

Lady Wigram Limited - Lady Wigram Village

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: Lady Wigram Limited

Premises audited: Lady Wigram Village

Services audited: Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 14 March 2023 End date: 15 March 2023

Proposed changes to current services (if any): This service was verified as suitable to provide Hospital Medical Services in the original partial provisional audit in 2020. This should be included in the certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 116

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

Lady Wigram is certified to provide hospital (geriatric and medical), dementia and rest home levels of care for up to 140 residents. There were 116 residents on the days of audit.

This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand -Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, families, management, staff, and the general practitioner.

The facility manager (RN) is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided.

The service has not yet addressed the four previous audit shortfalls. Improvements continue to be required around hazard identification, staff orientation and appraisals, care plan interventions and monitoring.

This surveillance audit identified further improvements are required around: corrective actions; job descriptions; staff qualifications; care planning timeframes; care plan evaluations; aspects of medication management; maintenance programme; and outbreak documentation.

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 fully attained.

A Māori health plan is in place for the organisation. There were staff employed who identify as Māori during the audit. The organisation is working towards developing relationships with Pacific groups for guidance and support. The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The organisational business plan 2022-2024 includes a mission statement and business/quality objectives. There is a quality and risk management programme documented. Quality data is discussed at facility meetings. An annual resident/relative satisfaction survey is completed. There are human resources policies which cover recruitment, selection, orientation and staff training and

development. The education plan includes compulsory education and a competency programme. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Registered nurses are responsible for each stage of service provision. Care plans demonstrate service integration. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files included medical notes by the contracted nurse practitioner and visiting allied health professionals.

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

The programme includes community outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

The food service is able to meet the cultural needs of individual residents.

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.

Some subsections applicable to this service partially attained and of low risk.

The building holds a current warrant of fitness.

There is an approved evacuation scheme and emergency supplies for at least three days. Appropriate security measures are implemented.

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.

Some subsections applicable to this service partially attained and of low risk.

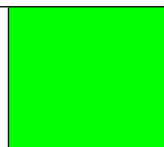
The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. 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. There have been three outbreaks 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 fully attained.

The restraint coordinator is the hospital registered nurse. There were two residents listed as using restraints. The service considers least restrictive practices, by implementing de-escalation techniques and alternative interventions and only use an approved restraint as the last resort. Restraint minimisation is included as part of the mandatory training plan and orientation programme.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	14	0	3	4	0	0
Criteria	0	47	0	6	8	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>A Māori health plan policy is documented for the service and acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. The care facility manager confirmed that the service supports a Māori workforce, with staff identifying as Māori at the time of the audit. Ten caregivers (including Māori staff) interviewed, confirmed that they feel well supported by management.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not Applicable	<p>The Māori and Pacific Health Plan and Ethnicity Awareness Policy includes information on Pacific health and refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. At the time of the audit, there were staff who identified as Pasifika. The service plans to partner with a Pacific organisation or leader who identifies as Pasifika to provide guidance and support.</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 actively ensures that Māori mana motuhake is recognised by encouraging residents to be involved in making decisions about care and outcomes. Five residents (three rest home and two hospital) interviewed, and ten family/whānau (seven dementia and three hospital), confirmed that individual cultural beliefs and values, knowledge, morals, and personality are respected, and they are supported to be as independent as possible.</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>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand this language. Interviews with 24 staff (five registered nurses (RN), ten caregivers, one care facility administrator, two diversional therapists, three activity coordinators, one maintenance person, one chef and one kitchen assistant) confirmed their understanding of tikanga best practice in relation their roles. This training is also included in the caregiver orientation programme and is supported by a competency questionnaire. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori. This training enhances the ability of staff to respond to tāngata whaikaha needs and enable their participation in te ao 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 code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are</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>held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed described a positive culture of teamwork.</p> <p>The Māori health plan identifies Māori health models; the Māori philosophy towards health is based on a wellness and holistic health model. At the time of the audit there were Māori residents. A section of the care plan captures any required Māori health and cultural information for each Māori resident.</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 in relation to informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The residents and relatives interviewed could describe what informed consent was, knew they had the right to choose, and were involved in the decision-making process and the planning of resident's care. All resident consents sighted were included in the residents' files. Discussions with all staff interviewed, confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</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 care facility manager maintains a record of all complaints, both verbal and written on a complaint register. There have been three complaints made in 2022 and one complaint received in 2023 year to date. Two of the complaints made in 2022 were lodged through the Health and Disability Commission (HDC). One of these complaints was investigated and reviewed; the service is waiting for a response letter from HDC.</p> <p>The other complaint has been investigated and reviewed with the HDC requesting further information, which is due on 4 April 2023.</p>

