

Lonsdale 2005 Limited - Lonsdale Total Care Centre

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: Lonsdale 2005 Limited

Premises audited: Lonsdale Total Care Centre

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

Dates of audit: Start date: 12 April 2023 End date: 13 April 2023

Proposed changes to current services (if any): The service has built a new wing of eleven dual service beds (hospital and rest home) which increased overall bed numbers to 61 beds. This wing has been verified as part of this audit

Total beds occupied across all premises included in the audit on the first day of the audit: 57

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
Yellow	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
Red	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

Lonsdale Total Care Centre (Lonsdale) provides hospital, rest home and secure dementia level care for up to 61 residents. Bed numbers have changed since the previous audit due to the building of a new wing of eleven dual service beds (hospital and rest home). The dementia unit bed numbers have remained the same (seven beds). On the day of audit there were 57 residents.

This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora -Te Pae Hauora o Ruahine o Tararua MidCentral. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families/whānau, residents, management, staff, and the general practitioner.

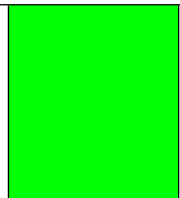
The service is managed by a suitably qualified general manager (GM) who is a registered nurse. The GM is supported by a team of registered nurses and a supportive owner and governance group. Residents and family/whānau spoke positively about the care provided.

There are quality systems and processes being implemented. There is a stable team of healthcare assistants and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed.

An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A competency schedule is in place.

This surveillance audit has identified shortfalls around implementation of the care plan documentation and medication management.

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.
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Lonsdale provides an environment that supports resident rights and reflects cultural safe care. There is a Māori health plan in place. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan, annual plan, and the model of care. The service partners with Pacific communities to encourage connectiveness.

Residents are involved in providing input into their care planning in a manner that considers their dignity, privacy, choices, and independence. Staff receive training on Māori health, cultural safety, and awareness at orientation.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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 fully attained.
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The annual business plan reflects the holistic living well model of care to service delivery and ensures wellbeing outcomes for Māori and tāngata whaikaha are achieved. The owner and general manager are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.

There is a documented quality programme that takes a risk-based approach.

There is a policy to ensure safe staffing levels. Residents receive appropriate services from suitably qualified staff. An orientation programme is in place for new staff. Registered nurse cover is provided 24 hours a day, seven days a week.

Regular education and training are provided. Employment processes are followed.

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 partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. There is evidence of family participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals.

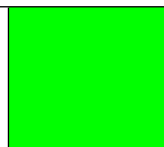
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts sighted were reviewed at least three-monthly by the general practitioner.

An activities programme is documented and implemented. Cultural, traditional, and religious food practices are respected.

Transfer, exit, and discharges occur in a coordinated manner.

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.

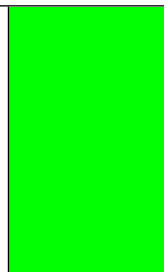


Subsections applicable to this service fully attained.

The building has a current warrant of fitness, and an approved fire evacuation scheme is in place. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

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 fully attained.

There is a pandemic plan and there are sufficient supplies of personal protective equipment to manage outbreaks. Education is provided to staff to ensure safe culturally appropriate implementation of infection control practices.

Surveillance data is gathered. Infection incidents are collected and analysed for trends and the information is used to identify opportunities for improvements. Benchmarking occurs. There has been one Covid-19 outbreak since the last 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.

There is governance commitment to support a philosophy of a restraint-free environment. The restraint coordinator is the registered nurse. There were nine residents listed as using a restraint during the audit. There is leadership commitment to work towards providing a restraint-free environment. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. The restraint policy acknowledges cultural considerations.

