

Lyndale Care Limited - Lyndale Villa and Manor

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Lyndale Care Limited
Premises audited:	Lyndale Villa Lyndale Manor
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 12 March 2025 End date: 12 March 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:	45

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Lyndale Care Limited is privately owned and operated and comprises of two facilities - Lyndale Villa and Lyndale Manor. Together they are certified to provide residential care for up to 59 residents. Lyndale Villa can accommodate 36 residents at rest home level care. Lyndale Manor provides accommodation for 23 residents who require secure dementia level care. The facilities are managed by an experienced general manager who is a registered nurse. There have been no significant changes to the service and facilities since the previous audit. Residents and whānau were complimentary of the care provided.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand - Te Whatu Ora. The process included a pre-audit assessment of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, one of the owners of the service, management, and staff.

The corrective actions required from the previous (certification) audit related to aspects of governance, care planning, activities, nutrition, and infection control have been addressed. As a result of this audit, an improvement is required in the area of monitoring following a fall.

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.

Lyndale Care Limited provided an environment that supported residents' rights and culturally safe care at both Lyndale Villa and Lyndale Manor. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service works collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were processes in place to ensure residents who identified as Māori could be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori in the service confirmed culturally appropriate care was taking place.

There were residents who identified as Pasifika residing in the service on the day of audit. Processes were in place to enable Pacific people to be provided with services that recognised their worldviews and residents and whānau interviewed confirmed that the services being delivered were culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities (tāngata whaikaha). Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems are focused on improving service delivery and care and are supported at governance level. Residents and whānau provide regular feedback, and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. Staff are orientated to the service and performance is regularly reviewed. A systematic approach to identify and deliver ongoing competency and learning supports safe and equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines are safely managed and administered by staff who are competent to do so.

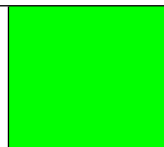
Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Twenty-four-hour activity plans support dementia level care residents.

The food service meets the nutritional and cultural needs of the residents. Both the summer and winter menus have been reviewed by a registered dietitian. Food is safely managed supported by an approved food control plan.

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

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

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

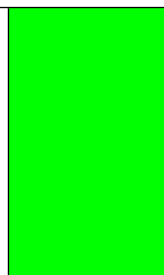


Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current Building Warrant of Fitness and planned maintenance programme ensure safety. Electrical and biomedical equipment are tested as required.

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

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



Subsections applicable to this service fully attained.

A documented infection prevention programme has been developed by those with infection prevention and control expertise. The programme has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually. The infection prevention and antimicrobial coordinator has had recent and appropriate infection control training.

Staff demonstrated good principles and practice around infection prevention and control supported by relevant education.

The 'surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

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.

Lyndale Care Limited is a restraint-free environment across both Lyndale Villa and Lyndale Manor. This is supported by the service's policies and procedures and the owners of the service. There were no residents observed to be using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future.

Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring; this is included in the service's orientation and education programme.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	1	0	0
Criteria	0	52	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Lyndale Care Limited (Lyndale Care) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents and their whānau, and staff interviewed. A Māori health plan has been developed with input from cultural advisors utilising either Te Whare Tapa Whā, Te Pae Mahutonga, or a Manaakitanga model of care, and these can be used for residents who identify as Māori (depending on preference). Residents and whānau interviewed reported that care was delivered in a culturally appropriate way, and they felt safe.</p> <p>Lyndale Care has access to local Māori communities and rongoā through a representative from the local marae.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	FA	<p>Lyndale Care has a Pacific health plan in place which describes how the organisation will respond to the cultural and spiritual needs of Pacific residents. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and has a culturally appropriate model of care (Yavu) to guide culturally safe services. The plan</p>