		<p>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). Discussions with residents and relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. The care facility manager acknowledges the importance of face-to-face communication for 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>Lady Wigram Village is located in Christchurch and is part of a wider village. The care facility opened in November 2020. The service provides care for up to 140 residents at hospital, rest home and dementia level care. At the time of the audit there were 116 residents in total.</p> <p>The rest home unit has 40 dual purpose beds and there were 37 rest home residents, including two residents on respite care. The hospital unit has 60 dual-purpose beds and there were 40 residents in total; 31 hospital residents, including one resident on a long-term support chronic health contract (LTS-CHC), one on an end-of-life contract and nine rest home residents. There are two secure dementia units; the Corsair unit has 20 beds with 20 dementia residents, and the Skyhawk unit has 20 beds with 19 dementia residents.</p> <p>Lady Wigram Village has an organisational business plan 2022-2024 in place. The organisation-wide business objectives and initiatives are documented and are set annually for Lady Wigram Village. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Lady Wigram Village are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>Lady Wigram is a family business. There is a director/owner, whose daughter is the general manager and oversees the Lady Wigram</p>

		<p>facility and the retirement village. The care facility manager at Lady Wigram Village is a RN and has been in the role since January 2021. They are supported by the general manager and two clinical coordinators (one role was vacant at the time of the audit). A care facility administrator and finance manager also support the care facility manager.</p> <p>The care facility manager has maintained over eight hours annually of professional development activities related to managing an aged care facility. The care facility manager and general manager have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>Satisfaction surveys and resident/relative meetings provide a forum to provide feedback around all aspects of the service and provides an opportunity to identify barriers to care to improve outcomes for all residents, including Māori, and those with disabilities.</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>PA Moderate</p>	<p>Lady Wigram Village is implementing a quality and risk management programme, including performance monitoring through internal audits and collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data is collected, analysed, and cascaded for discussion in staff meetings. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved; however, not all corrective actions were followed up and closed out.</p> <p>Resident/family satisfaction surveys are completed annually, and the latest survey was completed in 2022. The overall satisfaction was at 95 percent. The survey reflected high levels of satisfaction in communication, notification, privacy, respect, building/grounds, environment and care staff. Survey results were shared with family/whānau, residents and staff. Staff complete cultural competency questionnaires to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated</p>

		<p>implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The service has a comprehensive suite of policies and procedures which guide staff in the provision of care and services. Policies are regularly reviewed by the external consultant and reflect updates to the 2021 Ngā Paerewa Standard. Staff are made aware of any policy changes through staff meetings, evidenced in meeting minutes. Review of policies and quality data provide a critical analysis of practice to improve health equity. New policies or changes to a policy are communicated and discussed to staff.</p> <p>The health and safety committee meet monthly to review the accident/incident reports. There is a hazard register in place and hazard identification forms available; however, the hazard register has not been updated since the last audit and there was no evidence of any hazards being identified and entered onto the hazard register. The previous audit shortfall (HDSS:2008 # 1.2.3.9) remains around ensuring all hazards are identified and included on the hazard register with actions implemented to mitigate the risk. All resident incidents are recorded, with incident data collated monthly and analysed. Results are discussed at staff meetings and at handover. All resident incidents are recorded on the electronic resident management system. Relatives are notified in a timely manner. Results of incidents are collated and benchmarked with quality data monthly.</p> <p>Discussions with the care facility manager and general manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Section 31 notifications completed to notify HealthCERT in 2022 and 2023 year to date of three pressure injuries (all unstageable) and one resident physical aggression. There have been three Covid-19 outbreaks notified since the last audit.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to</p>	<p>PA Low</p>	<p>Lady Wigram Village organisational policy outlines on call requirements, skill mix, staffing ratios and rostering for facilities. There is casual staff to cover unplanned absences. The roster</p>