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	20	0	0	2	0	0
Criteria	0	60	0	1	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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 general manager stated that they support increasing Māori capacity within the workforce and will employ more Māori staff members when they apply for employment opportunities. At the time of the audit, there were Māori staff. Lonsdale evidences commitment to ensure equal employment opportunities for Māori in their annual plan and Māori health plan. The service is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori and tāngata whaikaha.</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> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>Lonsdale has a documented Pacific health plan and Mana Tiriti framework. The plan identifies four key goals through the Pacific Aotearoa Lalanga Fou report. Lonsdale has partnered with Pacific organisations and collaborates with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. There are staff who identify as Pasifika.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>The general manager interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Four residents (two rest home and two hospital) and two family/whānau (both dementia level care) interviewed reported that the service is upholding the residents' rights and residents are supported to be independent as they can be around all aspects of their lives. Lonsdale strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and annual plan. Māori mana motuhake is also recognised through resident care plans. Care staff interviewed (two registered nurses and three healthcare assistants) explained how they promote residents' independence by providing individual options during daily care and support.</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>	<p>FA</p>	<p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori and cultural competency.</p> <p>Policies and procedures, as well as discussions with the general manager evidence awareness of tāngata whaikaha. Support is available through community networks to enable residents to access te ao Māori.</p> <p>The general manager, housekeeping manager, two registered nurses, three healthcare assistants, and the cook interviewed could describe their understanding of tikanga Māori within the service delivery of the organisation.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>The abuse, neglect and discrimination policy is implemented. Service</p>

<p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>policies acknowledge the importance of preventing any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. 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 document. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Care plans reviewed documented a resident, strength-based care focus.</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>	<p>FA</p>	<p>There are policies around informed consent. The service follows relevant best practice tikanga guidelines. The registered nurses have a good understanding of the organisational process to ensure informed consent for Māori residents involved the family/whānau for collective decision making.</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>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Complaints forms are located at the entrance to the facility or are</p>

<p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>available on request. Complaints can be handed to reception staff. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. Five complaints were lodged in 2022 and four have been lodged for 2023 (year-to-date), including one lodged with the office of the Health and Disability Commissioner. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Discussions with residents and family/whānau members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</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>Lonsdale Total Care Centre provides rest home, hospital/medical and dementia level care. Since the previous audit, the service has built a new wing of 11 ensuite dual purpose rooms. The service has closed their sister rest home and transferred residents to either Lonsdale or to other facilities. The total available beds have increased to 61 beds; 26 of which are dual purpose (rest home/hospital); 12 dedicated rest home beds; and 16 dedicated hospital beds. The dementia unit available beds remain unchanged with seven beds. Occupancy on the day of audit was 57 residents. There were seven residents in the dementia unit. There were 27 rest home residents, including two residents funded through mental health services, and 23 hospital residents, including one resident on respite care and one resident on a younger person's disability contract. All other residents were under the Age-Related Residential Care (ARRC) contract.</p> <p>Tāngata Whaikaha provide feedback through resident meetings and satisfaction surveys. Support for tāngata whaikaha is woven through policies and procedures and referenced in the service's annual plan.</p>

		<p>A Māori cultural adviser for the services is available for support and has approved cultural safety.</p> <p>There is an overall business/strategic plan and there is a comprehensive quality and risk management programme in place for the current year. The business/strategic plan and quality and risk management programme for 2022 have been reviewed and a new plan for 2023 documented.</p> <p>The owner (CEO) visits monthly, and an operations manager visits at least monthly. The meetings, along with a monthly management report to the owner and operations manager, ensure communication is maintained.</p> <p>The 2023 plan includes removing barriers to admission for Māori and employing Māori staff and demonstrating commitment to Māori culture. The general manager and CEO have both completed cultural competency and links to local iwi though staff are well integrated. The leadership team at Lonsdale include Māori staff members who have had meaningful input in to service planning.</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>Lonsdale has a quality and risk management programme documented that takes a risk-based approach to improve resident safety. The programme has been developed by an external consultant. The annual plan evidences that the service is committed to continuously improving service delivery. The annual plan includes a documented internal audit programme, and a clinical development plan. Clear objectives are documented along with timeframes and responsibilities.</p> <p>Interviews with the general manager (until December 2022, the general manager was also the lead nurse, in December 2022 a Clinical Leader was appointed) confirmed understanding and involvement in quality and risk management practices.</p> <p>The quality and risk management systems include performance monitoring through internal audits, the collection of clinical indicator data, implementation of corrective actions and communication with staff to include regular meetings. Meetings include: daily RN</p>

