

# Avon Lifecare Limited - Avon Life Care

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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>	Avon Lifecare Limited
<b>Premises audited:</b>	Avon Life Care
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 12 November 2025    End date: 13 November 2025

**Proposed changes to current services (if any):** The facility notified of a reconfiguration of beds (2 April 2025) that resulted in an outside unit to be used as rest home level of care for a specific resident. This has resulted in a temporary increase in bed numbers from 107 to 108. HealthCERT expect that the continuing use of this unit for rest home level of care; following discharge of the specific resident the arrangement will require further communication with HealthCERT.

**Total beds occupied across all premises included in the audit on the first day of the audit: 85**

# 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

Avon Life Care is certified to provide hospital (medical and geriatric), rest home and dementia level of care for up to 108 residents. At the time of the audit there were 85 residents.

This surveillance audit was conducted against the 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, staff, and the general practitioner.

The facility manager is appropriately qualified and experienced in healthcare management. The facility manager is supported by a clinical nurse manager, operations manager and general manager/owner.

There are quality systems and processes being implemented. Feedback from residents and families/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 had no previous certification audit findings to address.

This surveillance audit identified no 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.

Avon Life Care 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 in place. 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 operations plan includes a mission statement and measurable goals. The service has effective quality and risk management systems in place that take a risk-based approach. These systems meet the needs of residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data are 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.

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 reviewed document 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 are 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 coordinated and 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.

Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Electrical equipment is verified for safety. Clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

## 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 control programme has been developed with the assistance of an external consultant and approved by the general manager. 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. There have been two outbreaks of infection since the last audit. Both were appropriately reported and managed well.

## 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 general manager is committed to maintaining a restraint-free environment. There are policies and procedures for restraint minimisation and safe practice. The restraint coordinator is the clinical nurse manager. The facility had no residents using restraints at the time of audit. Elimination of restraint use is included as part of the mandatory training plan.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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 acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were residents who identified as Māori at the facility. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. The importance of the Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents, and included in staff training.</p> <p>Twelve staff members interviewed (two-unit coordinators, nine healthcare assistants (HCA) and one head chef) and four managers (the general manager, facility manager, clinical nurse manager and operations manager) confirmed that they have completed cultural safety training and can discuss applying the principles of Te Tiriti o Waitangi into the support they provide. The facility manager reported support regarding Māori cultural requirements can be sought through the Māori health plan and staff who identify as Māori. There are currently staff employed who identify as Māori. Four rest home residents and two relatives from the dementia unit confirmed that care and support is culturally appropriate.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	The organisation recognises the uniqueness of Pacific cultures and the

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. At the time of the audit there were residents and staff who identified as Pasifika. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, by embracing their worldviews, cultural, and spiritual beliefs. Staff interviewed demonstrated an understanding of Pacific culture, its relevance to their policies and were knowledgeable about how to access community support for Pacific individuals.</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>	FA	<p>Avon Life Care policies and procedures are being implemented and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received education in relation to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services. The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents 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</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination,</p>

<p>safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>harassment and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. Staff training records evidence training in consumer rights, abuse, and neglect.</p> <p>Staff are police vetted before employment. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. Staff members interviewed 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 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. 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>	FA	<p>There is a policy and guidelines in place for informed consent. Review of six resident files evidenced consent forms have been signed by either the resident, if competent, or their enduring power of attorney (EPOA). Resident files also included consent for vaccinations where indicated. Where EPOAs are activated, an activation letter is in place. The sample of residents in the dementia unit had activation letters on file and a Needs Assessment and Service Coordination service (NASC) approval for secure dementia care.</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</p>	FA	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Discussions with residents and family/whānau confirmed they are provided with information on complaints. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The Code of Health and Disability Services Consumers' Rights is</p>

<p>escalate complaints in a manner that leads to quality improvement.</p>		<p>visible and available in te reo Māori, and English.</p> <p>Resident and family/whānau meetings are held quarterly and identify feedback from residents and consequent follow up by the service. The service maintains a record of all complaints, both verbal and written, by using a complaints' register. The complaints process is linked to advocacy services. There have been no complaints made since the last audit in November 2023. The complaints process is equitable for Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>Avon Life Care is certified to provide rest home, hospital and dementia levels of care for up to 108 residents. There were no hospital level residents. At the time of the audit, there were 108 beds in total; 20 beds in the dementia unit, and 75 dual purpose beds being used for rest home level care. There are 13 double rooms suitable for residents sharing; all the double rooms had single occupancy at the time of the audit. There were 85 residents in total: 19 residents assessed at dementia level care in the dementia unit, and 66 residents at rest home level, including four on long-term support chronic health conditions (LTS-CHC) contracts, one on close in age and need, and one under mental health funding.</p> <p>The facility notified of a reconfiguration of beds (2 April 2025) that resulted in an outside unit to be used as rest home level of care for a specific resident. This has resulted in a temporary increase in bed numbers from 107 to 108. HealthCERT expect that the continuing use of this unit for rest home level of care, following discharge of the specific resident of the arrangement, will require further communication with HealthCERT.</p> <p>The Avon Life Care business operations plan for 2025-2027 has a vision, mission, philosophy and measurable goals. The facility manager reports at regular intervals to the general manager. Reporting includes health and safety; staffing; infection; ethnicity data; quality trend and analysis; and restraint minimisation. The statement of performance describes annual goals and objectives and provides a leadership commitment to support outcomes to achieve equity for Māori, and to identify and address barriers for Māori for equitable service delivery. The statement of performance aligns with the Ministry of Health strategies. A Māori cultural advisor assists</p>