<p>me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>provides sufficient and appropriate coverage for the effective delivery of care and support. The care facility manager and general manager work Monday to Friday. They are supported by two clinical coordinators (one role was vacant at the time of the audit), and a RN in the rest home, hospital and dementia unit. There is RN cover over 24 hours a day.</p> <p>Staff and residents are informed when there are changes to staffing levels, and care requirements are attended to in a timely manner, as evidenced in staff interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Eight caregivers interviewed reported the RNs are supportive and approachable. Interviews with residents and relatives indicated that overall, there are sufficient staff to meet resident needs. There are separate laundry and cleaning staff.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness and Treaty of Waitangi training. The service supports caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighty-seven caregivers are employed. Twenty-eight caregivers have achieved a level 4 NZQA qualification, 31 have achieved level 3, and 10 have achieved level 2. There is a care staff educator who works closely with staff to ensure attainment of qualifications. Twenty-one caregivers work in the dementia unit, and eight have achieved their dementia unit standards. There are two enrolled in the dementia apprenticeship programme and eleven that have not completed; nine have been employed less than eighteen months and two have been employed longer than the required eighteen-month period.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for hand hygiene, correct use of personal protective equipment, medication administration (if medication competent) and moving and handling. A record of completion is maintained. Additional RN specific competencies include syringe driver, and an interRAI assessment competency. Ten out of fifteen RNs are interRAI trained. All care staff are encouraged to also attend</p>
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		external training, webinars and zoom training where available. All staff attend relevant monthly staff and clinical meetings when possible. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities.
<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>	PA Moderate	<p>There is a recruitment process which includes interviews, reference checking, signed employment contracts, job descriptions, police checking and completed orientation. Eight staff files were reviewed (two RNs, four caregivers, one activities coordinator and one diversional therapist) and evidenced not all files had up to date annual performance appraisal; this is an ongoing shortfall. There was no evidence of a job description in place for the current infection control coordinator; this is an ongoing shortfall.</p> <p>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. All 90-day evaluations were completed as per in-house policy. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. A register of practising certificates is maintained for all health professionals. The previous audit shortfall (HDSS:2008 # 1.2.7.4) around orientation documentation and 90-day evaluation have been addressed; however, the shortfall remains open as there was no evidence of a completed orientation for the current infection control coordinator.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, with an employee ethnicity database maintained. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
Subsection 3.1: Entry and declining entry	FA	The admission policy/decline to entry policy and procedure guide

<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. 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>staff around admission and declining processes, including required documentation. The care facility manager keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. These records do not currently capture ethnicity.</p> <p>The service has information available for Māori, in English and in te reo Māori. There were residents and staff members identifying as Māori. The service has an established relationship with Ngai Tahu and has engaged with a local marae 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>PA Moderate</p>	<p>The service uses an electronic resident management system. Seven resident files were reviewed: three hospital level (including one on a palliative contract, one on a long-term support-chronic health contract (LTS-CHC); two dementia level; and two rest home level care (including one on a respite contract). The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports all residents and whānau to identify their own pae ora outcomes in their care or support plan. On interview, resident and family/whānau confirmed involvement in the interRAI assessments and long-term care plans reviewed.</p> <p>Initial assessment and an initial support plan were completed within 24 hours of admission, which includes a cultural assessment. Dietary requirements are completed on admission, with a copy shared with the kitchen staff. Additional risk assessment tools include behaviour and wound assessments as applicable; however, the outcomes of risk assessments are not always reflected in the care plan.</p> <p>Initial interRAI assessments were completed where required (the LTS-CHC and palliative residents did not require interRAI assessments); however, not all were completed within three weeks</p>

