

Holly Lea Village Limited - Holly Lea

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Holly Lea Village Limited

Premises audited: Holly Lea

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 October 2023 End date: 13 October 2023

Proposed changes to current services (if any): The service requests the addition of Hospital -Medical services to their certificate as included above. The service was verified as suitable to provide Hospital Medical services at this audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 19



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 tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

| Indicator | Description | Definition |
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|  | 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 |
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| 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

Holly Lea is a purpose-built facility located in Christchurch. The service is certified to provide rest home, hospital level care (geriatric only) and dementia level care for up to 50 residents. There were 19 residents on the days of the audit. The care manager oversees the clinical operations of the care centre and is supported by a clinical manager and experienced general manager (registered nurse).

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Waitaha Canterbury. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, management, and a general practitioner.

The facility is one of five aged care facilities owned by the Generus Living Group. The service is governed by a Board of Directors who have experience in owning and building aged care facilities and villages. Holly Lea has set a number of quality goals which link to the organisation's business plan.

There were no areas of improvement to follow up from the previous certification audit. The service has addressed the previous partial provisional shortfall relating to the Certificate for Public Use.

This surveillance audit identified no shortfalls.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

The service provides an environment that supports residents' rights, and culturally safe care. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Pacific health and wellbeing action plan (Ola Manuia) is in place.

Residents and family/whānau interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. 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 five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place, with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure is established. Healthcare assistants are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. | | Subsections applicable to this service fully attained. |
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The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes.

Residents are referred or transferred to other health services as required.

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

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| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. | | Subsections applicable to this service fully attained. |
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There is a current building warrant of fitness. There is a planned and reactive maintenance programme in place.

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

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| Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance. | | Subsections applicable to this service fully attained. |
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An infection control programme is documented for the service. Staff have attended education around infection control.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There have been no outbreaks since the previous partial provisional audit in April 2023.

Here taratahi | Restraint and seclusion

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| Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained. | | Subsections applicable to this service fully attained. |
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The service is committed to maintaining a restraint-free service. This is supported by the governing body and policies and procedures. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint.

Summary of attainment

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

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

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

| Subsection with desired outcome | Attainment Rating | Audit Evidence |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>There is a documented commitment to recognising and celebrating tāngata whenua in a meaningful way through partnerships, educational programmes, and employment opportunities. The Māori health plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and the provision of services based on the principles of mana motuhake. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Staff have completed training around cultural safety and Te Tiriti o Waitangi.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>Holly Lea Village has a policy based on the Pacific Health and Wellbeing Plan (Ola Manuia) 2020-2025 that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships and embracing cultural and spiritual beliefs and providing high quality healthcare. The cultural training provided included Pasifika cultures. There were staff employed at the facility who assist in the implementation of the Pacific health plan.</p> |

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| <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>Five residents interviewed (four hospital and one rest home) and three family/whānau (one hospital and two dementia) reported that all staff respected their rights, and that they were supported to know and understand their rights. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. Staff have completed training on the Code of Rights. The Code of Rights is displayed in English and te reo 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 services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>An abuse and neglect policy is being implemented. Holly Lea Village policies prevent any form of discrimination, coercion, harassment, or any other exploitation. A comprehensive code of conduct is discussed and signed by staff during their induction to the service. The code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct as part of the employment process.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Interviews with seven staff (two HCAs, two RN's, one chef, one housekeeper and one maintenance person), three managers (one clinical manager, one acting care manager and one general manager), residents and family/whanau and documentation reviewed, confirmed that the staff are very caring, supportive, and respectful.</p> |

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| <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 documented around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent forms had been signed by residents or their activated enduring power of attorney (EPOA) for procedures, such as vaccines and other clinical procedures.</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> | <p>FA</p> | <p>The complaints procedure is equitable and is provided to residents and relatives on entry to the service. The care manager maintains a record of all complaints, both verbal and written, by using a complaint register. There has been one complaint since the previous audit in April 2023. There have been no complaints received from external agencies. The complaint documentation including acknowledgement, investigation, follow-up letters and resolution demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in staff meetings.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings which are held monthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and relatives making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in</p> |