	<p>updates; monthly unit meetings; kitchen meetings; and quarterly health and safety/ quality meetings. Meetings reviewed, evidence that quality indicator data, trends, and analysis have been discussed with staff. Regular emails from the general manager to staff have also been utilised to alert staff to emergent and current issues.</p> <p>Internal audits are completed as scheduled and collation of data, summaries and analysis were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Data is collected for clinical indicators, which is analysed, and benchmarked with other organisations.</p> <p>Training is based around policies and procedures. The policies incorporate Te Tiriti and staff complete competencies based around policies.</p> <p>A resident/relative survey has been completed for 2022. There was evidence that the outcomes were discussed with staff. All areas of care evidence high levels of satisfaction. Demographics and ethnicity data are analysed as part of the survey summary and provide an opportunity for critical analysis of service delivery to improve health equity.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are monthly meetings with the national health and safety manager.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is identified, and immediate action is documented with any follow-up action(s) required, evidenced in eight accident/incident forms reviewed. Results are discussed in the quality and staff meetings, emails and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Family/whānau are notified following incidents. Opportunities to minimise future risks are documented.</p> <p>Discussions with the general manager evidenced awareness of their</p>
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		<p>requirement to notify relevant authorities in relation to essential notifications, including two stage III pressure injuries.</p> <p>Critical analysis of organisational practices is completed through annual reviews, meetings, and benchmarking.</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. 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>FA</p>	<p>There is a staffing rationale policy that describes rostering and staffing ratios. The general manager interviewed confirmed staff needs are discussed daily with registered nurses.</p> <p>Lonsdale is adequately and sufficiently staffed to provide safe clinical and cultural care on morning, afternoon, and night shifts. The rosters reviewed allocates sufficient number of HCAs to each area, according to the acuity of the residents. There is a RN on shift 24/7.</p> <p>Interviews with residents and families/whānau confirmed staffing overall was satisfactory. Changes in staffing levels are communicated to staff and residents (sighted).</p> <p>There are processes to ensure a culturally and clinically safe service. Staff have completed cultural competency and training to ensure a high-quality service and that a culturally safe service is provided for Māori. Competency records are available. The frequency of competency checks depends on the associated risk. There is a range of competencies specific to the employee`s role. All RNs and a core group of healthcare assistants have completed their first aid certificates and there is at least one person on each shift with a current first aid certificate. RNs complete syringe driver training and six of ten RNs have completed their interRAI training.</p> <p>There is an annual education and training schedule that includes mandatory training. Training topics include: health and safety; hazard management; Residents Code of Rights; cultural safety training; chemical training; and emergency preparedness. Additional talks are held when required at handovers. Additional training has been provided around choking hazards and first aid. Staff complete education on cultural safety and are provided a learning opportunity and reading resources to learn about Māori health outcomes, disparities, and health equity trends.</p>

		<p>Registered nurses can access external training through Te Whatu Ora -Te Pae Hauora o Ruahine o Tararua MidCentral and through the service's online portal. Registered nurse specific training viewed included wound care, syringe driver, palliative care, and first aid.</p> <p>Five of five staff who work in the secure dementia unit have completed the Careerforce limited credit programme for dementia care.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Seven staff files reviewed included evidence of completed orientation and competencies.</p> <p>The service collects staff ethnicity information as part of the employment process and is working towards reviewing ethnicity data for completeness to improve quality.</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. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Declining entry would be if there were no beds available or the potential resident did not meet the admission requirement. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents; and undertakes analysis of the same information.</p> <p>Lonsdale has established relationships with local kaumātua, Māori health services and communities to benefit Māori individuals and whānau. There are staff who identify as Māori who are available to provide support to Māori residents and whānau, and the service can</p>

communicated to the person and whānau.		access the Māori advisor if required.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed; two rest home (including one mental health), two hospital (including one respite) and one dementia level care. Registered nurses (RN) are responsible for conducting all assessments and developing the care plans. Lonsdale has been using electronic care plans since 2017. In 2022, the format changed when Lonsdale moved to a new Patient Management System.</p> <p>All residents have admission assessment information collected and an interim care plan is completed at the time of admission. Assessments, including the interRAI assessment outcomes, form the basis of the care plans. All resident files (except respite) had an initial interRAI assessment completed. However, not all care plans reviewed had the interventions fully documented and not all interventions and monitoring were documented as occurring within timeframes.</p> <p>Cultural assessment details are woven through all sections of the care plan. There is evidence of resident and whānau involvement in the interRAI assessments and review of long-term care plans. This was documented in progress notes and the case conference notes. Care plans reflect a person-centred model of care (Attitude of Living Well) that give tāngata whaikaha choice and control over their supports. Any short-term acute issues such as infections, weight loss, and wounds are added to the care plan. There are residents who identify as Māori whose files reviewed had appropriate cultural supports and interventions detailed in their electronic care plans. Residents' specific goals (pae ora outcomes) and the interventions on how to achieve them are documented. Behaviours that challenge are assessed when they occur.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. The GP (interviewed) routinely visits once a week; however, GP notes were not always provided to the service by the GP and some GP instructions were written by the RN following a GP visit. This issue was resolved in May 2022 when</p>

