

Avon Lifecare Limited - Avon Life Care

Introduction

This report records the results of a Certification 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:	Avon Lifecare Limited
Premises audited:	Avon Life Care
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: 14 September 2023 End date: 15 September 2023
Proposed changes to current services (if any):	At the last audit the service had 110 beds in total; however, since then three double rooms have been made into single rooms with new ensuites. Total beds for the service is now 107.
Total beds occupied across all premises included in the audit on the first day of the audit:	72



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
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Avon Life Care provides rest home and dementia level of care for up to 107 residents. At the time of the audit there were 72 residents.

This certification audit was conducted against 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 policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, staff, general practitioner, and management.

There have not been any changes in management since the last audit. An experienced area/facility manager oversees the day-to-day operations of the facility. The area/facility manager is supported by a clinical manager, two-unit coordinators (registered nurses), and experienced healthcare assistants.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. The service continues to improve the residents' outdoor environment, especially in the dementia unit.

This certification audit identified no shortfalls.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Avon Life Care provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service works to embrace, support, and encourage te ao Māori of health and provide high-quality and effective services for residents. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The area/facility manager and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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.

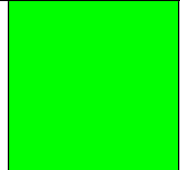
Avon Life Care has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The general manager, supported by the area/facility manager, oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Avon Life Care

has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the organisation's governance. Avon Life Care collates clinical indicator data and comparison of data occurs. There are human resources policies including recruitment, selection, orientation, staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Relevant information is provided to the potential resident and their family/whānau. The clinical manager and unit coordinators are responsible for each stage of service provision. Medication policies and procedures reflect legislative requirements and guidelines. Annual medicine administration competencies are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities coordinators and diversional therapist provide and implement a robust activity programme which includes outings, entertainment, and activities which are meaningful to the residents.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food plan in place. Nutritious snacks are available 24 hours a day.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. A staff member with a current first aid certificate is rostered on each shift. All residents' rooms have call bells which are within easy reach. Security checks are performed by staff and security lights are installed internally and externally throughout the facility.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within communal areas. Appropriate training, information, and equipment for responding to emergencies are being provided. The dementia unit is secure at all times.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of the Avon Life Care and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been six Covid-19 outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical manager. The facility has no residents currently using restraints. Use of restraints would be considered as a last resort only after all other options were explored.

Maintaining a restraint-free environment is included as part of the education and training plan. Staff maintain restraint competency.

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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>	<p>FA</p>	<p>A Māori Health Plan policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. At the time of the audit there were residents that identified as Māori.</p> <p>The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. The service has a Māori cultural advisor (works as an activities coordinator at the three group facilities, Avon Life Care, Kauri Lodge and Victoria Care) who has offered services as representative of Ngāi Tu Whare Toa and has links with local iwi and marae. The Māori cultural advisor provides support and guidance for any Māori residents and staff and greets any new residents/family/whānau at any of the three facilities when needed.</p> <p>Avon Life Care is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. After imbedding initiatives provided by Māori staff members, the service has</p>

		<p>implemented the use of te reo Māori and tikanga Māori into everyday practice. Initiatives included culturally appropriate menu choices, welcoming processes for new residents and staff, recruitment of Māori staff through education, and embedding a culture of acceptance.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Ten staff interviewed (two unit- coordinators registered nurses (RNs), six healthcare assistants (HCA), one chef and one cleaner) described how care is based on the resident's individual values and beliefs.</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 health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>On admission all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan. At the time of the audit there were no residents that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has links with the local Etu Pasifika health, wellbeing and whānau ora services. There are also links to other Pacific community groups through Pacific staff.</p> <p>Interviews with staff, eight residents (all rest home), six relatives (five dementia and one rest home) and documentation reviewed, identified that the service puts people using the services, whānau, and communities at the heart of their services.</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>Avon Life Care policies and procedures are being implemented and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available such as information in te reo Māori. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2023. The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: 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>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Healthcare assistants interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code of Rights at orientation and through regular in-</p>

