

The Whalan Lodge Trust - Whalan Lodge

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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	The Whalan Lodge Trust	
Premises audited:	Whalan Lodge	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 20 October 2022	End date: 20 October 2022
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	12	

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou 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

Whalan Lodge is certified to provide rest home level of care for up to 14 residents. There were 12 residents on the days of audit. This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora- Health New Zealand Southern.

The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The nurse manager is appropriately qualified and experienced and is supported by an assistant manager. There are quality systems and processes being implemented. Feedback from residents and families was very 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 the one previous audit shortfall related to signing for controlled drugs.

This audit identified a further improvement required around medication processes.

Ō tatou 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 are fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori health plan is in place for the organisation and a Pacific health plan is being developed. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service are 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 improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurse/nurse manager is responsible for each stage of service provision. The care plans reviewed evidence assessment, planning and review of residents' needs, outcomes, and goals with the resident and/or family input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

An activities programme is implemented that meets the needs of the residents.

Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked on site.

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

Includes 2 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 are fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. There is an approved evacuation scheme and emergency supplies for at least three days.

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

Includes 5 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 are fully attained.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There has been one outbreak (Covid-19) since the previous audit.

Here taratahi | Restraint and seclusion

Includes 4 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 are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. On the day of audit, the service had no residents using restraint.

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	19	0	0	1	0	0
Criteria	0	51	0	0	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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.</p> <p>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>The nurse manager confirmed that the service supports the employment of a Māori workforce should they apply for positions at Whalan Lodge. The recruitment policy confirms that the service supports a diverse workforce. There were no staff identifying as Māori on the day of the audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa (HDSS.2021:1.2)</p> <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</p>	Not Applicable	<p>The service plans to partner with a Pasifika organisation or leader to provide guidance and consultation with the development and implementation of the Pacific health plan. At the time of the audit, there were staff who identified as Pasifika at Whalan Lodge.</p>

<p>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>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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service ensures that Māori mana motuhake is recognised by supporting and encouraging residents to be as independent as possible and encourages residents to have input to care planning and decision making, as evidenced in policies and in residents' care plans.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Whalan Lodge is focused on meeting the needs of the residents. Residents have control over and choice over activities they participate in. Residents interviewed confirmed that they enjoy and appreciate their independence. On interview, the nurse manager advised they are planning to promote the use of te reo through staff education and signage. Work is underway to actively promote te reo Māori. The staff noticeboards contain information on Māori tikanga practice. Interviews with two caregivers, the cook, and the lodge support, confirmed their understanding of tikanga best practice, with examples provided. This training is also included in the caregiver orientation programme and is supported by a competency questionnaire.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</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</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 employee handbook and position descriptions. The staff wellness and healthy workplace culture policy addresses the elimination of discrimination,</p>

<p>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.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, as evidenced in care plans and policy. At the time of the audit, there were no residents who identified as Māori. There is a Māori health plan documented for use for future Māori residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The service follows the appropriate best practice tikanga guidelines in relation to consent. Staff interviewed had a good knowledge and understanding of informed consent. Staff receive orientation and training on informed consent as part of the annual in-service training programme. Review of five resident files evidenced whānau input around consent and decision making (where appropriate).</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The nurse manager maintains a record of all complaints, both verbal and written on a complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There has been one complaint in 2022 year to date, and no complaints lodged in 2021 since the previous certification audit. There have been no complaints received from external agencies since the previous audit.</p>

		<p>Discussions with four residents and two relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, and there is an independent resident advocate available.</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>Whalan Lodge is governed by a Community Trust Board, which includes eight Board members. Whalan Lodge provides rest home level care for up to 14 residents. On the day of the audit, there were 12 residents, and all were under the aged related residential care (ARRC) contract.</p> <p>The Whalan Lodge nurse manager has been in the position since November 2021. She has a background as a registered nurse in aged care and community nursing. The nurse manager reports to the governing Board monthly on a variety of topics relating to quality and risk management. The nurse manager is supported by an assistant manager who has been in a caregiving role at Whalan Lodge for four years. They are supported by caregivers, lodge support staff, a casual RN, and a cook. The Trust Board and volunteer members of the community provide ongoing support. The management report is sent to all members of the board prior to the monthly board meeting. The trust board consists of a dedicated team of community members who actively support the nurse manager</p> <p>The service has a 2020 to 2022 business plan, which includes a mission statement, business objectives and a strengths, opportunities, weakness, and threats risk analysis. The services philosophy and strategic plan reflect a resident/family-centred approach to all services. The business plan outlines objectives for the period which are monitored and discussed at Board meetings. The nurse manager was able to describe the company's quality goals and risk management plan.</p> <p>The nurse manager has completed eight hours of professional development including health and safety and privacy officer training related to managing a rest home. This includes online cultural competency training, specific to Te Whare Tapa Whā and te ao</p>