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| | | <p>the complaints process. The care manager and clinical staff acknowledged the understanding that for many Māori, there is a preference for face-to-face communication and confirmed their commitment to do this wherever possible. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</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>Holly Lea is located in Fendalton, Christchurch and is one of five aged care facilities owned by the Generus Living Group. Holly Lea is certified to provide rest home and hospital level care (geriatric only) for up to 13 residents in the main lodge of 38 occupation right agreement apartments (ORA). The attached care centre provides care for up to 20 hospital level care and 17 dementia level care residents. The service requests the addition of Hospital -Medical services to their certificate as included above. The service was verified as suitable to provide Hospital Medical services at this audit.</p> <p>On the day of audit there were 19 residents, including seven residents (three hospital and four rest home level) in the main lodge; six hospital level care residents in the hospital wing (including one on an end-of-life contract); and six in the dementia unit (including one on an end-of-life contract). All residents other than the two on end-of-life contracts were under the age-related residential care agreement (ARCC), combined with an ORA. There is a dispensation in place for one hospital level resident residing in the rest home.</p> <p>Generus Living Group is overseen by one Board. There are five directors on the Generus Living Group Board with appropriate experience and expertise who are responsible for six retirement villages (includes five care facilities). The director (owner) who reports to the Board, has been in his role for over 17 years. The director is also involved in New Zealand Aged Care Association (NZACA) and the Retirement Village Association (RVA) executive committee.</p> <p>Generus Living Group organisational culture is underpinned by social, cultural, and professional diversity. The director has extensive iwi partnership experience and demonstrates knowledge and understanding of Kaupapa Māori within the sector. Generus Living have a partnership with Mangatawa Papamoa Blocks Incorporated who represent predominantly</p> |

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| | <p>Nga Potiki [iwi] as part of their business model and as a result, actively engaged with iwi stakeholders about the requirements of the building. This includes participation in forums and a regular working relationship with the iwi executive team members. Interview with the general manager confirmed the governance body is committed to supporting the Ministry of Health's Māori health strategies. All Board members have experience in owning and building aged care facilities and villages.</p> <p>The organisational strategic plan (2022-2026) includes a philosophy, mission, vision, and values. Key business objectives (fulfilled residents, engaged team, satisfied stakeholders and sustainable business) are defined in the strategic plan, with evidence in the meeting minutes of regular reviews. The business plan 2022 and Māori health plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The directors of the Board and executive team, work with the management teams at each of the five aged care facilities (including Holly Lea) and understand their obligations and responsibilities under the relevant standards and legislation. The care manager provides a weekly report to the general manager. There is weekly communication between the general manager to the director and general manager of operations. The general manager of operations is provided a monthly report from the general manager (organisation clinical lead) with an overview of adverse events; health and safety; staffing; infection control; use of restraint; and other aspects of the quality risk management programme. Critical and significant events are reported immediately to the directors.</p> <p>A clinical governance group has been implemented across the five Generus Living aged care facilities to provide collaborative accountability for continuous quality improvement activities, including (but not limited to) improvement of services and delivery of a high standard of delivery of care. The framework for the clinical governance committee is partially informed by the organisation's strategic plan and the 'ageing in your home and person first' model of care. The ethos, vision, values, and mission statement align with the Treaty of Waitangi principles. The group meets monthly where the established goals of resident and family centred care; achieving ongoing quality improvements; and ensuring Generus aged care facilities are putting the wellbeing of staff at the forefront with the residents' needs. The clinical governance group includes the general manager of</p> |
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| | | <p>Holly Lea (also the organisation clinical lead), clinical managers representative of each facility, and care managers of each.</p> <p>An experienced general manager (registered nurse) has been in the role since 2015 and has many years of experience in both aged care management and clinical education. She is supported at operational level by the director and general manager of operations. At a service level, she is supported by a care manager, a clinical manager and six staff RNs.</p> <p>The organisation is focused on providing respectful end of life care that caters to physical, cultural, and spiritual needs, as evidenced by compliments from family/whānau. The executive management team are in active discussions to discuss and address barriers related to Māori culture and health.</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>Holly Lea Village Care & Hospital has an implemented quality and risk management programme, developed by an external contractor. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. A document control system is in place. New policies or changes to policy are communicated to staff. The Generus Living Group monthly report, generated at a clinical governance level, includes key operational concerns and data including (but not limited to) occupancy; discharges; complaints; Section 31 reports; quality data results; staffing; health and safety; and property issues. Reports are linked to the organisation's strategic objectives.</p> <p>The quality system includes performance monitoring; internal audits; resident satisfaction; staff retention; and the collection, collation, and benchmarking of clinical indicator data. Quality goals for 2022 were reviewed by the directors and management team in January 2023. Quality goals for 2023 are documented and progress towards quality goals is reviewed regularly at management and staff meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Internal audits, staff meetings, and collation of data were documented as</p> |