		<p>services. The service recognises Māori mana motuhake, independence, and sovereignty as evidenced in policy.</p> <p>Avon Life Care delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2023 included sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout all departments of the service. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Healthcare assistants and unit coordinators interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys completed in July 2023 confirm that residents and families/whānau are treated with respect.</p>
<p>Subsection 1.5: I am protected from abuse</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>	FA	<p>An abuse and neglect policy is implemented. Avon Life Care policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are completed to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2023. Staff are aware of how to value the older person by 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. Staff are educated on how to value the older person, showing them respect and dignity.</p>

		<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the clinical manager, unit coordinators, activity coordinators, and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Three-monthly resident meetings are held, and meeting minutes reviewed identified feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if enduring power of attorney or family/whānau have been informed (or not) of an accident/incident. This is also documented on the family communication sheet held in the front of the resident's file. Twelve accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when the residents' health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Te Whatu Ora – Waitaha Canterbury specialist services. The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved. The clinical</p>

		<p>manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. There is information available to family/whānau related to dementia care and how the facility manage behaviour that is distressing.</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>A policy that guides informed consent is in place that include the guidance on advance directives. Informed consent processes were discussed with residents and family/whānau on admission. Six resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, and medication management. Medical cares were included and signed as part of the admission process. Specific consent had been signed by competent residents or the enduring power of attorney (EPOA) for procedures such as influenza, Covid-19 vaccines and for the residents in shared rooms. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. Enduring power of attorney documentation is filed in the residents' files and is activated for residents in dementia level of care, or as clinically indicated for rest home level care residents. Medical certificates for incapacity, where indicated, were sighted on file.</p> <p>Advance directives for health care, including resuscitation status, had been completed by the general practitioner. Interviews with family/whānau identified that the service informs them of any health care changes. Discussions with the caregivers and enrolled nurse confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights that included informed consent.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent and the cultural awareness policies guide cultural responsiveness to Māori perspective in relation to informed consent.</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 provided to residents and relatives on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The area/facility manager has access to an electronic complaint register for logging record of all complaints, both verbal and written. There was one complaint received in 2022 and no complaints made in 2023. The complaint which was reviewed, included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commission. The area/facility manager advised that staff and the general manager are informed of complaints (and any subsequent corrective actions) via staff/quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available in both the dementia and rest home wings. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly and are chaired by the activities coordinator. Residents and relatives making a complaint can involve an independent support person in the process if they choose; this is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services.</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</p>	<p>FA</p>	<p>Avon Life Care is certified to provide rest home, hospital and dementia levels of care for up to 107 residents (six rooms since the last audit have been made into three single rooms with new ensuites). There were no hospital level residents on the day of the audit.</p> <p>At the time of the audit, there were 92 beds being used; 20 beds in the secure dementia unit, 72 dual purpose beds being used for rest home level care, and 15 dual purpose beds which were not currently being used.</p> <p>There are 20 beds in the secure dementia unit and 72 dual purpose beds being used for rest home level care. There were 72 residents in</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>total: 20 residents assessed at dementia level care in the secure dementia unit, including one funded through mental health services; and 52 residents at rest home level, including one on a long-term support chronic health conditions (LTS-CHC) contract, two funded through mental health services, one on a younger persons with disabilities (YPD) contract and two residents on respite care. There is one double room suitable for two residents sharing; at the time of the audit this room was occupied by a married couple.</p> <p>The Avon Life Care business operations plan for 2023-2025 has a vision, mission, philosophy, and measurable goals. The area/facility manager reports at regular intervals to the general manager. Reporting includes health and safety; staffing; infection; ethnicity data; quality trend and analysis; and restraint minimisation. The statement of performance describes annual goals and objectives and provides a leadership commitment to support outcomes to achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. The statement of performance aligns with the Ministry of Health strategies. Māori cultural advisor assists the general manager and facility to offer expert support in te reo Māori and tikanga Māori. The general manager and management team have completed Mauri Ora training to ensure cultural competency.</p> <p>The facility is owned by a general manager who also has two other aged care facilities (Kauri Lodge and Victoria Care) in the Christchurch area and was knowledgeable around legislative and contractual requirements. The area/facility manager is an RN who has many years of management experience in the aged care sector. The area/facility manager is supported by a clinical manager and operations manager. The managers are supported by a team of RNs and care staff. The service has a Māori cultural advisor who provides support and guidance for any Māori residents and staff. After imbedding initiatives provided by Māori staff members, the service has implemented the use of te reo Māori and tikanga Māori into everyday practice. Collaboration with the general manager, area/facility manager, Māori cultural advisor, staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care. The area/facility manager, clinical manager and operations</p>
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		<p>manager provide clinical oversight.</p> <p>The area/facility manager and clinical manager have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Avon Life Care has an established quality and risk management system which is embedded into practice. Quality and risk performance is reported across facility meetings and to the area/facility manager and general manager. The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data. This is utilised for service improvements, action plans are developed when service shortfalls are identified, and these are monitored by group office. Results are communicated to staff at the monthly staff/quality meetings and reflect actions being implemented and signed off when completed. Communication to staff is enhanced by daily briefings, as well as handovers.</p> <p>Policies and procedures provided by an external consultant align with current good practice and they are suitable to support rest home and dementia levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. An annual resident and relative satisfaction survey has been conducted in July 2023 with positive results and comments relating to the care and services provided at Avon Life Care. No corrective actions were required for either the residents or relatives' surveys.</p> <p>Health and safety policies are implemented and monitored through the three-monthly staff, quality meetings and monthly management meetings. Risk management, hazard control and emergency policies and procedures are in place. A health and safety representative</p>