		<p>Lonsdale changed its GP service provider. Staff have access to the public hospital for advice after hours. The clinical manager is also available for clinical support after hours. The GP was interviewed and confirmed satisfaction with the clinical care at Lonsdale. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health interventions were documented and integrated into care plans as needed. The service has access to a physiotherapy when required.</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 HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with the GP. Families/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. Wound records for three residents with current wounds were reviewed (skin tears and two pressure injuries). Input from the local wound nurse specialist is accessible when required. Pressure injury prevention strategies are documented and implemented.</p> <p>HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Neurological observations have been completed for unwitnessed falls with or without head injuries.</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</p>	<p>FA</p>	<p>The monthly activities calendar includes celebratory themes and events. The service facilitates opportunities for Māori to participate in te ao Māori, through the use of Māori language culturally focussed</p>

<p>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>		<p>music (as examples). There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). Cultural linkages including activity based cultural care for individual residents and links to the local Māori communities are in place. The residents interviewed were complimentary of the activities provided.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and HCAs interviewed could describe their role regarding medication administration. The service uses an electronic system and blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are held in one of three secure medication stores (one in the rest home, one in the hospital and one in the secure dementia unit). The medication fridges and stores are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</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 chart has photo identification and allergy status identified. There were no residents self-administering medications at the time of the audit and no standing orders are used. The policy describes managing self-medication should it be requested. Not all 'as needed' medications</p>

		<p>included an indication for use on the electronic system and not all 'as needed' medications administered documented an outcome.</p> <p>Controlled medications were not all signed by two staff on the electronic medication chart and controlled medication was not documented as checked weekly in the controlled drug medication book. A review of the medication trolleys evidenced that not all medication was labelled with the resident's name.</p> <p>There was documented evidence in the electronic clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse described working in partnership with the Māori residents (when required) 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>
<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>Kitchen staff are trained in safe food handling. The kitchen manager interviewed stated they can implement menu options culturally specific to te ao Māori. Kitchen staff attended cultural training with the rest of the staff. Kitchen staff and HCAs interviewed understood basic Māori practices in line with tapu and noa.</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</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 are coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, EPOA or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p>

<p>coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 31 March 2024, including fire approval for the new wing dated 25 February 2023. There is a documented preventative maintenance plan and includes checking and calibration of medical equipment, and testing and tagging of other electrical equipment which occurred as required in July 2022. Hot water temperatures are maintained within suitable ranges and checked monthly.</p> <p>There is a new wing of 11 dual purpose beds with a large lounge, kitchenette and dining area. Each room, ensuite and lounge area has a new call bell system which has been extended out to the rest of the facility. All bedrooms have large window and are light and airy. The new wing is appropriate to provide hospital and or rest home level care.</p> <p>The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. There are whānau rooms available within the facility.</p> <p>As part of the building extensions, the service included input from senior Māori staff. The general manager and owner collaborate and work in partnership with local Māori to ensure any decisions relating to new builds and appropriate environments for Māori, embrace the principle of Tino Rangatiratanga.</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 for the existing and new wing (sighted). A fire evacuation drill is repeated six-monthly and was last completed in February 2023 (and included the new wing), in accordance with the facility's building warrant of fitness requirements. There is a current resident list with assistance requirements documented to ensure for a smooth evacuation when required.</p>

		The building is secure after hours, and staff complete security checks at night. Staff are identifiable and wear name badges. All visitors must sign in and complete health declarations. Contractors complete an orientation specific to the site.
<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>There is an Infection, Prevention and Antimicrobial Programme and procedure/ policy that includes the pandemic plan. This is available for all staff and include scenario-based training completed at intervals. Personal protective equipment (PPE) stock balance is maintained to support any outbreaks. There are readily available isolation kits and there is a large supply of PPE stocks available. This is accessible to all staff and regularly checked against expiry dates and stock numbers. Hand sanitisers are placed throughout the facility. Staff have attended training around outbreak management and use of PPE.</p> <p>All staff have completed cultural safe education and on the electronic learning platform supported by the existing senior Māori staff. HCAs and RN interviewed could explain cultural safe practices related to Māori and how they will involve whānau of Māori residents. The infection control committee is working towards exploring educational resources in te reo Māori.</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. 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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual electronic resident records. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually by the general manager. Action plans are completed for any infection rates of concern. Infection control surveillance is discussed at the monthly infection control committee meeting. Residents and whānau are informed of infections and this is recorded in the progress notes.</p> <p>Infections (including outbreaks) are reported and reviewed so</p>