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| | <p>taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on quality noticeboards. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed. On interview, staff were aware of quality data indicator results and corrective actions required.</p> <p>Monthly staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes and quality data graphs are also posted in the staffroom. At the time of the audit, quality data is benchmarked against other similar facilities utilising the Healthcare Solutions [HCSL] – Adverse Event Logging, Benchmarking and Data Analysis system.</p> <p>A health and safety system is in place with annual identified health and safety goals. There is a health and safety officer who has completed formal health and safety training. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in March 2023 (sighted). A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the electronic accident/incident form.</p> <p>Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Opportunities to minimise future risks were identified where possible through a corrective action plan and discussions at quality meetings. Incident and accident data is collated monthly and analysed for trending through the electronic resident management system. Results are discussed at the meetings.</p> <p>The recent annual resident and family/whānau satisfaction surveys indicate that both residents and family/whānau have reported high levels of satisfaction with the service provided. Results will be shared in the next staff, resident and family/whānau meetings, as confirmed on interview with management.</p> <p>Discussions with the FM and CM evidenced awareness of their</p> |
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| | | <p>requirement to notify relevant authorities in relation to essential notifications. There have been several Section 31 notifications completed for registered nurse shortages on night shift. There have been no outbreaks since the previous audit. Management described outbreak management, notifications and staff debriefs.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is an annual education and training schedule being implemented that includes mandatory training across 2022 and 2023. Training is provided monthly via an online platform with a record of completion evidenced on staff files. Toolbox talks are held when required or at handovers, facilitating the collection and sharing of high-quality safe services for all residents.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. Staff completed competency assessments as part of their orientation (including fire safety; hand hygiene; falls prevention; aging process; communication; personal cares; restraint; challenging behaviours; infection control; personal protective equipment; manual handling; and health and safety). Additional RN competencies cover medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; and wound management. All HCAs are required to complete annual competencies for restraint; handwashing; correct use of personal protective equipment (PPE); medication; cultural safety; and moving and handling. A record of completion is maintained on an electronic register.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 30 HCAs, 25 have completed their level four qualification, three have completed their level three qualification, one has completed their level two qualification, and one has completed level one. The nine HCAs initially employed to work in the dementia unit have all completed the dementia standards. There are a further three HCAs within the workforce that have completed the dementia standards and three currently enrolled who will work in the dementia unit as the unit's occupancy increased.</p> <p>External training opportunities for care staff include training through Te Whatu Ora -Waitaha Canterbury, and Nurse Maude. Registered nurse specific training includes training through the University of Tasmania</p> |

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| | | <p>(understanding dementia, preventing dementia, understanding brain injuries), pressure injury prevention, and management of the deteriorating adult. There are nine RNs (including the GM, FM and CM), and all RNs are interRAI trained.</p> <p>The staffing policy meets with the safe staffing hours and aligns with the ARRC contract with Te Whatu Ora -Waitaha Canterbury. There is at least one RN on each shift. The CM is based in the memory support unit for 40 hours a week. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. All staff hold current first aid certificates, ensuring a first aid trained staff member on duty 24/7. There have been previous section 31 notifications regarding RN shortages, in particular night shifts. This has been resolved.</p> <p>Interviews with residents and families/whānau confirmed staffing overall was satisfactory.</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> | <p>FA</p> | <p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are stored securely in the general manager's office. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes specific to their roles. All staff signed a house rules/code of conduct document at time of employment commencement. There is a specific orientation induction policy for bureau and temporary staff.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and additional roles (eg, restraint coordinator, infection control coordinator) to be achieved in each position. All staff sign their job description during their onboarding to the service.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff who had been employed for over one year have an annual appraisal completed.</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 when first employed. Competencies are completed at orientation.</p> |