	<p>of admission, and not all interRAI assessments and care plan reviews have been completed within the required timeframes in the last year.</p> <p>Long-term care plans (including the activities care plan) had been completed; however, not all had been completed within three weeks of admission, and not all long-term care plans have been updated with identified changes in care needs. The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. Resident specific goals (pae ora outcomes) are documented; however, interventions and early warning signs did not meet the residents' assessed needs. The previous finding around care plan interventions (NZS 8134:2008 Criteria 1.3.5.2) continues to require improvement. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Residents with challenging behaviour had 24-hour activity plans, which included strategies for distraction and de-escalation. The residents' activity needs are reviewed at the same time as the care plans and are part of the six-monthly multidisciplinary review process. Evaluations are scheduled to be completed six-monthly; however, these had not occurred as required for the five long-term resident files reviewed (one resident was on respite and one resident on a palliative contract was a recent admission). The GP reviews the residents at least three-monthly or earlier if required and records their medical notes in the integrated resident file.</p> <p>There is a Māori health care plan available should any resident identify as Māori, which describes the support required to meet their needs. Short-term care plans were utilised for issues such as infections, weight loss, and wounds.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>The service contracts a nurse practitioner to provide medical oversight. The initial medical assessment is undertaken by the nurse practitioner (NP) within the required timeframe following</p>
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	<p>admission. Residents have reviews by the NP within required timeframes and when their health status changes. Documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the NP until 7pm, and 24/7 for palliative residents. After this time there is a 24-hour service available if required. A physiotherapist visits the facility between 10 to 15 hours per week (as required) and reviews residents referred by the clinical coordinator or RNs. Referrals can be made to a dietitian, older persons mental health nurse specialist, speech language therapist, and a wound care specialist nurse is available as required through Te Whatu Ora- Waitaha Canterbury. There was evidence in two resident files of involvement of the older persons mental health clinical nurse specialist.</p> <p>There were 21 current wounds, including three unstageable and two stage II pressure injuries. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for the four of the fourteen residents with wounds (three unstageable and two stage II pressure injuries, and two skin tears). All wounds are documented individually. Wound dressings are being changed according to the management plan and a wound register is maintained. The previous finding around wound management (NZS 8134:2008 Criteria 1.3.6.1) has been addressed. The RN's have wound management training. Input is also available from the local wound nurse specialist. There was evidence of wound care products available at the facility.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers. The RN further adds to the progress notes if there are any incidents or changes in health status. Progress notes give an accurate picture of the resident care journey.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following unwitnessed falls or where a head injury is</p>
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		<p>suspected. Monitoring charts are implemented for blood glucose, behaviour monitoring, repositioning, restraint monitoring and weight; however, not all charts were completed in accordance with identified timeframes.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>On interview, family members confirmed they were kept informed of matters relating to changes in health, including recent Covid-19 outbreaks.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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 suitable for their age and stage and are satisfying to them.</p>	FA	<p>The service employs three full-time activities coordinators (including two qualified diversional therapists) and two part-time activity coordinators who lead and facilitate the activity programme Monday to Saturday in the dementia unit and hospital, and five days per week in the rest home. The service facilitates opportunities for Māori to participate in te ao Māori with Māori television, and in activities and signage. Culturally focused food related activities have been held. Activities staff greet Māori residents in te reo and work closely with whānau to identify and celebrate Māori customs and celebrations.</p> <p>Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Māori language week, Waitangi, and Anzac Day are celebrated with appropriate resources available.</p> <p>Residents in the secure unit have 24-hour activity plans which include strategies for distraction and de-escalation.</p> <p>Residents and family/whānau interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	PA Moderate	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication</p>

