

The Wood Lifecare (2007) Limited - The Wood Lifecare

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: The Wood Lifecare (2007) Limited

Premises audited: The Wood Lifecare

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

Dates of audit: Start date: 25 March 2024 End date: 26 March 2024

Proposed changes to current services (if any): The service requests the addition of Residential disability services – Physical services to their certificate. The service was verified as suitable to provide Residential disability services – Physical services at this audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 75

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

The Wood Lifecare is part of the Arvida group and is certified to provide hospital (medical and geriatric) and rest home levels of care for up to 112 beds including 36 in the serviced apartments. At the time of the audit there were 75 residents: 43 hospital and 32 rest home including 2 in the serviced apartments.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora - Nelson Marlborough. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The village manager has been in the role for three and a half years. They are supported by a clinical manager (registered nurse), clinical nurse leads, registered nurses, wellness partners and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers.

There are quality systems and processes being implemented. Feedback from residents and families/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.

There were no areas of improvement to follow up from the previous certification audit.

This surveillance audit identified shortfalls related to meetings, and care planning.

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.
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The Wood Lifecare provides an environment that supports resident rights and safe care. There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

The Wood Lifecare demonstrates their knowledge and understanding of resident’s rights and ensures that residents are well informed in respect of these. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service in accordance with the Code of Health and Disability Services Consumers’ Rights, and complainants are kept fully informed. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.		Some subsections applicable to this service partially attained and of low risk.
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The 2023/24 business plan includes a mission statement and operational objectives. The service has quality and risk management systems documented that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Arvida The Wood collates clinical indicator data and benchmarking occurs.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent wellness partners are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Transfer between services is coordinated and planned.

Te aro ki te tangata me te taiao haumaruru | 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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A current warrant of fitness is in place and displayed. There is a planned and reactive maintenance programme in place.

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.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at executive and board level. There is an appropriate number of protective personal equipment to manage outbreaks.

Surveillance data is undertaken. Infection incidents are collated and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been three outbreaks recorded and reported on since the last audit.

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.
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Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. The strategic plan aims to be restraint free. The restraint coordinator is the clinical manager. At the time of the audit there were no restraints used. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	1	1	0	0
Criteria	0	46	0	4	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Arvida which is understood by staff. Seven care staff (three wellness partners, three registered nurses, one clinical nurse lead) interviewed confirmed that mana motuhake is recognised. The principles of these actions are also applied to people with disabilities. At the time of the audit there were Māori staff and residents. The service has a working relationship with local marae and existing Māori staff who support the service in the application of Te Reo and Māori worldview.</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</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. There are four stages identified for the implementation of the Pacific health plan and include setting the foundations, develop commitment, deliver the action plan, and providing leadership. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare. There are staff members who identify as Pasifika who are involved in staff training related to worldviews, cultural, and spiritual beliefs of Pacific peoples. The Wood Lifecare currently has residents who originate from the Pacific</p>

Pacific peoples for improved health outcomes.		Islands.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The village manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Seven residents (four rest home, three hospital) and five family/whānau interviewed (three rest home and two hospital) reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</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>	FA	<p>The Wood Lifecare policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with three registered nurses, one clinical nurse lead and three wellness partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Six resident files (two rest home including one on Accident Compensation Corporation [ACC] and one respite, four hospital including one younger person with a disability [YPD] and one on long-term support chronic health [LTS-CHC] contract) were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and</p>

<p>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>medical care were included and signed as part of the admission process. Specific consent had been signed by competent residents or EPOA for procedures such as influenza and COVID-19 vaccines. 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 enduring power of attorney (EPOA). Enduring power of attorney documentation is filed in the residents' files and is activated as clinically indicated and medical certificates for incapacity were sighted on file.</p> <p>Interviews with five family/whānau (three rest home, two hospital), and seven residents (four rest home, three hospital) confirmed their choices regarding decisions and their wellbeing is respected.</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 family/whānau during the resident's entry to the service. Complaint forms are located throughout the facility or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There were six complaints logged since last audit. These included one HDC (June 2023), two through Health New Zealand – Nelson Marlborough and three internal complaints (one in December 2022, two in March 2024) related to care delivery. Documentation reviewed included acknowledgement, investigation, follow-up and replies to the complainant demonstrating that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. The HDC complaint remains open. The service supplied all the required information to HDC in July 2023.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality staff meetings (minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any</p>