		<p>improvements can be made to reduce HAI. HAIs are monitored and benchmarked by the external consultant service. The service captures ethnicity data on admission and incorporates this into surveillance methods and data around infections and outbreaks.</p> <p>There has been one Covid-19 outbreak since the previous audit (2022). This was managed in accordance with the Te Whata Ora guidelines in association with the contracted GP practice. The Planning and Funding Manager (MidCentral) and Public Health were kept fully informed.</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>There is governance commitment to support and work towards a restraint-free environment. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. The restraint coordinators are an RN and the general manager, who provide support and oversight of restraint management in the facility. The restraint coordinators are conversant with restraint policies and procedures. There were nine residents using restraint (all bedrails). A register is maintained. The service was able to demonstrate a reduction in the restraints used over the last six months.</p> <p>An interview with the clinical manager described the organisation's commitment to restraint minimisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the restraint documentation available for residents requiring restraint included approval and consent processes, care planning, interventions, monitoring, and evaluation of the restraint as appropriate. Cultural considerations are included at the time of assessment and care planning. The restraint approval process includes the resident (if competent), GP, clinical manager, registered nurse and family/whānau approval. The restraint committee meets six-monthly and evaluations of the restraints in use occur three-monthly.</p> <p>Restraint is used as a last resort, only when all other alternatives</p>

		<p>have been explored. This was evidenced through interviews with staff who are actively involved in the ongoing process of monitoring. There was evidence that training, and restraint competency assessments has occurred annually. The restraint coordinator described ways the service work in partnership with Māori, to promote and ensure services are mana enhancing, if restraint was being considered in the facility.</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 3.2.3</p> <p>Fundamental to the development 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</p>	<p>PA</p> <p>Moderate</p>	<p>All resident files reviewed included a care plan; however, not all interventions were fully documented. All resident files included reference to one to three-monthly GPs reviews as needed.</p>	<p>(i). Two resident care plans (one hospital and one dementia) did not document the triggers and de-escalation techniques to manage behaviours that challenge.</p> <p>(ii). Two resident care plans (hospital) included the management of pain as identified by the assessment process; however, interventions were purely medication and not nursing interventions.</p> <p>(iii). Care plan interventions for the management of a pressure injury and risks associated with</p>	<p>(i)- (iii). Ensure that interventions are documented to support all assessed needs.</p> <p>(iv). Ensure that the risks associated with restraint are documented.</p> <p>60 days</p>

<p>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>anticoagulant therapy were not documented for two hospital level residents.</p> <p>(iv). The risks associated with restraint use were not well documented in two resident files for residents with restraint.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any</p>	<p>PA Low</p>	<p>The service has monitoring charts in place for a range of monitoring needs. The monitoring charts were not always completed within identified timeframes.</p>	<p>Repositioning and restraint monitoring were not always documented as occurring according to timeframes for two hospital level residents.</p>	<p>Ensure that monitoring charts are completed within set timeframes.</p> <p>90 days</p>

changes are documented.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Not all medication processes had been followed as per the medication policy.</p>	<p>(i). The controlled drug medication register has not always been checked weekly, and controlled medication have not been signed by two staff members on administration in the electronic system.</p> <p>(ii). Medications were not always labelled with the resident's name, including one insulin pen and one nasal spray.</p> <p>(iii). Not all PRN (as required) medications included an 'indication for use' on the electronic system and not all 'as required' medications administered included an efficiency documented.</p>	<p>(i). Ensure weekly checks are completed of the controlled medication register and administration of controlled medication is signed by two staff members as per policy.</p> <p>(ii). Ensure medication in use are correctly labelled.</p> <p>(iii). Ensure that all 'as required' medications include an 'indication for use' on the electronic system and all 'as required' medications administered include documenting the outcome.</p> <p>30 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.