

# Avonlea Charitable Trust - Avonlea Hospital and 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>	Avonlea Charitable Trust
<b>Premises audited:</b>	Avonlea Hospital and 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: 30 September 2025    End date: 1 October 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>	47

# 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 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

Avonlea Charitable Trust trading as Avonlea Rest Home and Hospital (hereafter referred to as Avonlea) provides rest home and hospital (medical and geriatric) levels of care for up to 50 residents. During the audit there were 47 residents.

This surveillance audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, and staff.

The manager is a registered nurse and has extensive experience in managing an aged care facility. They are supported by a clinical nurse leader who is also a registered nurse.

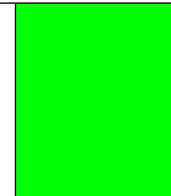
There are quality systems and processes implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed all of the previous shortfalls identified at the certification audit in relation to partnerships with Pacific; progress against quality outcomes; staffing; training including first aid; documentation of medical review; cleaning and laundry; and restraint. Continuous improvements identified during the last audit are maintained.

This surveillance audit identified one shortfall relating to hot water temperatures.

## 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.



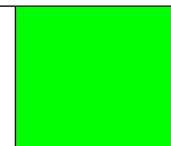
Subsections applicable to this service fully attained.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Avonlea provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. An informed consent policy is implemented, and residents understood their right to make informed choices. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality data around incidents, infections, wounds, and medication errors is reported to the Board monthly and to staff. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy documented. A role specific orientation programme and regular staff education and training are in place.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses and the general practitioner assess residents on admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care.

The organisation uses an electronic medicine management system for prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Medicines were safely stored and administered by staff who are competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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There is a current building warrant of fitness. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required. There is always a staff member with a current first aid certificate on duty.

## 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.
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The infection control programme has been developed with the assistance of an external consultant and approved by the Board. The infection control programme is linked to the quality system. Staff receive training during orientation and as part of the annual mandatory training schedule on infection control practice.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place, and the service has access to personal protective equipment supplies. There have been no outbreaks of infection since the last 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.
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There is a policy and procedures for restraint minimisation and safe practice. The facility has been restraint-free for approximately 12 months. Staff are trained in the least restrictive practice.

### 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	21	0	1	0	0	0
Criteria	0	56	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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 that recognises Te Tiriti o Waitangi as a founding document for New Zealand and supports mana motuhake for Māori. During the audit there were residents who identify as Māori. Staff have been trained in Te Tiriti o Waitangi, tikanga best practice and Te Whare Tapa Whā model of health, which is applied to all residents. There is signage throughout the facility in te reo Māori and some staff speak te reo Māori with residents. Interviews with the manager, registered nurse, four caregivers, chef, administrator, and quality officer included examples of providing culturally safe services in relation to their roles.</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</p>	FA	<p>A Pacific health plan is in place that aligns with the Ministry of Health Pacific Plan. During the audit there were no staff or residents who identify as Pasifika. Staff receive training in cultural safety and awareness as part of the in-service education schedule. Since the last audit, the organisation has established a link with a Pacific advisor through another Community Trusts in Care Aotearoa (CTCA) facility, to support future residents who identify as Pasifika. The shortfall identified at the previous audit is now fully attained.</p>

for improved health outcomes.		
<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>	FA	<p>Avonlea's policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Residents interviewed (one hospital and three rest home level) understood their rights and expressed the service upholds their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Avonlea has policies and procedures that express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code of Residents' Rights. Policies reflect acceptable and unacceptable behaviours. Staff last received training on elder abuse and prevention in September 2025.</p> <p>Professional boundaries are defined in job descriptions. Interviews with a registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions, and accountability management of residents' possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds.</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</p>	FA	<p>There is an informed consent policy in place. Five resident files reviewed included informed consent forms signed by either the resident or enduring power of attorney (EPOA). Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could</p>

<p>information that supports me to understand why.  Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.  As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>describe what informed consent was and their rights around choice.</p>
<p>Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.  Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.  As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a policy and procedures for complaints that are communicated to residents and family/whānau. The manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Since the last audit there have been six complaints. Review of complaints documentation shows all were acknowledged, investigated, and resolved to the satisfaction of the complainant. Complainants were informed of the outcome of the investigation. There have been no external complaints received since the last audit.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.  Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into</p>	<p>FA</p>	<p>Avonlea provides rest home and hospital (medical and geriatric) level of care for up to 50 residents. On the day of the audit there were 47 residents: 25 rest home level (including four respite, three of whom are funded by the Accident Compensation Corporation [ACC] and one on a long-term support chronic health conditions [LTS-CHC]); and 22 hospital level residents (including one young person with a disability [YPD]). Aside from the residents on respite, YPD, LTS-CHC and eight privately paying</p>