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| | | Volunteers, including students, are used (particularly with activities) and an orientation programme and policy for volunteers is in place. |
| <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> | FA | <p>Five resident files were reviewed, including two hospital level residents (including one on an end-of-Life contract), two dementia level residents, and one rest home resident in an apartment. The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes, six-monthly care review electronic form, and family/whānau contact forms. Family/whānau interviewed stated they are involved in the development and evaluation of the care plan.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All long-term resident files, excluding those on end-of-life contracts, had an interRAI assessment completed within the required timeframes. Additionally, all files had a suite of assessments (including activities, cultural, and dietary assessments) completed to form the basis of the long-term care plan or initial care plan. Cultural assessments included identification of traditional healing practices, where applicable. InterRAI and risk assessment outcomes form the basis of the care plans. Assessments and care plans are completed within the required timeframes. Additional risk assessment tools include behaviour and wound assessments as applicable.</p> <p>Long-term care plans for all long-term residents had been completed within 21 days. The long-term care plan includes aspects of daily living. Care plan interventions were holistic and addressed all needs in sufficient detail to guide staff in the management of the care of the resident. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. The GP reviews residents at least three-monthly. Short-term care plans are utilised for acute issues, including (but not limited to) weight loss, infections, and acute wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely weekly and provides out of hours cover. The GP (interviewed) commented positively on the communication and quality of care at the facility. Specialist referrals are</p> |

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| | <p>initiated as needed. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist four hours a fortnight and a podiatrist visits every six to eight weeks. Specialist services, including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care, and continence specialist nurse, are available as required through Te Whatu Ora -Waitaha Canterbury or the district nursing service.</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. Progress notes are written electronically every shift and as necessary by healthcare assistants and at least weekly by the registered nurses. The registered nurses further add 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, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented on the electronic resident record.</p> <p>There were two current wounds (a surgical wound and one skin tear). Both wounds reviewed had comprehensive wound assessments, including photographs to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to the Nurse Maude clinical nurse specialist. There were no pressure injuries at the time of the audit. Healthcare assistants and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the registered nurses complete monitoring charts, including bowel chart; reposition charts; vital signs; weight; food and fluid chart; blood glucose levels; and behaviour as required. Incident and accident reports reviewed evidenced timely RN follow up, and relatives are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the unit coordinator or clinical</p> |
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| | | <p>manager, who reviews every adverse event before closing, neurological observations have been completed as per the falls management policy and neurological observation policy.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service uses blister packs for all medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system and in the progress notes.</p> <p>All medications are stored securely in one of the three dedicated medication rooms. Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. Expired medicines were being returned to the pharmacy promptly. All eyedrops have been dated on opening.</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 medication chart has photo identification and allergy status identified. There is one resident self-administering their medications in the hospital home that are deemed competent with three-monthly competency reviews, and their medication is safely stored. The medication policy describes the procedure for self-medicating residents, and this has been implemented as required. There are no standing orders in use.</p> <p>Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> |

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| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | FA | <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A daily running sheet ensures residents receive their special diets and food preferences. Copies of individual dietary preferences were available in the kitchen folder. A food control plan is in place and expires in June 2024.</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>A standard transfer notification form is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents’ records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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</p> | FA | <p>Appropriate systems are in place to ensure the resident’s physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 1 November 2023 for the main lodge and June 2024 for the care centre. The Certificate of Public Use was obtained and replaced with a current warrant of fitness for the new care centre building expiring in June 2024. The previous partial attainment (HDSS:2008 #1.4.1.1) has been addressed. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Water temperatures were monitored and recorded. Residents and family/whānau interviewed were</p> |

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| <p>people's sense of belonging, independence, interaction, and function.</p> | | <p>happy with all aspects of the environment. Spaces were culturally inclusive and suited the needs of the resident groups.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are provided by an external consultant with input from infection control specialists and reviewed by the management team and governance. Policies are available to staff and linked to the quality system. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control programme is reviewed and reported on annually.</p> <p>The infection control policy states that Holly Lea Village is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. The infection control coordinator has undertaken recent education both online and at a New Zealand Age Care Association (NZACA) workshop in infection prevention and control and has additional support from expertise at Te Whatu Ora- Waitaha Canterbury. All staff have completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p> |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | <p>FA</p> | <p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use. This data is monitored and analysed for trends, monthly and annually. Holly Lea Village incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of</p> |

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| | | <p>improvement. Holly Lea receives regular notifications and alerts from Te Whatu Ora Health – Waitaha Canterbury for any community concerns. There have been no outbreaks reported since the previous audit in April 2023. The infection prevention coordinator described appropriate management and notification of outbreaks should they occur.</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>An interview with the restraint coordinator described the organisation’s commitment to restraint minimisation. This is supported by the governing body and policies and procedures. On the days of audit there was no restraint in use. The care manager is the restraint coordinator.</p> <p>Staff attend training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at quality and staff meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings.</p> <p>A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing, and the cultural advisor will be consulted as required.</p> |

Specific results for criterion where corrective actions are required

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

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

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

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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 audit.

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End of the report.