

# Lister Home Incorporated - Lister Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Lister Home Incorporated
<b>Premises audited:</b>	Lister Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 11 February 2025      End date: 12 February 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	51

# Executive summary of the audit

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## 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 haumaruru | 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

Lister Home and Hospital provides care for up to 63 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit, there were 51 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, general practitioner, and management.

The facility manager is experienced and is supported by the board of trustees, a clinical manager, and a team of experienced clinical and non-clinical staff. Interviews with residents, family/whānau and the general practitioner were all positive and complimented the management and staff for providing a resident centred service for the community.

The service has addressed 10 of the 12 shortfalls identified at the previous audit regarding implementation of the quality system, incident reports, staff orientation and annual appraisals, assessment and care plan timeframes, care plan interventions, aspects of food services, calibration of equipment, and documentation of outbreaks.

Ongoing shortfalls remain in relation to monitoring and medication management.

This surveillance audit identified no new shortfalls.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

There is a Māori health plan in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Lister Home and Hospital demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The business plan 2024-2025 includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations. A health and safety system is in place. Health and safety processes are embedded in practice.

Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated by the facility manager and clinical manager and shared with the board each month.

## 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 registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

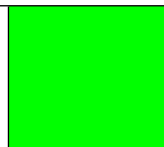
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and family/whānau.

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

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

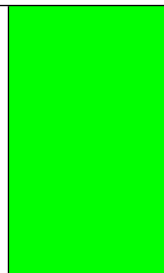


Subsections applicable to this service fully attained.

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

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

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



Subsections applicable to this service fully attained.

The infection prevention and control programme has been approved by the Board and is reviewed annually. Staff have completed infection control competencies and education.

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 collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. There have been no outbreaks since the previous audit.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The leadership team is committed to maintain a restraint-free environment. The facility had one long term resident using restraint at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

### 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	16	0	0	2	0	0
Criteria	0	48	0	0	2	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>A Māori health plan is in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents and staff who identify as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. Lister Home and Hospital has a relationship with the local marae and has links with Māori communities and groups through staff contacts.</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 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>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan that is in place and being implemented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There were no residents identifying as Pasifika at the time of the audit; however, Pacific staff members confirmed that the residents' family/whānau would be encouraged to be involved in all aspects of care. Lister Home and Hospital partners with Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager, unit coordinator or RNs discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Four residents (two hospital and two rest home) and three family/whānau (two hospital and one rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Lister Home and Hospital policies document guidelines to prevent institutional racism, discrimination, coercion, harassment, or any other exploitation. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>Professional boundaries are defined in job descriptions. Professional boundaries are covered as part of orientation. Interviews with facility manager and clinical manager and staff including five caregivers, two registered nurses (RNs), one kitchen manager, confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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</p>	<p>FA</p>	<p>The resident files reviewed included signed general informed consent forms. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. EPOA activation letters were on file where appropriate.</p>

<p>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.</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>The complaints management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been eight complaints made since the previous audit in January 2024. One complaint is an external complaint made to the HDC in July 2024, the facility has sent the response to this and is awaiting follow up. The other seven complaints have been logged and include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the RN/clinical, quality committee, health and safety and staff meetings (minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility and on request. Resident meetings are held regularly and create a platform where concerns can be raised. During interviews with family/whānau they confirmed the facility manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Lister Home and Hospital provides rest home and hospital level care for up to 63 residents. Sixty-one beds are dual purpose and two beds are funded by Health New Zealand. On the day of the audit there were 51 residents: (21 rest home level including one resident with a mental health contract and 28 hospital level residents including one resident with an accident compensation corporation (ACC) contract, two residents on a mental health contract, one resident on a respite care contract and one resident on a younger person with a disability (YPD) contract).</p> <p>Lister Home has a board consists of 10 volunteers. The chairman of the board and facility manager were knowledgeable around contractual and legislative requirements. The board meet monthly, there is a five-year strategic plan which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. The strategic plan outlined the scope, direction and operational objectives that support outcomes to reduce barriers to services and achieve equity for Māori. Clinical governance is provided by a member of the board (retired RN), the facility manager and clinical manager. The clinical manager provides a monthly report to the board in all key performance indicators.</p> <p>Lister Home and Hospital is managed by a facility manager who has been in the role for five years and has experience in aged care. The facility manager is supported by a clinical manager who has worked at Lister Home and Hospital since 2019, administrator and team of experienced care staff.</p> <p>The facility manager and clinical manager have completed more than eight hours of training related to managing an aged care facility</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-</p>	<p>FA</p>	<p>Lister Home and Hospital has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed, and benchmarked internally. Facility meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions been implemented and signed off. Meeting minutes (including resident meetings) reviewed show that meetings are held as per schedule. The</p>