		<p>the general manager and facility to offer expert support in te reo Māori and tikanga Māori. The general manager, facility manager and management team have completed Mauri Ora training to ensure cultural competency.</p> <p>The facility is owned by the general manager, who also has two other aged care facilities (Kauri Lodge and Victoria Care) located in Christchurch, who is knowledgeable around legislative and contractual requirements. The facility manager is a registered nurse (RN), who has many years of management experience in the aged care sector. The facility manager is supported by an experienced clinical nurse manager and operations manager. The management team are supported by three-unit coordinators, RNs and care staff. The service has a Māori cultural advisor who provides support and guidance for any Māori residents and staff. After imbedding initiatives provided by Māori staff members, the service has implemented the use of te reo Māori and tikanga Māori into everyday practice. The facility manager and clinical nurse manager provide clinical oversight.</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>Avon Life Care has a robust quality and risk management programme. Annual quality improvement goals are documented and include plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators. Quality management systems are linked to internal audits; incident and accident reporting; health and safety reporting; infection control data collection; and complaints management. The facility manager oversees the quality for all three facilities. Data is collected for a comprehensive range of adverse event data (eg, skin tears, falls, pressure injuries, challenging behaviour, infections, and medication errors) and is collated, analysed, and benchmarked against industry standards by an external provider.</p> <p>Comprehensive reports are provided by the external provider quarterly. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the facility manager. The resident and family/whānau satisfaction surveys were completed in July 2025 and both showed overall satisfaction with the service delivery. Corrective actions were completed around laundry services and food services (resident survey), and laundry services (family/whānau survey). Monthly combined quality, health and safety and infection control meetings document review and discussion around all</p>

		<p>areas, including hazards; service improvement plans; emergency processes; complaints; incidents and accident; internal audits; and infections.</p> <p>Three-monthly general staff and family/whānau meetings also ensure good communication. There is a health and safety system in place that complies with current legislation. Staff are inducted into health and safety during orientation and receive ongoing training. Staff incidents, accidents and near misses are reported and followed up by the facility manager. Where needed, staff are supported for a safe return to work. The hazard register is reviewed at least annually. Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally and with an external consultant.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Section 31 notifications completed since the last audit. There have been two Severity Assessment Code reports (SAC) to the Health Quality and Safety Commission (HQSC) completed since the previous audit. 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 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>	FA	<p>There is a staffing policy that describes rostering requirements. The roster reviewed provides sufficient coverage for the delivery of care. The facility manager and clinical nurse manager both work full time from Monday to Friday. The service is certified to provide hospital level of care. Although there were no hospital level residents at the time of the audit, there is sufficient RN 24/7 cover available if any hospital level of care resident is admitted. The facility manager, clinical nurse manager, unit coordinators, RNs and activity coordinator hold current first aid certificates. There is always a first aid trained staff member on duty 24/7. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the HCA interviews. Staff and residents are informed when there are changes to</p>

