals. All laundry is managed onsite, with duties carried out by dedicated laundry staff. The laundry area has a defined dirty to clean workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system which is monitored by the infection control coordinator. There is appropriate sluice and sanitiser equipment available, and the staff interviewed were knowledgeable around systems and processes related to hygiene, infection prevention and control.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The board and the general manager has an ongoing commitment to minimise the use of restraint and aim for a restraint free environment. The restraint minimisation and safe practice policy is in accordance with this standard and specifies the directors are committed to a restraint-free environment. This is evidenced with a documented plan to reduce restraint and with six monthly restraint audits reported to the board with discussion of the need for each restraint and consideration of alternatives. At the time of the audit, there were 12 residents with bed rail restraint. The restraint policy is aimed towards restraint elimination and confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The general manager is the restraint coordinator and confirmed the service is committed to providing services to residents without use of restraint. The use of restraint is reported and discussed in the staff and management / governance meetings attended by the CEO. Reducing restraint and managing distressed behaviour and associated

		risks is included as part of the mandatory training plan and orientation programme.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	The restraint policy documents the requirements of safe restraint use and the type of restraints approved. The restraint register is current. The restraint assessments reviewed address alternatives to restraint use before restraint was initiated. Cultural considerations are included in the restraint assessments. Written consent was obtained by the residents' EPOAs following a comprehensive discussion. The use of the restraint and risk associated with restraint use and frequency for monitoring were stated in the resident's care plan. The care plan addresses the resident's cultural, physical, psychological, and psychosocial needs. Monitoring forms are completed as per the monitoring frequencies stated in the restraint policy. All episodes of restraint are reviewed in association with the resident and family/ EPOA. The restraint coordinator undertakes this role. Māori staff are also available as needed for cultural aspects of restraint and review. Any comments related to restraint use is recorded in progress notes. The service does not approve the use or implementation of emergency restraint practices, as documented in the restraint policy. Any accident or incident that occurred as a result of restraint use are monitored. Residents using restraints are reviewed three-monthly with the NP and family whanau. Restraint use is discussed in the staff meetings and at handover.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing	FA	The restraint programme is reviewed annually. Monthly reporting on restraint usage is included, as well as evaluation of the staff restraint education programme. The NP and family whanau meetings and staff meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried.

data and implementing improvement activities.		

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)
Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.	PA Low	There is a documented annual education and training schedule. The education and training schedule lists compulsory training which includes cultural awareness, dementia, de-escalation, and challenging behaviours; however, not all staff were evidenced as having completed the required training. Completed sighted training included that related to code of rights, de-escalating challenging behaviour and Nga Paerewa; however, the number of staff who completed these trainings were less than 30% of staff. Interview with the general manager did not provide evidence of ongoing monitoring of compliance by staff with the training schedules.	(i). There was no evidence of training related to abuse and neglect, cultural awareness, complaints, chemical safety, falls, infection control, health and safety / hazards, oral hygiene, restraints, skin care/ pressure injury/ wound management. (ii). There is no evidence of monitoring of compliance with training requirements for staff. (iii). For the training records sighted the number of staff who completed the training was less than 30% of staff expected to complete the required training.	(i)-(iii). Ensure that training systems and processes are implemented and compliance monitored. 90 days

		Competencies are completed by staff, which are linked to the education and training programme. All healthcare assistants are required to complete annual competencies for restraint, handwashing, cultural safety and moving and handling. These have been completed, and a record of completion is maintained.		
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Low	The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. Three of nine staff files (administrator, registered nurse and clinical lead) reviewed did not have completed orientations.	Three of nine staff files did not have evidence of orientation being completed.	Ensure that there is evidence that all staff have completed orientation for their roles. 90 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience;	PA Low	The registered nurses are responsible for the development of the resident care plans. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident long term care plans and include (but not limited to) high falls risk, weight loss, wandering, choking and pressure injury risks. The registered nurses interviewed understand their responsibility in relation to assessment and care planning. There are comprehensive policies in place related to assessment	(i). One rest home level resident has a very swollen toe following an incident. There is an incident form completed; however, there was no evidence of an RN follow-up (ii). There were no care plan interventions documented for a rest home level resident to manage the swollen toe. (iii). There were no interventions documented in a care plan for a rest home resident with an oozing wound, a lesion and a head injury.	(i)- (v). Ensure that RN follow up is documented for all issues raised and that care interventions and monitoring is reflective of residents current needs. 60 days

(d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		and care planning; however, not all resident files evidenced a documented RN follow up and/ or care planning to address all current needs.	(iv). Incident reports were completed for wounds and a head injury for a rest home resident; however, there was no evidence documented of an RN follow up. (v). One rest home resident on palliative care did not have care plan interventions documented around the palliative approach to care.	
Criterion 5.4.4 Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.	PA Low	There are outbreak policies and procedures in place that include clear communication pathways with responsibilities, documentation, notifications and debrief. There have been one Covid-19 outbreak (February 2024) and one scabies outbreak (November 2024). In November 2024 there were 19 residents affected by scabies. This saw all the affected	The service had a scabies outbreak that affected 19 residents between November and December 2024. There is no documented evidence to demonstrate that the outbreak management policy requirements were implemented including (but not limited to) outbreak logs, meetings, debrief with staff and appropriate notifications.	Ensure that outbreak management processes are consistently implemented and documented as per policy requirements.

		residents being treated by the prescribed lotion and oral medications to treat the infection. All staff received the lotion treatment at the same time as the residents. Review of infection control documentation does not evidence outbreak logs, meetings, debrief and essential notification being completed in relation to the outbreak. Interview with staff demonstrated awareness of outbreak processes as per policy. Review of the records indicate that all required processes were implemented for the Covid-19 outbreak that occurred in February 2024.		90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.