<p>organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>residents, all others were under the aged-related residential care contract (ARRC). There are 16 dual purpose beds and one shared room.</p> <p>The Trust Board is comprised of seven people who have held community level positions and were nominated and voted onto the Trust Board. The Board positions are voluntary and not remunerated. The Board includes a farmer, business owner, pharmacist, two accountants, a retired person, and a banking specialist. There are terms of reference for their roles. The Board work closely with the manager to discuss and review concerns, have oversight on health and safety issues, agree on strategic processes, monitor progress against projects, and ensure compliance with legislative, contractual, and regulatory requirements.</p> <p>The Board and manager assume accountability for delivering a high-quality service with the support of staff. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori and people with disabilities.</p> <p>The purpose, values, direction, scope, and goals for the organisation are defined. Organisational performance is monitored and reviewed at planned intervals. The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focussed on improving service delivery and care. Goals include improved efficiencies, workforce development and retention, service improvement (including reduction in falls and incidents overall), occupancy/sustainability, reputation, and public relations. The manager and quality officer report monthly to the Board.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau and staff input through feedback and meetings. All of this is discussed and reviewed from Board level down to facility level, with corrective actions being filtered through all committees at all levels.</p> <p>All members of the Board have completed training on Te Tiriti o Waitangi, cultural safety and understanding institutional bias and racism. Any new members are provided with links and resources to complete these requirements. The Board ensures the service is equitable for Māori by ensuring staff practice in a culturally safe manner, and by monitoring ethnicity data relating to infections and diabetes.</p>
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		<p>The manager is a registered nurse and has overall clinical responsibility. The clinical nurse leader has delegated clinical responsibility and manages the team of caregivers and registered nurses to ensure the provision of safe and appropriate clinical practice, care, and services. In addition, there is a pharmacist on the Board, and the organisation has close links with other CTCA facilities, where professional support and advice is sought.</p> <p>The previous continuous improvement for criterion 2.1.1 is maintained, with CTCA facilities working collectively to control costs and provide support and advice to each other.</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>A quality and risk management programme is in place that allows Avonlea to track their progress against the organisation's quality goals, as outlined in the business plan. Quality goals are documented and progress towards quality goals is reviewed regularly at staff meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors, and staff injuries. The service actively looks for opportunities to improve through quality initiatives and analysis of clinical indicator data.</p> <p>Meetings are held monthly for all staff, and these include health safety and quality (including infection control). There is an annual resident and family/whānau meeting and residents interviewed stated they could approach management at any time to raise concerns. Staff meetings include (but are not limited to): tabling the previous minutes; matters outstanding; incidents and accidents; clinical indicators as above; internal audit reports; human resources; education; compliments and complaints; policy updates; general business; and actions going forward.</p> <p>Internal audits, meetings, and collation of data are documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are communicated to staff in the meetings. The shortfall identified at the previous audit is now fully attained.</p> <p>There are procedures to guide staff in managing clinical and non-clinical</p>

		<p>emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The manager maintains oversight of the health and safety system and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported, collated, and categorised. Twelve incident forms were reviewed, and these evidence immediate action noted, and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>Discussion with the manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications to HealthCERT, and no notifications required to be sent to the Health Quality and Safety Commission. There have been no outbreaks of infection 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 culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The manager and clinical nurse leader work Monday to Friday. Since the last audit, the service has successfully recruited additional registered nurses and there is always a registered nurse on duty. Staff can call the manager after hours if needed. The shortfall identified at the</p>

<p>improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>previous audit is now fully attained. The maintenance person is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the management team provide good support.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by casual staff picking up extra shifts. Residents and family/whānau interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa. The shortfall identified at the previous audit is now fully attained. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior caregivers, activities staff, and the van driver have a current first aid certificate.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 21 caregivers in total, and all have achieved NZQA level three or above. Nine caregivers are overseas registered nurses.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments, including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels, and insulin competencies. At the time of the audit there were six registered nurses. Two have completed interRAI training. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing.</p>
<p>Subsection 2.4: Health care and support workers</p>	<p>FA</p>	<p>A register of current annual practicing certificates was sighted and</p>

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>included all registered nurses, the podiatrist, physiotherapist, and general practitioner.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role.</p> <p>Five staff files were reviewed, including an enrolled nurse, a cleaner, diversional therapist, caregiver, and registered nurse. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed: two rest home level, including one on respite and ACC funding; and three hospital level, including one YPD. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, and six-monthly multi-disciplinary reviews.</p> <p>The initial care plan is completed within 24 hours of admission. Ongoing interRAI assessments have been completed in the timeframes required, and all outcome scores were identified on the long-term care plans. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non-medical requirements. There are policies and procedures for use of short-term care plans, which are utilised for issues such as infections, weight loss, and wounds, and are signed off when resolved or moved to the long-term care plan. InterRAI re-assessments have been completed six-monthly and when changes occurred earlier, as indicated for long-term residents. Care plans are reviewed on a six-monthly basis, or when there are changes in the status of residents.</p> <p>The service contracts a general practitioner for fortnightly visits. After hours, the service relies on the local hospital for medical support. The general practitioner had seen and examined the residents within two to</p>