		<p>Māori.</p> <p>During interview, a member of the Board confirmed they were planning to meet with a member of the community with Māori whakapapa, who will be able to provide advice to assist with improving outcomes and achieving equity for Māori. Tāngata whaikaha provide feedback through resident meetings and annual satisfaction surveys. Corrective actions are addressed by the service and governance body where required. Board members are planning to attend training around Te Tiriti o Waitangi and cultural safety.</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>Whalan Lodge has an established quality and risk management programme provided by an external consultant who is well-known and respected within the industry. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, analysed, and presented for discussion in staff meetings.</p> <p>Staff meetings also provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved.</p> <p>Resident/family satisfaction surveys are completed annually. The surveys completed consistently reflect high levels of resident/family satisfaction which was also confirmed during interviews with residents and families. The service actively looks to improve health equity through critical analysis of organisational practices.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for future Māori residents.</p> <p>A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard. A</p>

		<p>document control system is in place.</p> <p>Each incident/accident is documented electronically. Nine accident/incident forms reviewed for June, July, August, September, and October 2022 (witnessed and unwitnessed falls, skin tears and a medication error) indicated that the forms are completed in full and are signed off by the nurse manager. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. There is a policy and procedure for recording neurological observations which is closely followed.</p> <p>Discussions with the nurse manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. A section 31 report had been completed to notify HealthCERT around a fire. There had been one outbreak documented since the last audit: (Covid in June 2022). This was appropriately notified, managed and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The nurse manager, registered nurse, all caregivers, and activities staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers and casual staff. Out of hours on-call cover is provided by the nurse manager and assistant manager, supported by the local medical centre's PRIME nurse role in weekends. The casual registered nurse performs the nurse manager's role in their absence, with the support of the assistant manager.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The service is also well supported by community volunteers and Board members. Interviews with caregivers, relatives and residents</p>

	<p>confirmed that staffing is adequate to meet the needs of residents.</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. Cultural awareness training took place in January 2022, including the provision of safe cultural care, Māori worldview and the Treaty of Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include palliative training days at the hospice and courses provided by Te Whatu Ora -Southern.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Six permanent caregivers and two casual caregivers are employed. Two caregivers have achieved a level 4 NZQA qualification and four have level 2. Three caregivers are currently enrolled in level three qualifications.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment, medication administration (if medication competent) and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include syringe driver and an interRAI assessment competency. Two RNs (including the nurse manager) are interRAI trained. All care staff are encouraged to also attend external training, webinars and zoom training where available. All staff attend relevant combined staff/quality meetings when possible.</p> <p>Resident/family meetings are held monthly and provide opportunities to discuss results from satisfaction surveys, corrective actions being implemented, in addition to private discussions regarding resident care. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace, including: manual handling; handwashing; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; and</p>
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		personal protective equipment training.
<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>Five staff files were selected for review. Recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and orientation programmes.</p> <p>Completed orientations were on file for staff who had been employed for over three months. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme includes information on providing a culturally safe environment for Māori.</p> <p>A register of practising certificates is maintained for all health professionals. A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. An orientation programme for volunteers is in place.</p> <p>Accurate and relevant information held about staff is kept secure and confidential. Employee ethnicity data is identified on commencement of employment and stored securely in the electronic system.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>The nurse manager follows the admission policy/decline to entry policy and procedure guide for admission and declining processes including required documentation. The registered nurse/nurse manager keep records of how many prospective residents and families have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were no residents or staff members identifying as Māori. The service currently engages with the local</p>

<p>Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>marae and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau.</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 rest home level care resident files were reviewed. The registered nurse/nurse manager is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family contact forms. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service completes a nursing assessment and an initial support plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments, long-term care plans, reassessments and care plan evaluations were all completed within expected timeframes. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans were well utilised for infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and a regular GP provides weekly visits. The GP service also provides out of hours cover. The GP records their medical notes in the integrated resident file. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available as required and a podiatrist visit regularly. Other specialist services are available by referral. A dietitian and the wound care specialist nurse are available as required through Te Whatu Ora-Southern.</p> <p>Caregivers interviewed could describe a verbal and written handover</p>