<p>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>competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses 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. Controlled drugs are stored safely; however, weekly checks have not been completed as required.</p> <p>Medications were stored securely. The medication fridge and medication room temperatures are monitored daily; however, not all temperatures were consistently recorded within acceptable ranges and times of record were not reflective of daytime temperatures. All medications (including the bulk supply order) are checked weekly and signed on the checklist form. Eyedrops and other medications are required to be dated on opening and discarded within manufacturers guidelines; however, not all eyedrops were dated or were still in use past their expiry dates. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. There were residents who were self-administering medications; however, competencies had not been reviewed three-monthly as per policy. There were no standing orders in use.</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 nurses and management described working in partnership with the Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised</p>
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		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	<p>The head chef in conjunction with the kitchen administrator oversees the on-site kitchen. All cooking is undertaken on site. There is a seasonal four-week rotating menu, which has been reviewed by a registered dietitian. A resident nutritional profile, which includes cultural preferences, is developed for each resident on admission.</p> <p>The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. The kitchen staff are familiar with Māori and cultural preferences and has provided rice, fried bread and other culturally specific menu options. 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>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>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/whānau and other service providers to ensure continuity of care. This was evident in documentation of transfers in resident files.</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</p>	PA Low	<p>The buildings, plant, and equipment are fit for purpose at Lady Wigram. The service has a preventative maintenance plan; however, this has not been implemented. Legislation relevant to the health and disability services being provided includes testing of</p>

<p>around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>electrical equipment; however, this has not been completed. The current building warrant of fitness expires 1 February 2024. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place 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. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A 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. All visitors are screened before entering the facility. All staff are identifiable.</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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a pandemic plan and 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. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents. The Māori health plan directs staff to participate in partnership with Māori ensuring protection of culturally safe practice, acknowledging the spirit of Te Tiriti. Staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti.</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</p>	PA Low	<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</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>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. Infection control surveillance is discussed at clinical, quality and staff meetings. Meeting minutes are available in the staffroom for staff. The service is documenting resident's ethnicity on admission; however, is not currently incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been three Covid-19 outbreaks since the previous audit; however, the facility has not documented a review of each outbreak. Review of available outbreak evidenced the outbreak had been appropriately notified to the Public Health Service. Daily logs were not able to be located. On interview, management reported opportunities to improve management of the outbreaks had been identified; however, these had not been documented. Staff meetings identify discussion of all monthly infections, including trends and outbreaks. The facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore PPE and residents and staff had rapid antigen (RAT) tests daily. Families/whānau were kept informed by phone 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. 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 restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, there were two hospital residents using restraints (both lap belts). The restraint register is maintained and current. The care plan interventions included risks; however, not all monitoring was completed at required intervals (Link 3.2.4). The use of restraint is reviewed regularly and reported in the clinical, staff and quality meetings, and is also reported monthly to the director</p>

		<p>and general manager. The hospital RN (restraint coordinator) interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	Lady Wigram Village is implementing a quality and risk management programme, including performance monitoring through internal audits and collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. However, not all corrective actions were followed up and closed out.	Twenty-eight internal audits were reviewed, with twenty-one requiring corrective actions; nine corrective actions (clinical) were not followed up and closed out.	<p>Ensure that all corrective actions are followed up and closed out.</p> <p>90 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Moderate	The health and safety committee meet monthly to review the accident/incident reports. There is a hazard register in place and hazard identification forms available; however, the hazard register has not been updated since the previous	<p>i). The hazard register has not been updated since the last audit.</p> <p>ii). There was no evidence of any new hazards being identified and added to the hazard register.</p>	<p>i). Ensure the hazard register is evidenced as being reviewed at least annually.</p> <p>ii). Ensure any new hazards identified are</p>

		audit and there was no evidence of any new hazards identified being added to the register.		added to the register. 60 days
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is an education plan in place which covers a wide range of topics related to caring for the older adult. Education sessions include compulsory topics and competencies and a range of topics to cover specific health issues of residents. Twenty-one caregivers work in the dementia unit. Eight have achieved the required dementia unit standards. There are two enrolled in the dementia apprenticeship programme and eleven that have not completed; nine have been employed less than 18 months and two have been employed longer than the required 18-month period.</p>	<p>Two of the caregivers that have been working in the dementia unit for more than 18 months have not yet completed the required dementia standards.</p>	<p>Ensure that all caregivers who work in the dementia unit have achieved the required dementia unit standards within the required timeframe.</p> <p>90 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Moderate	<p>There is a recruitment process which includes interviews, reference checking, signed employment contracts, job descriptions, police checking and completed orientation. The previous shortfall (HDSS:2008 # 1.2.7.4) around staff orientation has been addressed; however, the infection control coordinators file did not evidence a job description or completed orientation.</p>	<p>There was no evidence of a job description and orientation being completed for the current infection control coordinator.</p>	<p>Ensure that the infection control coordinator is trained and has a signed job description.</p> <p>60 days</p>
Criterion 2.4.5	PA	There are human resource policies	Three of eight staff files reviewed	Ensure that all staff