		<p>(operations manager) was interviewed about the health and safety programme. Service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed and included in quality data, and discussed at all facility meetings.</p> <p>Discussions with the area/facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been ten Section 31 notifications completed since the last audit in relation to pressure injuries; resident altercations including police involvement; one resident choking event; and RN shortages. There has been six outbreaks since the last audit which were notified to Public Health in a timely manner.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster reviewed provides sufficient coverage for the delivery of care. The area/facility manager and clinical manager work full time from Monday to Friday. The area/facility manager, clinical manager, unit coordinators, RNs and activity coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the HCA interviews. Staff and residents are informed when there are changes to staffing levels.</p> <p>An education programme is in place for 2023. Education in 2023 has been provided around: manual handling; infection control; outbreak/Covid-19 management; health and safety; hazards; restraint; abuse and neglect; weight management; pain management; fire drill; and documentation and reporting. Training is also provided to staff through toolbox talks. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training</p>

		<p>through Te Whatu Ora – Waitaha Canterbury and hospice.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 25 HCAs; two staff have completed their level two qualifications, two have completed level three, and twenty-one have completed their level four qualification. A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; and manual handling. The four RNs, including the clinical manager, are interRAI trained. Support systems promote health care and support worker wellbeing and a positive work environment. Of the seven HCAs who work in the dementia area, three have completed the relevant dementia standards and the other four are less than 18 months in the service and are in progress to complete the dementia standards within the required timeframe.</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>Human resources policies are in place and include recruitment, selection, orientation and staff training and development. Staff files are held in the area/facility manager's office in a locked filing cabinet. Seven staff files reviewed (one clinical manager, one unit coordinator, three HCAs, one operations manager and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, and police checking. All staff who have been employed for over one year are to have an annual appraisal completed. Completed orientation documentation and up-to-date appraisals were evident in the files reviewed. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. A copy of practising certificates is maintained for all health professionals.</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. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe</p>

		environment for Māori. Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained. Following an incident/accident, there was evidence that HCAs have the opportunity to be involved in a debrief discussion to receive support following incidents, to ensure wellbeing support is provided. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	Resident paper-based files and the information associated with residents and staff are retained in hard copy, and electronically. The service utilises an electronic format for resident information, documentation, and data. Electronic information (eg, policies and procedures, incident, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<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</p>	FA	<p>An admission and decline to entry policy is in place. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service.</p> <p>Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the</p>

<p>information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>contracts under which the service operates.</p> <p>The unit coordinators and the clinical manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly quality report developed by the general manager and reviewed at directors' meetings. The facility has established links with a Māori advisor, who is a kaumātua from Matamata marae and is able to consult on matters in order to benefit Māori individuals, and whānau, when there are Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine resident files were reviewed: three residents with dementia aged residential contracts and six rest home, including one resident with a mental health contract, one resident on respite, one younger person with a disability (YPD), and one on a long-term chronic agreement (LTS-CHC). The clinical manager and unit coordinators are responsible for undertaking all aspects of assessments, care plan development and evaluations. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in family/whānau contact records and progress notes.</p> <p>Initial assessments and interRAI assessments for all residents, including the residents with LTS-CHC contracts (excluding the resident on respite), were viewed in resident files and had been completed within the required timeframes. The resident on respite rest home level care/ACC had appropriate risk assessments completed and a care plan documented.</p>