		<p>at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by caregivers. The registered nurse/nurse manager further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the clinical operations manager reviews the resident, or there is a review initiated with the GP. Family was notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for the one resident with various wounds on their foot. Wound dressings were being changed appropriately and a wound register is maintained. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers and the nurse manager complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury.</p>
<p>Subsection 3.3: Individualised activities (HDSS.2021:3.3)</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are</p>	<p>Not Applicable</p>	<p>There is a range of activities available for residents. There are also a number of volunteers who are part of the activities programme this includes but is not limited to flower arranging. Community visitors include entertainers, church services and pet therapy visits. Important days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. Residents and families interviewed spoke positively of the activity programme with feedback and suggestions for activities made via resident meetings and surveys. The service is working with the local kaumātua to</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>assist the staff to provide opportunities for Māori to participate in te ao Māori and meet the needs of any future residents and whānau who identify as Māori.</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>PA Moderate</p>	<p>There are policies documented around safe medicine management that meet legislative requirements. The nurse manager and medication competent caregivers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The nurse manager and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a cupboard and locked trolley. The medication fridge and medication cupboard temperatures are monitored daily (room-weekly), and the temperatures were within acceptable ranges. Not all eyedrops in use have been dated on opening. All over the counter vitamins or alternative therapies residents choose are prescribed and reviewed by the GP. The supplying pharmacy had not been in to do the quality stock, although this has been arranged. Review of the controlled drug register evidenced entries for the regular doses of controlled drugs have two signatures from the staff members administering and checking the medication. The previous shortfall (NSZ 8134:2008 criteria # 1.3.12.1) has been met.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There were no residents self-administering medication.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse/nurse manager described working in partnership with all</p>

		residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<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	The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. Menu options would be provided as requested for residents who identify as Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for the residents at any time of the day or night.
<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	There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family and other service providers to ensure continuity of care. There is open communication evidenced in the progress notes of family being kept up to date with the referral process, and reason for transition, as confirmed by documentation and interviews.
<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</p>	FA	The buildings, plant, and equipment are fit for use and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 26 August 2023. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot waters are tested regularly and were evidenced to be within expected ranges. Essential services are on call 24 hours a day. The environment is inclusive of peoples’ cultures and supports cultural practices.

<p>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>The service has no plans to expand or alter the building. The facility manager reported they would consult with the local kaumātua around how designs and the environment would reflect the aspirations and identity of Māori if they were to do this in the future.</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>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility’s building warrant of fitness.</p> <p>The building is secure after hours and staff complete security checks at night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests, should this occur. The plan also includes all other infectious diseases. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>Infection control policies provide information around culturally safe practises for Māori, additional support is available from Maori advisors from Te Whatu Ora Southern. Staff interviewed provided examples of culturally safe infection control practices in relation to their role. Whalan Lodge has access to information incorporating te reo Māori related to infection control.</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-</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation’s control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually.</p>

<p>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>Infection control surveillance is discussed at clinical and quality/staff meetings. Meeting minutes and graphs are displayed for staff. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There has been one outbreak since the previous audit (Covid June 2022). The facility followed their pandemic plan. Staff wore personal protective equipment (PPE) and residents and staff had rapid antigen (RAT) tests daily. Families were kept informed by phone, text, or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible.</p> <p>The designated restraint coordinator is the registered nurse/ nurse manager. There are no residents listed on the restraint register as using a restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The use of restraint would be reported in the monthly facility quality/staff meetings and to the directors via the registered nurse/nurse manager.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>All medications are checked on arrival from the pharmacy and discrepancies are reported to the pharmacy. All medications are stored securely. All staff administering medication have current medication competencies in place. Medication internal audits have been completed. There are medication policies and procedures documented which align with current legislation and good practice; however, not all procedures have been completed according to policy. Controlled drugs are administered by competent staff. The controlled drug register has been completed correctly with evidence of two medication competent staff administering and signing the register.</p>	<p>i). Two eyedrops in use in the medication trolley were not dated on the date of opening.</p> <p>ii). Twice-yearly controlled drug stocktake has not been evidenced as being completed.</p>	<p>i). Ensure all eyedrops in use indicate the date of opening.</p> <p>ii). Ensure six-monthly stocktakes of controlled drugs occur.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.