	<p>five working days of admission and completed three-monthly reviews. The shortfall identified at the previous audit is now fully attained. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner was not available to be interviewed during the audit.</p> <p>Resident files identify the integration of allied health professional input into care, and a team approach is evident. A physiotherapist visits weekly. A podiatrist visits regularly. Due to their rural location, Avonlea does not always have access to other health professionals. The continuous improvement identified in the previous report is maintained with registered nurses competent in phlebotomy and complex wound management.</p> <p>Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. This was observed on the day of audit and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers, and the registered nurses document when there is an incident or changes in health status.</p> <p>The residents and family/whānau interviewed reported their needs and expectations are being met. When a resident's condition changes, the staff alert the registered nurses, who then assesses the resident and initiates a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the resident files.</p> <p>There were a total of six wounds, including skin tears, an ulcer, and a necrotic toe. There were no pressure injuries. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs were reviewed. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p>
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		<p>Monitoring charts including vital signs, bowel charts and weight charts are available for staff to use. Neurological observations have routinely and comprehensively been completed for unwitnessed falls, or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room, and a controlled medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported on incident forms and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are residents who self-administer inhaled medication. There is a process for assessing the competency for residents who wish to self-administer their medications and a policy for the safe storage of medications. Standing orders have been approved by the general</p>

		practitioner and there are clear guidelines as to the indications for use and dosages.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The food control plan is current.</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>Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents, otherwise staff transport residents to appointments.</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>	PA Low	<p>The building has a current warrant of fitness. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the courtyard. Residents are encouraged to</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>personalise their bedrooms with personal, cultural, and spiritual belongings, as viewed on the day of audit.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, and calibration and testing of clinical equipment annually. Hot water temperatures have been tested and recorded in resident rooms, laundry, and kitchen monthly. Hot water temperatures in two wings exceeded the required temperature on several occasions over the last year.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A review of staff files and the rosters show all registered nurses and senior caregivers have current first aid certificates. There is a staff member on duty 24/7 with a current first aid certificate. Criterion 4.2.4 is now fully attained.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team in consultation with an external consultant and approved by the Board. Policies are available to staff. The infection control programme is linked to the quality system and reviewed annually. Monthly reports to the Board include infection rates, types, and use of antimicrobials.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There is ongoing training and education around Covid-19 and outbreaks of infection, and staff are informed of any changes by noticeboards and handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily</p>

		cares.
<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>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually.</p> <p>Infection control surveillance is discussed at staff meetings and reported to the Board monthly. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the clinical nurse leader and quality officer. Meeting minutes are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>Since the last audit there have been no outbreaks of infection. There is a policy and procedures for the management of outbreaks of infection, and sufficient stocks of personal protective equipment and supplies to manage any outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>The cleaning cupboard and laundry have been refurbished since the last audit, and the shortfalls identified to the cleaning cupboard and laundry have been addressed. There is one sluice room with a sanitiser and stainless-steel bench, and separate handwashing facilities. Staff implement the cleaning and laundry procedures. Staff have received training in chemical safety. The cleaning trolley is locked in the cleaning cupboard when not in use. Laundry and cleaning processes are monitored for effectiveness through internal audit, and resident and family/whānau feedback.</p> <p>Laundering of bed linen, bath and hand towels and flannels is contracted out. Personnel clothing, blankets, and kitchen towels are laundered on site. There are dedicated laundry staff on duty Monday to Friday and over the weekends, caregivers launder residents' personal clothing. There is</p>

		clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards are well stocked, and linen was sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are new.
<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>	FA	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governance Board, management, and staff. The organisation has been restraint free over the last 12 months.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>There is now no use of restraint. Shortfalls identified at the previous audit to monitoring of restraint and evaluation of the use of restraint have been addressed. The policy and procedures for restraint minimisation describe the requirements for monitoring residents' cultural, psychological, and psychosocial needs, including wairuatanga should restraint be used in the future. The policy and procedures detail the requirements for evaluation in accordance with Ngā Paerewa. Staff are aware of the need to monitor and evaluate any use of restraint in the future if used.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment</p>	FA	<p>Review of staff meeting minutes and reports to the Board show restraint use has been reviewed overall, and a decision to not use restraint has been made. The shortfall identified at the previous audit has been addressed.</p>

<p>to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>Testing of hot water temperatures is part of the planned maintenance schedule. While testing occurs at scheduled intervals, it was noted that temperatures were higher than 45 degrees Celsius on some days. A review of hot water temperatures evidence that in D and G wing, hot water temperatures frequently exceeded 45 degrees Celsius. The plumber was on site on the last day of the audit to rectify this. Monitoring to ensure that the temperatures of hot water are consistently at or below 45 degrees Celsius should continue.</p>	<p>A review of hot water temperatures showed that these frequently exceeded 45 degrees Celsius in two wings.</p>	<p>Ensure hot water temperatures in resident areas is maintained at or below 45 degrees Celsius.</p> <p>180 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.