<p>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>minutes evidence quality data is shared in the monthly RN/clinical, quality committee, health and safety and staff meetings. The previous shortfall (2.2.2) has been resolved. Internal audits are completed according to the annual schedule. Corrective actions are documented to address service improvements with evidence of progress and completion when achieved. Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control; complaints; compliments; staffing and education.</p> <p>The 2024 resident and family/whānau satisfaction survey has been completed and indicated that residents and family/whānau were satisfied with the level of service and care being provided. The results of this survey are being reported to the residents and family/whānau at the February residents' meetings. The shortfall (2.2.4) has been resolved.</p> <p>Internal and external risks are identified and plans are developed to respond to all risks. A health and safety system is being implemented. There are trained health and safety representatives. Hazard identification forms and an up-to-date hazard and risk register was sighted. Health and safety training starts at orientation and continues annually. Individual falls prevention strategies are in place for residents identified at risk of falls. Ten accident/incident forms reviewed indicated that the incident forms are completed in full and are signed off by an RN. Incident and accident data is collated monthly and analysed. Results are discussed in all of the facility meetings.</p> <p>Discussions with the facility manager and unit coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications submitted since the previous audit and three SAC reports completed and sent to the Health Safety and Quality Commissioner. There have been two outbreaks reported since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is</p>	<p>FA</p>	<p>The facility adjusts staffing levels to meet the changing needs of residents. The facility manager and clinical manager work fulltime from Monday to Friday. A review of the rosters evidence there is a RN on site 24/7. Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Residents interviewed confirmed their care requirements are</p>

<p>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>attended to in a timely manner. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers. Out of hours on-call cover is shared on a rotation between the clinical manager and unit coordinator.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. External training opportunities for care staff include training through Health New Zealand and hospice. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-six caregivers are employed, twenty of whom have achieved a level 4 qualification, nine have completed level three and two have completed level 2 NZQA qualification.</p> <p>The Lister Home and Hospital orientation programme ensure core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), cultural safety, and moving and handling. A record of completion is maintained on an electronic register. Additional RN specific competencies include syringe driver and interRAI assessment competency. Eleven RNs including the clinical manager and unit coordinator are employed with five of them being interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and</p>	<p>FA</p>	<p>Six staff files reviewed (one clinical manager, one RN, one kitchen hand and three caregivers) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation.</p> <p>The shortfall identified at the previous certification audit has been resolved as the staff files reviewed had completed orientation documents which reviewed evidence key components of the role are covered to ensure safe work practice. A register of practising certificates is maintained for all health professionals (e.g., RNs, pharmacy, physiotherapy). The previous shortfall regarding staff performance appraisals has been rectified with a schedule of performance appraisals in place which indicates all staff who have been employed for over one year, have had an annual appraisal completed.</p>

services.		
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed: three hospital resident files, and two rest home level residents including one resident on a YPD contract. The RNs are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. All but the YPD resident (not required) had an interRAI assessment. A full suite of assessments are contained in the electronic resident management system, which incorporate skin integrity, pressure injury risk, dietary requirements, communication needs, emotional, psychological, and behavioural support needs cultural, spiritual, and social assessments.</p> <p>All long-term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The previous shortfall (3.2.1) has been addressed. Long-term care plans are holistic and detail individualised needs, and preferences. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss and have either been resolved in a timely manner or added to the long term care plan. The previous shortfall (3.2.3) has been addressed.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The</p>