		<p>concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</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>The Wood Lifecare is owned and operated by the Arvida Group. The service is certified to provide rest home and hospital level care for up to 112 residents. These include 12 dual purpose beds, 30 dedicated rest home beds, 34 hospital beds and 36 beds in the serviced apartments. There are no double or shared rooms. The service requests the addition of Residential disability services – physical services to their certificate as included above. The service was verified as suitable to provide Residential disability services – physical at this audit.</p> <p>At the time of the audit there were 75 residents: 32 rest home level care including two in the serviced apartments, one respite and one on Accident Compensation Corporation (ACC) funding; 43 hospital level care including six younger persons with a disability (YPD), one respite, one on Accident Compensation Corporation (ACC) funding, and one on long-term support chronic health contract (LTS-CHC). The remaining residents were all under the aged-related residential care (ARRC) contract.</p> <p>Arvida Group’s Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida executive team comprises of eight experienced executives. There are various groups in the support office who provide oversight and support to village managers including: a wellness and care team (including health and safety), information technology, people and culture and finance and accounts personnel. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters and occupancy.</p> <p>There is a The Wood Lifecare 2023 business plan (and a 2024 business plan</p>

	<p>being implemented) which describes specific and measurable goals that are regularly reviewed and updated as sighted in the meeting minutes. Site specific goals related to establishing cultural links, improving resident satisfaction and focus on sustainability. Quality improvements are documented around satisfaction survey results and food service with an eating well advocate, a resident, working alongside the cook and the kitchen team.</p> <p>The executive team, village manager and clinical staff have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. There is a health equity group that guides vision, practice, and development. There is a separate Māori advisory committee (with eight members from different villages) that assist the Health Equity Advisory Group to improve the outcomes that achieve equity for Māori. Arvida Group have contracted a Māori consultant to support policy review, te reo, Te Tiriti and tikanga Māori training.</p> <p>Arvida Group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive'. The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve.</p> <p>There is a clinical governance group that reflects the Arvida values and approach including the inclusion of a resident in the group, 'touchpoints' across different areas of expertise, and clear links to the clinical indicator steering group, Māori, and Health equity advisory groups.</p> <p>The village manager (registered nurse) has been in the role for three and a half years with many years of aged care and management experience. They are supported by an experienced clinical manager who has been in the role for two years. They are both supported by two clinical nurse leads and a team of registered nurses, wellness partners, housekeeping, maintenance, and administration staff. The management team reports a low turnover of staff.</p> <p>The village manager and clinical manager have maintained in excess of eight</p>
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		<p>hours of professional development activities related to aged care and managing an aged care facility over the past year. The village manager is supported by the wider Arvida management team.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Arvida The Wood continues to implement the Arvida quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality staff, health and safety, clinical review, registered nurse, wellness teams, 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); cultural compliance; staffing; and education. However, meetings were not always completed as scheduled and meeting minutes reviewed evidence follow-up of action and sign off has not always been completed. Internal audits and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. All the internal audits were completed as scheduled since last audit.</p> <p>Quality data and trends in data are posted in the staff room. The resident/relative satisfaction survey completed in 2023 showed a lower satisfaction with service delivery compared to 2022 with a net promoter score of 19 down from 58 in 2022. The areas of concern were related to arrival and food. The service has since put together quality improvements which saw the set-up of the eating well resident advocate, meetings held with residents and closely working together with the cook and kitchen team. Interviews with residents and family/whanau during the audit confirmed satisfaction with food service. The staff engagement survey had an engagement of 7.1, an improvement from the previous results with outstanding improvement related to diversity and inclusion and health and wellbeing. Survey results analysis and generated corrective actions have been communicated to residents and staff and there is evidence of action plans being implemented.</p> <p>The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically,</p>