<p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>Moderate</p>	<p>to guide management around performance appraisals. Of the eight staff files reviewed, not all files evidenced completed staff appraisals within expected timeframes. This is an ongoing shortfall.</p>	<p>did not have an up-to-date annual performance appraisal.</p>	<p>performance appraisals are completed annually.</p> <p>90 days</p>
<p>Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Initial interRAI assessments have been completed within the required timeframes for one hospital resident (two residents did not require an interRAI assessment, and one had not been in long enough to require an assessment). Initial assessments and care plans have been developed within the required timeframes for two of the six files reviewed (three residents had been admitted to the facility prior to the previous certification audit). A sixth file evidenced recent initial assessments and care plan; however, these were not dated. Three of six resident files identified long-term care plans had been documented with 21 days of admission. Dietary profiles and nutritional assessments have been documented at the time of admission. On interview, the GM stated a copy of the dietary profile is provided for kitchen staff.</p>	<p>i). Four of seven files reviewed did not have a long-term care plan documented within three weeks of admission (two files did not require reviews).</p> <p>ii). InterRAI assessments were not completed within 21 days of admission for three of four residents who required interRAI assessments.</p> <p>iii). InterRAI reassessments have not been completed six-monthly for two of three residents.</p> <p>iv). Six-monthly evaluations were not completed within required timeframes for three of five files reviewed.</p>	<p>i). Ensure long-term care plans are documented with 21 days of admission.</p> <p>ii). Ensure initial interRAI assessments are completed within three weeks of admission.</p> <p>iii). Ensure interRAI assessments are reviewed six-monthly or as required for changes in health.</p> <p>iv). Ensure care plan evaluations are completed at least six-monthly.</p> <p>60 days</p>
<p>Criterion 3.2.3 Fundamental to the development</p>	<p>PA Moderate</p>	<p>The electronic resident management system includes assessments that</p>	<p>i). One rest home resident who returned from a hospital admission</p>	<p>i). - vi) Ensure all care plan interventions are</p>

<p>of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>addresses needs, values, individual preferences, and beliefs of residents; however, not all assessments were fully reflected in the residents' care plans. There were identified shortfalls in six of seven care plans reviewed. One of seven resident care plans reviewed identified sufficient interventions to guide the resident's current care needs. Six files reviewed identified interventions in use or assessed as required, were not identified in the resident's care plan.</p>	<p>with changes in mobility and pain management did not have an updated care plan.</p> <p>ii). One hospital level care resident on a palliative care contract did not include interventions to manage protective isolation, dietary requirements, or smoking.</p> <p>iii). One hospital level care resident with five current pressure injuries, mobility requirements and weight loss did not include sufficient interventions to manage the care and associated risks.</p> <p>iv). One hospital resident with assessed pain, recent weight loss, insulin dependent diabetes and pressure injury risk did not evidence reportable ranges and/or signs and symptoms of hypo or hyperglycaemia, or interventions to manage pressure injuries, pain, or recent weight loss.</p> <p>v). A respite rest home resident with pain following a fall is receiving 'as required' analgesia and did not have non-pharmaceutical pain management interventions documented.</p> <p>vi). One dementia level care resident at risk of self-harm did not include interventions to manage this risk.</p>	<p>current, individualised and reflect the assessed needs of residents.</p> <p>60 days</p>
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<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>The service has access to a range of paper-based monitoring forms. These were utilised but not always maintained. Monitoring forms included (but were not limited to): repositioning charts; food and fluid intake; restraint monitoring; weight; neurological observations; wound management; and behaviour. Review of monitoring charts identified these were utilised but not all charts were maintained as planned.</p>	<p>i). - ii). Ensure all monitoring charts are completed as per care plan instructions.</p> <p>iii). Ensure restraint monitoring occurs as per policy.</p> <p>iv). Ensure monitoring forms are implemented appropriately.</p>	<p>i). - ii). Ensure all monitoring charts are completed as per care plan instructions.</p> <p>iii). Ensure restraint monitoring occurs as per policy.</p> <p>iv). Ensure monitoring forms are implemented appropriately.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of</p>	<p>PA Low</p>	<p>As per policy, the registered nurse is responsible for assessments and documentation of care plans. There was evidence of assessment updates and evaluations conducted for some residents with changes to care plans made in 2021, with documentation to support resident's progression towards meeting goals.</p>	<p>Two of three care plan evaluations did not reflect progress towards the resident's goals.</p>	<p>Ensure that care plan evaluations document progress towards meeting documented goals.</p> <p>90 days</p>