	<p>Risk assessments are conducted at admission relating to (but not limited to) falls, pressure injury, continence, nutrition, skin, cognition, and pain. Outcomes of the assessments formulate the basis of the long-term care plan and the activities plan. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/family/whānau form the basis of the long-term care plans. Care plans have been developed within the required timelines. The care plans were holistic, with interventions to guide staff on care delivery for the residents.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. A Māori health care plan is available and used for those residents that identify as Māori. At the time of the audit there were residents who identified as Māori. The general manager, clinical manager and unit coordinators interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence. The service has a process to support Māori residents and whānau to identify their own pae ora outcomes in their care plan. Cultural assessments are completed for all residents. Values, beliefs, and spiritual needs are documented in the care plan and Te Whare Tapa Whā care plan is developed for Māori residents.</p> <p>Short-term care plans were utilised for issues such as infections, weight loss, and wounds. These are either resolved or incorporated in the long-term care plan. Written evaluations reviewed identify if the resident's goals had been met or if further interventions and support are required. Long-term care plans had been updated with changes to health status.</p> <p>Medical services are provided by a general practitioner (GP) from a local medical practice, who visits two weekly and is available as required. The GP is on call after hours and on weekends for resident's medical needs. The resident files identified the GP had seen the resident within five working days of admission and had reviewed the residents at least three-monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit, stated they were happy with the</p>
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	<p>communication from the clinical managers and unit coordinators and there was good use of allied health professionals in the care of residents. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans by the specialist services at Te Whatu Ora –Waitaha Canterbury, including older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has a contracted physiotherapist and will respond as requested.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift. On observation of a handover on the day of the audit, information was comprehensively communicated verbally and included monitoring requirements and changes in care. Healthcare assistants document progress on each shift. The GP and allied health professionals document their reviews. There was evidence the unit coordinators and clinical manager added to the progress notes when there was an incident and changes in health status of residents.</p> <p>When a resident’s condition alters, the clinical manager or unit coordinator initiates a review with the GP. The progress notes and family/whānau records reviewed provided evidence that family have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members.</p> <p>There were no wounds or pressure injuries present on the day of audit. The wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring forms are available and there is access to wound expertise from a wound care nurse specialist. Healthcare assistants and unit coordinators interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Residents interviewed reported their needs and expectations were being met.</p> <p>Care plans reflect health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight;</p>
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		<p>food and fluid chart; turning charts; blood glucose levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Care plan interventions included individualised de-escalation strategies and activities over a 24-hour period. Incident reports reviewed evidenced neurological observations are completed for unwitnessed falls, or where there is a head injury. Immediate action was noted, and any follow-up action(s) required were documented and evidenced in progress notes by a unit coordinator. Incidents were fully investigated or signed off in a timely manner.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Avon Life Care employs one activities coordinator and two diversional therapists (DTs) across seven days. The activities in the dementia unit and rest home are provided by a DT (Monday to Friday); an activities coordinator supports the DT in the rest home area. Further to this in the dementia unit on Saturdays and Sundays, the rostered activities coordinator assists in facilitating activities with the HCAs.</p> <p>The activities coordinator and DT were interviewed and discussed the two programmes: one specific to dementia and one rest home level care. They are held separately and changed to accommodate the appropriate cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. The activities in the dementia unit have bingo balloons, cultural activities, reminiscing and fancy dress. Rest home includes croquet, newspaper reading, and arts and craft. Planned outings for rest home and the dementia area to the community occur for shopping and/or sightseeing and these are scheduled. There are visiting dogs to the facility. Church visitors are available for residents. Residents who do not participate regularly in group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and staff.</p> <p>Themed days such as Waitangi Day, Valentines Day, Kings Birthday, Matariki, and ANZAC Day are celebrated with appropriate resources available. Cultural-themed activities include the use of Māori music, language, and TV/film. The use of te reo Māori for everyday use is encouraged and observed on the day of audit. Families/whānau</p>