		<p>staffing levels.</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. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment, cultural safety, and moving and handling. Registered nurses complete training on interRAI and relevant topics for the resident cohort. All of the six RNs are trained in interRAI. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 32 HCAs, 28 have achieved a level 3 NZQA qualification or higher. There are eight HCAs who work in the dementia unit. Two HCAs have completed their dementia unit standards, five HCAs are in progress of completing their dementia unit standards, and one new staff member who started recently is yet to enrol. All of those six HCAs started employment in 2025.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>A register of practising certificates is maintained for all health professionals, including RNs, general practitioner, podiatrist, physiotherapist, and pharmacists. Five staff files were reviewed, including one clinical nurse manager, three HCAs, and one head chef. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports the RNs, HCAs and activities staff to provide a culturally safe environment for Māori. All staff who have been employed for over one year have an annual appraisal completed.</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>	FA	<p>Six files were reviewed: four rest home residents (including one on an LTS-CHC contract; one on close in age and need, and one under mental health funding) and two in the dementia unit. There were no residents at hospital level at the time of the audit.</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Initial assessments and care plans are developed with the resident's or Enduring Power of Attorney (EPOA) consent, and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include: (but not limited to) nutrition; pain; transfer and mobility; skin; continence; pressure injury risk; cultural; behaviour; social history; and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC), or other referral agencies.</p> <p>Initial interRAI assessments have been completed within three weeks of admission (for all resident files reviewed). Specific assessments including those related to nutrition; pain; transfer and mobility; skin; continence; pressure injury risk; and social history informed the care plan.</p> <p>The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Care plans in the dementia care unit include a behaviour plan detailing behaviour exhibit, any triggers, and individual diversional strategies across the 24-hour period. Behaviour monitoring charts are established as a short-term strategy to identify triggers that threaten the resident's wellbeing.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident, and provide guidance to staff around identified medical and non-medical needs. Documented interventions and early warning signs meet the residents' assessed needs. Short-term care plans are used for issues such as infections, weight loss, and wounds, with sign off when resolved or moved to the long-term care plan.</p> <p>Interview with the clinical manager and unit coordinators (registered nurses) confirmed that a Māori health care plan is completed for any residents who identified as Māori, to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit. Residents are supported to define their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted general practitioners (GPs) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. The</p>
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	<p>service has a contract with two general practitioners who visit the facility and provide on-call cover after hours. The general practitioners have access to the resident records, including the medication system. The general practitioner interviewed stated that there was good communication with the service and the registered nurses demonstrated good assessment skills, and that they were informed of concerns in a timely manner. A contracted physiotherapist visits the facility as required, and reviews residents referred by the registered nurse. There is evidence of a multidisciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, continence specialist nurse, older persons mental health team, community mental health nurses, and gerontology nurse specialist available as required through Health New Zealand.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner reviews, medication changes, and any changes to health status.</p> <p>There was evidence of sufficient wound care products available. There were no active wounds being treated at the time of the audit. The review of two historic wounds in the wound care plans evidenced wounds were assessed in a timely manner, and reviewed at appropriate intervals. Wounds were dressed as scheduled, with clear documentation that included assessments, photographs, management plans, and evaluations, evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans. Staff could confirm pressure relieving measures and stated adequate equipment is available.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Healthcare assistant interviews confirmed they are familiar with the needs of all residents, and that they have access to the supplies and products they require to meet those needs.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Registered nurses and healthcare assistants</p>
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		<p>document in the progress notes.</p> <p>When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk, and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurses have added to the progress notes when there was an incident, and changes in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; intentional rounding; and blood glucose levels. Monitoring charts have been completed as scheduled. Neurological observations have routinely been completed for unwitnessed falls, or those where head injury was suspected, as part of post falls management. Analgesia was documented to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. 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. Evaluations are documented by the registered nurses.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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 blister packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. There are three medication rooms. Medicines were seen to be stored in a locked trolley and locked medication room. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range.</p>

		<p>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 healthcare assistants who are required to pass an annual competency test, and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done. Pro re nata (prn) medication is prescribed with indications of use, and effectiveness is documented following administration.</p> <p>Twelve medication charts were reviewed. All charts reviewed have a resident photo for identification. 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 three residents who self-administer their medications; 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. Processes have been implemented as required. There are no standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>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. The chef interviewed confirmed they cater for cultural preferences. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>There is a current food control plan.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</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</p>

<p>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>		<p>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.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The service has a current warrant of fitness for both buildings. The physical environment is fit for purpose and support people's cultures and cultural practices. One room was in the process of refurbishment and was blocked off for noise and dust control.</p> <p>One outside unit has been verified as suitable for the specific resident's needs. The room is spacious with a separate kitchenette, lounge, bedroom and ensuite toilet /shower. The unit is fitted with a functional call bell. The access to the unit provides for safe entry and access, and is a short distance (approximately 20 metres) from the nurse's station and main reception.</p> <p>The planned maintenance schedule includes electrical checking for performance and compliance of office equipment, residents' equipment/appliances, and clinical equipment. Hot water temperatures have been tested and within the required parameters.</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>FA</p>	<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 general manager. Policies are available to staff. The infection control programme is linked to the quality system and reviewed annually. Monthly reports are presented to the combined quality meeting, include infection rates, types and use of antimicrobials. The</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>general manager (owner) attends the combined quality meetings.</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 staff are informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares.</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>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 combined quality and staff meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator and clinical nurse manager, and benchmarking is built into the electronic resident management system. Meeting minutes and graphs 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 has been two outbreaks (one related to gastroenteritis and one related to a respiratory outbreak). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, relatives and staff. Staff confirmed they wore personal protective equipment, cohorting of residents occurred to minimise risks, and family/whānau were kept informed by phone or email.</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</p>	<p>FA</p>	<p>The restraint minimisation and safe practice policy is in accordance with this standard and specifies the general manager's commitment to a restraint-free environment. At the time of the audit there were no residents</p>

<p>free from restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>using any restraints. The clinical nurse manager is the restraint coordinator, and there is a job description which defines the responsibilities of the role in place. Restraint related training, which includes policies and procedures related to restraint, cultural awareness, management of challenging behaviours and de-escalation techniques is completed as part of the mandatory training plan and new staff orientation.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## 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.

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End of the report.