<p>achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>Medications policies align with current medication guidelines and legislation. Registered nurses and medication competent caregivers are responsible for all aspects of medication storage and administration. Systems are in place to ensure staff competency and safe storage is monitored by regular checks and internal audits; however, not all temperatures and dates of medications in current use were managed in line with policy. Controlled drugs are safely stored; however, the control drug register does not consistently evidence weekly checks.</p>	<p>i). Two eyedrops in the medication trolley in current use, were past the manufacturer's guidelines.</p> <p>ii). One eyedrop in use did not evidence an opening date.</p> <p>iii). The temperatures of one medication room evidenced temperatures above 25 degrees with no corrective actions. The temperatures in the other two medication rooms were recorded by night staff within required levels; however, on the day of audit the temperature of one medication room with windows to the north was 26degrees at 11am.</p> <p>iv). The controlled drug registers in</p>	<p>i). - ii). Ensure all eyedrops are dated with opening dates and are discarded as per manufacturer's instructions.</p> <p>iii). Ensure medications rooms are monitored as per policy and corrective actions implemented when outside documented ranges.</p> <p>iv). Ensure controlled drugs are checked weekly as per policy.</p>

			two medication rooms had not been checked weekly as per policy.	60 days
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	PA Moderate	Registered nurses are required to check the competency of self-medicating residents three-monthly; however, completed competencies have not been completed as scheduled.	Three of three self-medicating residents' files did not have current medication competencies.	<p>Ensure all self-medicating resident competencies are checked three-monthly.</p> <p>60 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	A current building warrant of fitness is displayed. The building is purpose built and all equipment is new. Medical equipment has calibrated as required; however, testing of electrical equipment has not been completed. Reactive maintenance is completed as required; however, a documented preventative maintenance schedule is not implemented. The environment was inclusive of residents' cultures.	<p>i). Testing of facility and residents' electrical equipment has not been completed.</p> <p>ii). A documented preventive maintenance schedule has not been implemented.</p>	<p>i). Ensure testing of electrical equipment is completed as per legislation.</p> <p>ii) Ensure a preventive maintenance schedule is implemented.</p> <p>90 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	The service collates surveillance data and analyses for trends. Surveillance data is discussed at facility meetings and is reported to the owner. They service is not yet incorporating ethnicity data into surveillance methods and data captured around infections.	The service does not currently incorporate ethnicity data into infection surveillance reporting.	<p>Ensure ethnicity data is included in surveillance statistics.</p> <p>90 days</p>

<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	<p>PA Low</p>	<p>All resident infections are entered into an electronic resident management system. The outbreaks were appropriately notified to Public Health Services. Surveillance reports are completed monthly and discussed at facility meetings; however, outbreaks were not evidenced as fully documented to include daily logs of infection start and end dates of staff and residents, and the number of affected residents and staff. There was no evidence of debrief meetings or discussion around corrective actions identified. Interviews with management and staff identify the outbreaks were managed well, the shortfall is around documentation only.</p>	<p>i). Covid-19 outbreaks documentation reviewed did not evidence these have been fully documented.</p> <p>ii). There is no evidence of debrief meetings or discussion around corrective actions identified.</p>	<p>i). – ii). Ensure each outbreak is reviewed and daily logs are maintained to include start and end dates, the number of affected residents and staff and corrective actions identified.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.