		<p>interviewed spoke positively of the activity programme.</p> <p>Each resident has a 24-hour individual-activities care plan which contains strategies for diversion and de-escalation should these be required. The activity plans reviewed in the rest home and dementia areas were comprehensive and had been reviewed at least six-monthly.</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 and procedures in place for safe medicine management that meet current guidelines. There is an electronic medication management system in place. Twelve medication charts reviewed met legislative prescribing requirements. All medication charts had photographic identification and sensitivity and allergy status documented. The GP has reviewed the medication charts three-monthly.</p> <p>The RNs unit coordinators and HCAs who administer medications have been assessed for competency on an annual basis. Medications are checked on delivery by the RN. All medications are stored safely. The medication room air temperature and medication fridge temperatures are monitored and were evidenced to be within the recommended ranges. There were no residents self-administering their medications on the day of audit; however, processes were in place to allow this. Regular and pro re nata (PRN - as required) medications are administered as per policy and effectiveness is documented. All medications are checked at least monthly, and no expired medications are kept on site.</p> <p>Standing orders were not used at Avon Life Care. Medication errors were reported, and follow-up was completed.</p> <p>Residents, including Māori residents and their whānau, are supported to understand and access their medications, and this was confirmed by the residents and their whānau during interviews. Culturally specific medicines and over-counter medicines are considered as part of the resident's medication and, if in use, these would be documented on the resident's electronic medication management file. There were no culturally specific medicines or over-counter medicines in use at the</p>

		time of the audit.
<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>There was a current food control plan in place expiring 1 January 2024. The current menu was approved by a registered dietitian in April 2022.</p> <p>Meals are transferred from the kitchen to the dining rooms in both areas by hot box. Auditors observed that the dining room spaces are adequate, and all residents received their meals with dignity.</p> <p>Prepared food was covered, dated, and stored in the refrigerator. Cleaning records of the kitchen and its appliances were completed daily. Refrigerator and freezer temperature records were maintained, and records verified these were within acceptable parameters. Staff were observed to be wearing the correct personal protective clothing. End-cooked and or serving temperatures are taken on each meal and were within safe parameters.</p> <p>Each resident had a nutritional assessment completed by the unit coordinator or clinical manager on admission. Individual dietary requirements were documented in the resident’s clinical file, and a copy of this information was sighted in the kitchen. Supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen is run by a qualified chef and one kitchen assistant, with support from the caregivers at the weekend. The chef interviewed was knowledgeable about the consideration of cultural values and beliefs, including Māori practices in line with tapu and noa and is fluent in te reo Māori. Residents’ meal requests are accommodated.</p> <p>Nutritious snacks and finger foods are available for the residents at any time of the day or night. Family and whānau at times, bring food with cultural significance to residents, and residents go out with whānau for meals/kai and celebrations. The kitchen staff had food handling training.</p> <p>Residents and family/whānau interviewed spoke positively about the food service and confirmed that any feedback was accepted and implemented.</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>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support, Te Whatu Ora – Waitaha Canterbury, or kaupapa Māori agencies, where indicated or requested.</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>A building warrant of fitness is in place and expires on 8 July 2024. A preventative maintenance programme is in place. The planned maintenance schedule includes electrical testing and tagging, calibrations of weigh scales and clinical equipment and these have been completed. Monthly hot water temperatures are completed by the garden and maintenance manager. Water temperatures had been recorded from 2022 to present day and had been consistently recorded at 45 degrees Celsius.</p> <p>There are two separate buildings. Holdsworth House is a 31-bed rest home facility. The 39-bed hospital unit and 20 bed dementia unit (Deans House) are in Avon House. The operations manager oversees property and maintenance. There is a full-time maintenance person (qualified builder) who is responsible for the daily maintenance and planned maintenance across both buildings. A maintenance request folder is kept at the main reception area and is checked daily for repairs and maintenance requests which are signed off as completed. The planned maintenance schedule has been completed to date and includes indoor, outdoor and equipment (wheelchairs, hoists, electric beds) maintenance. There are essential contractors available 24 hours. Electrical equipment has been tested and tagged. Hot water temperatures in resident areas are monitored and maintained below 45 degrees Celsius.</p> <p>Residents in the Deans House – the dementia care unit is secure and</p>