		<p>service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits weekly and as required. The GP's medical practice and the other local practice provide on-call for the facility out of hours. Medical documentation and records reviewed were current. The GP was complimentary of the clinical skills and communication from the RNs. A physiotherapist visits the facility fortnightly and on request, to review residents referred by the RNs. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care nurse, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility (sighted). There were five residents with wounds including one resident who was admitted with a stage two pressure injury. Wound care plans were in place with completed assessments and management plans; however, there were wounds where there was more than one wound recorded on the assessment and management plan. One wound was not reviewed a timely manner and at the specified intervals. Photographs were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>Progress notes are recorded and maintained in the integrated clinical records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, bowel records and repositioning records, and these have been maintained in accordance with care plan interventions. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The RNs and medication competent caregivers interviewed could describe their role regarding medication administration.</p> <p>The service currently uses an electronic medication management system and blister packed medication. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily. The six-monthly pharmacy check has been completed. The previous shortfall (3.4.1) has been partially met; however, controlled drug checks were not evidenced as being consistently completed weekly, this is an ongoing shortfall. The service has a corrective action plan in place for this. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for as required pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications at the time of the audit. The procedures and policy requirements were in place regarding assessing the residents competence, and safe storage of medication is implemented. No standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>Food preferences and cultural preferences are encompassed into the menu. Dietary profiles are current and the kitchen receives resident dietary profiles</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>at admission and is notified of any dietary changes for residents. The previous shortfall (3.5.1) has been addressed. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager interviewed reported they accommodate residents’ requests.</p> <p>All decanted food had expiry dates recorded on the container and there was evidence of stock rotation. The previous shortfall (3.5.6) has been addressed.</p> <p>There is a verified food control plan, expiring June 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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>Documented policies and procedures are in place to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Lister Home and Hospital and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people’s cultures and supports cultural practices. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home, and can personalise their room.</p> <p>The current building warrant of fitness expires 1 August 2025. The annual maintenance plan includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>water temperatures. All testing, tagging, calibration of equipment has been completed according to schedule. The previous shortfall (4.1.1) has been addressed.</p> <p>There is adequate space to move safely around with mobility equipment. Caregivers interviewed stated the space in the bedroom and ensuite bathroom is appropriate for all transfer equipment.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and are linked to the quality and business plan and was completed with the annual quality goal review in December 2023. Policies are available to staff. Staff demonstrated knowledge on the requirements of standard precautions.</p> <p>The orientation package includes specific training around hand hygiene and standard precautions. Annual infection prevention and control training is included in the mandatory in-services that are held for all staff. Staff have completed infection prevention and control related education in the last 12 months.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection prevention and control programme. The purpose and methodology are described in the infection prevention and control policy in use at the facility. The infection prevention and control officer uses the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for infections based on standard definitions, signs, symptoms, and reporting criteria. Infections are documented in an infection register. The data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. There is benchmarking of infection rates internally. Trends, benchmarking, along with actions and outcomes, are discussed at the clinical, quality, health and safety and staff meetings. Meeting minutes and graphs are displayed for staff. The service incorporates resident ethnicity data into surveillance. The clinical</p>

		<p>governance lead reports any significant events to the leadership team.</p> <p>Internal infection prevention and control audits are completed, with corrective actions for areas of improvement. The service receives email notifications and alerts from Health New Zealand and Public Health for any community concerns. Since the previous audit there has been one Covid – 19 and one gastroenteritis outbreak in September 2024, which was well managed, outbreak logs were maintained, meeting minutes evidenced a debrief, and the outbreak was notified appropriately. The previous shortfall (5.4.3) has been addressed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The board members and management are committed to providing services to residents without the use of restraint wherever possible. The restraint policy 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. The restraint coordinator interviewed described the focus on restraint minimisation/elimination. The restraint coordinator reported that when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, there was one resident utilising restraint, this has been a long-term process. Restraint elimination is included as part of the mandatory training plan and orientation programme. Staff are knowledgeable about the management of challenging behaviour and de-escalation strategies.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any</p>	<p>PA Moderate</p>	<p>Monitoring charts were utilised and maintained as per policy; however, not all wound documentation was completed according to policy. Photographs were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Monitoring is an ongoing shortfall</p>	<p>i) Four wounds (three hospital and one rest home) where wound care plans had more than one wound on the wound plan.</p> <p>ii) One wound care plan for a hospital level resident where the frequency of dressing is not consistently followed.</p>	<p>i). Ensure all wounds have individual wound assessments, management plan and evaluation documented.</p> <p>ii). Ensure the wound management plan is consistently followed.</p> <p>60 days</p>

changes are documented.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily; however, controlled drug checks were not consistently completed weekly, a corrective action plan is in place for this. This is an ongoing shortfall. The six-monthly pharmacy check has been completed.</p>	<p>Controlled drug checks were not consistently completed weekly.</p>	<p>Ensure controlled drug checks are consistently completed weekly.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.