<p>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.</p>		<p>was written and designed in partnership with Pacific peoples. There were residents who identified as Pacific in the facility during the audit. Lyndale Care has access to local Pacific communities through a local church and through its staff.</p>
<p>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.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The January residents' meeting provided an opportunity for an advocacy officer from the Advocacy Service to re-introduce the residents to the Code of Rights and advocacy.</p> <p>The Code was displayed on the entry room walls to both Lyndale Manor and Lyndale Villa. The Code of Rights manual was reviewed in January 2024 and staff had received recent training on the Code and advocacy. The information pack available to residents on entry included the Code in other languages including Māori, Pacific languages and English.</p>
<p>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.</p>	<p>FA</p>	<p>Staff were provided with clear guidelines regarding professional boundaries and confidentiality at orientation and within the employee handbook.</p> <p>Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property was respected. Staff interviewed explained that there were clear procedures for the management of residents' property, including a comfort fund for residents who choose to have funds held to pay for personal affairs, podiatry and outings.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p> <p>All Lyndale residents had an Enduring Power of Attorney (EPOA) enacted for all dementia residents. All six resident records sighted had consents and an EPOA on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>Policies and procedures are in place to receive and resolve complaints that lead to improvements; these meet the requirements of consumer rights legislation. Residents and whānau are informed of the complaints process on admission, and information relating to the complaints process is displayed in the facility along with advocacy information. Residents and whānau understood their right to make a complaint and knew how to do so. The general manager (GM) advised there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or the use of te reo Māori, as applicable.</p> <p>Documentation sighted for two complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint.</p> <p>There have been two complaints received from external sources since the previous audit. One via Health New Zealand - Te Whatu Ora related to duty of care, which has been closed. Corrective actions identified by the facility in relation to the complaint have been implemented. The second came via the Office of the Health and Disability Commissioner (HDC) across a number of areas (including care and communication). The facility was required to engage with the complainant, who had the support of the HDC Advocacy</p>

		Service, and they have done this. The complaint has been verbally closed but the facility is yet to receive written confirmation of the closure.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Policies and procedures ensure compliance with legislative, contractual, and regulatory requirements. The owners of Lyndale Care assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi. They have both undertaken e-learning education on Te Tiriti o Waitangi, health equity and cultural safety provided by Manatū Hauora. There is a health plan in place to guide care for Māori, and this has been written with input from mana whenua. Lyndale Care has formal alliances with Māori to support meaningful input into organisational plans for Māori in the service through a representative from the local marae; this addresses a finding from the previous (certification) audit.</p> <p>Lyndale Care has a business plan in place that outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. Cultural safety is embedded in business and quality plans and in staff orientation and training. Ethnicity data is collected to support equity. The service's organisational philosophy and strategic plan reflect a person- and whānau-centred approach to service delivery.</p> <p>Clinical governance is appropriate to the size and complexity of the service provision. The GM at Lyndale is a registered nurse (RN) with significant aged-care experience. The GM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. The GM is supported by a RN based at Lyndale Manor (the secure dementia care service), and RNs based at Lyndale Villa. The service is currently recruiting a replacement clinical manager (CM) following the recent retirement of the service's CM.</p> <p>Governance and the senior leadership team commit to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from both Lyndale Villa and Lyndale Manor. Internal data collection (e.g., adverse events, infections, audits and complaints) is aggregated, and corrective actions (at facility and organisation level as applicable) carried out. Feedback is made to the clinical governance group and to the board.</p>

		<p>Ethnicity data is collected to support equitable service delivery. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, complaints, and infection prevention and control). Lyndale Care utilises the skills of staff and managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>The service holds contracts with Health New Zealand - Te Whatu Ora for age-related residential care (ARRC) rest home and secure dementia care services, for short-term (respite) care, and day care. On the first day of audit, 48 residents (including day care) were receiving services; 21 residents were receiving secure dementia care services at Lyndale Manor, 24 residents were receiving rest home services at Lyndale Villa, and three people were receiving day care services (one at Lyndale Manor and two at Lyndale Villa). No residents were receiving services on a respite contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The GM and one owner of the service interviewed described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The owners and GM at Lyndale Care are committed to quality and risk via the quality and risk management plan, and through policy. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, and clinical incidents including falls, pressure injuries, infections, and wounds. Quality and risk activities includes ethnicity information to allow for any inequality to be identified and addressed. Quality data is communicated and discussed, and this was confirmed by staff at interview.</p> <p>Internal audits are completed to the internal auditing schedule, corrective actions are developed and changes implemented to address any shortfalls; this addresses a finding from the previous (certification) audit with respect to</p>