		<p>has an enclosed secure garden area with safe walkways. There are safe entry/exit doors from the unit to the outdoors with shade and outdoor seating.</p> <p>Rooms are personalised according to the resident's preference. Spaces were culturally inclusive and suited the needs of the resident groups. All rooms have external windows which can be opened for ventilation. A combination of central heating and heat pumps are in place to heat the facility.</p> <p>Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the areas with mobility aids during the audit. There are adequate numbers of accessible bathroom and toilets throughout the facility, including a separate toilet for staff and for visitors. In the facility there is also a dining room, kitchen, laundry/slucice, along with office area and staff room.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Staff interviews confirmed that they have adequate equipment to safely deliver care for residents.</p> <p>The service is not planning any major refurbishments; however, a governance interview confirmed that they understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori.</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>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. An emergency/disaster management plan guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 11 December 2020. Fire evacuation drills are held six-monthly and the last one was completed on 21 September 2023. There is emergency/disaster management plan in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard</p>

		<p>and are checked three-monthly. In the event of a power outage, there is back-up power available and gas cooking (four BBQ's and gas Hobbs in the kitchen). There is adequate food supply available for each resident for minimum of seven days.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water storage (two x 500 litre and two x 1,000 litre water tanks) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. Residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at entrance and hallways of each building. The dementia unit is secured with a keypad locking system.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Avon Life Care business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Public Health and Te Whatu Ora – Waitaha, Canterbury. Infection prevention, control and antimicrobial stewardship resources are accessible.</p> <p>The facility infection control committee is part of the monthly staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the infection prevention and control team, the GP, and the Public Health team. There is a communication pathway for reporting infection prevention, control and antimicrobial stewardship issues to</p>

		<p>governance.</p> <p>The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention, control and antimicrobial programme is reviewed annually (and when there are changes to standards and guidelines) by the infection prevention and control team, which includes the infection prevention control coordinator (the clinical manager), and area/facility manager. The annual review was completed and documented in August 2023.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora – Waitaha, Canterbury.</p> <p>The infection prevention and control coordinator (clinical manager) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has many years of working in this area and has completed advanced study in infection prevention and control; further to this, they have had recent online training. The infection prevention and control coordinator has access to support from sister facilities.</p> <p>The infection prevention and control coordinator was interviewed, described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The infection prevention and control audit monitors the effectiveness of education and infection control practices.</p>

	<p>The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention and control information and hand hygiene posters in te reo Māori. The infection prevention and control coordinator and HCAs work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Infection prevention and control is part of the quality/staff meetings (sighted) and evidence a clear process of involvement during development of the new build and ongoing refurbishments of the building.</p> <p>The infection prevention control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the owners. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and clinical manager provide oversight on antimicrobial use within the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the Avon Life Care infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection prevention and control surveillance is discussed at quality and staff meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Te Whatu Ora- Waitaha Canterbury services for any community concerns.</p> <p>There have been six Covid-19 outbreaks since the last audit. An action plan for the infection prevention and control of Covid-19 was put in place, which evaluated effectiveness of measures put in place to manage outbreaks. Outbreaks have occurred in both the dementia and</p>

		rest home areas and were managed well.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms and sanitisers with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site with all laundry completed by staff on duty. There is a housekeeper/laundry on duty Monday to Sunday. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building. The infection prevention and control during construction, renovations and maintenance policy guide the input required from the infection prevention and control coordinator.</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</p>	FA	<p>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. At all times when restraint</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit the facility was restraint free. The clinical manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the three-monthly clinical/RN, staff and quality meetings.</p> <p>A restraint approval group meets annually to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs. This was last held in January 2023. The clinical manager interviewed described the focus on maintaining a restraint-free environment and stated the general manager is supportive of providing equipment resources to ensure a restraint-free environment. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. There are no residents restrained and this is reported at each staff/quality meetings and to the general manager/ owner. An annual review of restraint includes strategies to ensure the health and safety of residents and Avon Life Care staff.</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.

No data to display

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.

No data to display

End of the report.