		<p>and an up-to-date hazard register was reviewed (sighted). The noticeboards in the staffroom keep staff informed on health and safety issues.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in some of the accident/incident forms reviewed. Neurological observations were not always completed for incidents related to unwitnessed falls reviewed (link 3.2.4). Results are discussed in the quality staff, health, and safety meetings and at handover. Quality improvements related to pressure injuries and urinary tract infections are being implemented for 2024 in relation to the high incidence of these reported events.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been notification related to registered nurse cover (with the last one completed July 2023), January, February, March 2024 related to controlled drug measurement errors and four related to pressure injuries grade three and above. There have been three outbreaks in the facility since last audit that have been notified to Public Health. All were Covid-19 related and occurred in April 2023, November 2023, and March 2024.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The Wood Lifecare has a weekly roster in place which provides sufficient staff cover for the provision of care and service to residents. The facility adjusts staffing levels to meet the changing needs of residents. The registered nurse on each shift is aware that extra staff can be called on for increased resident requirements. Wellness partners and registered nurses reported there were adequate staff to complete the work allocated to them. The resident and family/whānau interviewed supported this. Rosters from the past three weeks showed a good cover of all the shifts with replacement evident for short notice absences.</p> <p>The village manager and clinical manager work during the week and are available on call after-hours for any operational and clinical concerns on rotation. They are closely supported by the Arvida support team including the head of clinical quality. There are no current vacancies in the registered</p>

		<p>nurse roster.</p> <p>There are designated activities, food services, cleaning, maintenance, and laundry staff. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed.</p> <p>There is an annual education and training schedule completed for 2023 and is being implemented for 2024. The education and training schedule lists compulsory training, which includes culturally safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand – Nelson Marlborough, and hospice. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The online learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Arvida The Wood Lifecare supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the fifty-five wellness partners at The Wood Lifecare, 36 are on level three and above NZQA qualification and seven on level 2.</p> <p>All wellness partners are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional registered nurse specific competencies include subcutaneous fluid and interRAI assessment competencies. The service currently employs 13 registered nurses and one enrolled nurse with three registered nurses being interRAI trained.</p> <p>The clinical manager, clinical nurse leads, registered nurses and enrolled nurses are supported to maintain their professional development. All RNs are encouraged to attend in-service training and complete critical thinking and</p>
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		problem solving, and infection prevention and control training. Staff interviewed report a positive work environment.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files reviewed (clinical manager, registered nurse, two wellness partners, cook and housekeeper) included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an 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 registered nurses and wellness partners to provide a culturally safe environment to Māori. Wellness partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Appraisal and development meetings occur three months after commencement of employment. Annual appraisals have been completed in the four of six staff files reviewed, two have been employed for less than a year but have had three-month review process completed.</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>	PA Moderate	<p>Six resident files were reviewed as the core sample: two rest home including one resident on an ACC respite care contract and one on respite care, four hospital level residents including one on LTS-CHC contract, one YPD contract. Another hospital resident files was reviewed as an incidental sample related to the management of recurrent UTIs.</p> <p>A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and other communication is linked to the electronic system and uploaded.</p>