		<p>sign off and reporting of internal audit outcomes.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy; however, a sample of 14 incidents forms reviewed in detail showed that, while adverse events forms were fully completed with action plans developed, post-fall monitoring was still not occurring (refer criterion 3.2.3). This was a finding at the previous (certification) audit that has not been addressed.</p> <p>The GM understood and had complied with essential notification reporting requirements. There have been two Section 31 notifications to HealthCert (Manatū Hauora) since the last audit, related to a resident injury and the retirement of the CM. The service is aware of reporting requirements to the Health Quality and Safety Commission (Te Tāhū Hauora) for all Severity Assessment Code (SAC) reporting SAC1 and SAC2 incidents, as well as pressure injury at stage 3 and above; no notifications have been made to Te Tāhū Hauora.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Review of four weeks of rosters showed that staffing was sufficient to meet residents' needs in both Lyndale Villa and Lyndale Manor. Lyndale Care adjusts staffing levels to meet the changing needs of residents; this was observed on the rosters sighted. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>The service is managed by the GM, supported by RNs. There is a first aid certified staff member on duty 24/7. Role descriptions are in place for all positions; these specify the requirements for the position and key performance indicators (KPIs) to assess performance.</p> <p>Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Heath New Zealand - Te Whatu Ora. Staff (13) regularly working in the secure dementia care area of the service have either completed dementia-related education (11) or have been enrolled in the</p>

		education programme (2) in a timely manner. On the rosters reviewed for Lyndale Manor, there were dementia care qualified staff rostered 24/7.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) safety portfolio. Ethnicity data is recorded and used in line with health information standards. Staff information is secure, and accessible only to those authorised to use it.</p> <p>A sample of seven staff records were reviewed. All evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Qualifications were validated prior to employment; thereafter, a register of annual practising certificates (APCs) is maintained for registered and enrolled health professionals.</p> <p>Orientation is comprehensive and covers the most essential components of the service (including safety competencies) and the education programme has been delivered. Staff performance is reviewed and discussed at regular intervals, as confirmed through documentation sighted and interviews with staff.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people</p>	PA Moderate	<p>At Lyndale Villa and Lyndale Manor the multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A comprehensive care plan is developed by the RNs following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required; this addresses a finding from the previous (certification) audit. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions were being recorded on residents' records with the exception of neurological observations</p>

<p>and whānau to support wellbeing.</p>		<p>following a fall, this was an area that was identified as requiring improvement during the previous (certification) audit and this has not yet been addressed (refer criterion 3.2.3).</p> <p>Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet and align with contractual requirements. Staff work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. This was verified by sampling six residents' records, three files from each facility, and from interviews of clinical staff, people receiving services, and whānau; this addresses a finding from the previous (certification) audit.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Cultural and lifestyle assessments were sighted in all files reviewed. All care plans reviewed were comprehensive and met the residents' assessed needs, including interRAI triggers. This included behaviour assessments, plans and triggers for residents in the dementia area.</p> <p>The NP was on leave at the time of audit and was unable to be interviewed. Review of the documentation confirmed both good communication from the RN or GM to alert the NP to any concerns and the NP's comprehensive response. The NP attended the facility weekly or as required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities,</p>	<p>FA</p>	<p>Meaningful activities were provided in the secure dementia unit Lyndale Manor. A fully qualified diversional therapist supports the activities programme across both Lyndale Manor and Lyndale Villa and there are two apprentice diversional therapists to assist them with the day-to-day activities specific to the dementia unit plus another activities staff member. Residents had twenty-four-hour activity plans in place. Residents were seen to be up active and engaged. Whānau interviewed had no concerns regarding activities. Evidence of residents' participation was displayed around the</p>

<p>planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>facility.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements, as confirmed in the sample of twelve records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly nurse practitioner (NP) or general practitioner (GP) review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication would be facilitated and managed safely. There were no residents currently self-administering medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys and resident meeting minutes. Feedback forms are encouraged to be completed at every meal service.</p> <p>Food, snacks and fluids are available 24/7 across both sites, including sandwiches, jelly, custards and slices, and extra meals are provided for residents who may be hungry. On hot days, there are always ice blocks in the freezer.</p> <p>Nutrition consultants reviewed both the summer and winter menus in February 2025, and these have been signed off by a registered dietitian; this</p>

		<p>addresses a finding from the previous (certification) audit.</p> <p>The service operates with an approved food safety plan and registration. All corrective actions have been signed off.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. The yellow envelope transfer system, which includes paper copies of relevant electronic records, is used to transfer residents to acute care or other facilities. Staff reported that they would always follow up with a courtesy call the next day. A recent change in process requires the RN to telephone the hospital emergency department prior to a resident transfer.</p> <p>Whānau reported being kept well informed during the transfer of their relative and they appreciated that staff facilitated resident's appointments if they were unavailable. Residents interviewed understood that communication with whānau during transfer was standard practice.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, culturally appropriate, and that they meet legislative requirements.</p> <p>Both Lyndale Villa and Lyndale Manor have a Building Warrant of Fitness in place, both of which expire on 30 June 2025. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p> <p>There had been no changes to the facility or the service's fire and emergency plan since the previous audit.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>A RN at Lyndale was the infection control officer (ICO) for the service. They were supported by other RNs across both facilities. The ICO was responsible</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>for overseeing and implementing the IP and AMS programmes, with reporting lines to the GM and the owners of the facility. The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were linked to the quality improvement programme, and this was reviewed and reported on annually. This was confirmed by the RN and through review of the programme documentation.</p> <p>The ICO completed continuing education in infection prevention and control (IPC) and antimicrobial surveillance (AMS) in May 2024; this addresses a finding from the previous (certification) audit.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Education was delivered through electronic learning modules and by the CM and RNs who have IP expertise. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Lyndale Care undertakes surveillance of infections appropriate to that recommended for long-term care facilities and these were in line with priorities defined in the infection control programme. The service uses standardised surveillance definitions to identify and classify infection events based on the type of infection under surveillance. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were collated by the GM, reported to the owners of the facility and shared with staff. Surveillance data included ethnicity data. Surveillance graphs were displayed in the staff room.</p> <p>Due to implementing all learnings from previous outbreaks, there have been no outbreaks since the last audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to</p>	FA	<p>Lyndale Care is committed to a restraint-free environment in all its facilities, and the services at both Lyndale Villa and Lyndale Manor are restraint-free and have never used restraint. The GM, who is a RN, monitors restraint across the organisation and was able to describe the focus on maintaining a restraint-free environment, and this was supported by the owners of the</p>

<p>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.</p>		<p>service. Restraint use is identified as part of the quality programme.</p> <p>There are strategies in place to support the elimination of restraint, including an investment in time and equipment to support the removal of restraint (e.g., use of 'intentional rounding' (scheduled resident checks), use of high/low beds, and sensor equipment). Documentation confirmed that restraint is discussed at governance level, and that aggregated information on restraint use is reported to the owners of the service (even though there has been no use). There were no residents observed to be using restraint on either site during the audit.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques, as part of the 2024 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency).</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	<p>PA</p> <p>Moderate</p>	<p>Early warning signs and risks that may adversely affect a person’s wellbeing were being recorded on the resident’s record, with a focus on prevention or escalation for appropriate interventions. The exception to this relates to post-fall monitoring. Eight incident forms related to falls were reviewed. The forms were fully completed, a post-fall assessment had taken place, and whānau had been informed of the event. However, following seven of eight falls, neurological observations had not been completed as per the service’s policy (in the final example reviewed, the resident was transferred to hospital before neurological observations could be completed).</p>	<p>Neurological observations had not been fully completed as per the service’s policy following a fall event.</p>	<p>Provide evidence that neurological observations have been fully completed as per the service’s policy following a fall event.</p> <p>90 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.