	<p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. Two files had interRAI assessments, re-assessments, care plan development and reviews completed within the required timeframes. All other files reviewed did not require to have interRAI assessments completed. These residents have a range of appropriate risk assessments completed.</p> <p>A wide range of assessments on the electronic system is available for the RNs to utilise. Cultural assessments are woven through the `About me` and `Life history` as evidenced in the files reviewed. The outcomes of risk assessments and interRAI triggers were addressed in the care plan. Interventions documented did not always focus on preventative strategies or the interventions were not sufficiently documented to address the clinical issues. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans.</p> <p>Enabling good life principles for younger people with disabilities are in place and one care plan reviewed reflects self-determination, is person centred and individualised to include community engagement, and family and social support. One family/whānau of a young person interviewed stated they are involved in the review.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. An urgent care centre provides after-hours support when needed. The GP (interviewed) commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health nurse specialist, local hospice and wound care specialist nurse is available as required through Health New Zealand – Nelson Marlborough. The physiotherapist is contracted once a week.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit. Progress notes document care provided according to the care plan each shift. RNs document at least daily for hospital level and at least weekly and as necessary for rest home residents. There is regular documented input from the GP, and allied health</p>
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	<p>professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed evidence family/whānau are informed of incidents/accidents but not always when there is a change in health care due to infections and when antimicrobials are prescribed.</p> <p>There were thirty-four wounds including seven pressure injuries (one suspected deep tissue injury, two stage three and four stage two). Other wounds included abrasions, skin tears, a chronic wound and a surgical wound. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is regular documented wound care nurse specialist input into a chronic wound and pressure injury care. Wellness partners 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.</p> <p>Care plans reflect the required health monitoring interventions for individual residents except when fluid monitoring and regular toileting regimen is required. Wellness partners complete monitoring charts, including observations, behaviour charts; bowel chart, blood pressure; weight, food, turning charts, intentional rounding and blood sugar levels.</p> <p>Resident incidents are entered onto the electronic system and evidence timely investigation and RN follow up. Neurological observations have not always routinely and comprehensively completed for unwitnessed falls as part of post falls management.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family/whānau are invited to attend the multi-</p>
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		disciplinary case conference meeting. Short term issues such as infections, weight loss, and wounds are documented in the individual resident records and progress notes; however, where infections occurred these were not always incorporated into the long-term care plan.
<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>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked treatment room. Wellness partners and RNs are responsible for medication administration and have completed medication competencies. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are reported back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were no residents self-administering medications on the days of audit. Assessments, reviews, storage, and procedures relating to self-medication is available for residents that may wish to self-administer medications. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a RN.</p> <p>A medication round was observed in the hospital area and the medication round was disrupted because of a loss in wireless connection. The issue was raised with technical staff on the days of the audit.</p> <p>Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status documented. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents and family/whānau takes place during these reviews. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or 'as required.' Staff have received training in medication management and pain management as part of their annual scheduled training programme.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The cook receives residents’ dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The cook (interviewed) was aware of resident likes, dislikes, allergies and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Residents confirmed their individual preferences and needs were accommodated. An implemented and verified food control plan is in place.</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>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures are in place to ensure discharge or transfer of residents are undertaken in a timely and safe manner. The residents and their family/whānau were involved for all discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan.</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>There is a current building warrant of fitness that expires 4 August 2024. The maintenance person works full time (Monday to Friday) and oversees maintenance of the site, and contractor management. They are supported by another part time maintenance person and gardeners. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>Maintenance requests are logged into an electronic system and followed up in a timely manner. An annual maintenance plan includes electrical compliance testing and tagging, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Testing and tagging of electrical equipment is next due in March 2025. Checking and</p>

<p>people's sense of belonging, independence, interaction, and function.</p>		<p>calibration of medical equipment, hoists and scales is next due in February 2025.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room.</p> <p>The physical environment supports the independence of the residents. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All areas are easily accessible to the residents including YPD. The service requests the addition of Residential disability services – physical services to their certificate. The environment was verified as suitable to provide Residential disability services – physical at this audit.</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 clinical nurse lead is the infection control coordinator who currently oversees infection control and prevention across the service. They are supported by another registered nurse who will be taking over the role following orientation. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The services access workshops /webinar with Health New Zealand Te Whatu Ora and online Altura education to keep up to date with current best practice.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and 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 Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>The infection 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 (Altura). There has been additional training and education at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed hand hygiene, and personal protective equipment training. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed of infections through meetings, newsletters, and emails. However, not all infection events reviewed provided well</p>

		documented family/whānau involvement and communication (link 3.2.5).
<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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the Arvida executive team. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the Board monthly by the Arvida support office.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There have been three Covid-19 outbreaks (May 2023, November 2023 and March 2024) since last audit. These were well documented and managed. Outbreaks were reported to Public Health.</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>	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 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.</p> <p>The restraint coordinator (clinical manager) confirmed the service is committed to providing services to residents without use of restraint as evidence in the strategic plan. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Restraint training was</p>

		last completed in April 2023.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff, registered nurse and quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings have not been completed as scheduled since last audit.</p> <p>Review of the meeting minutes</p>	<p>(i) Meetings have not been completed as scheduled. There were no recorded staff meetings for March, April, and September 2023. There were no recorded registered nurses and enrolled nurses' meetings from March to August 2023 and December 2023.</p> <p>(ii) Where there were identified corrective actions or quality actions in the meeting minutes, there was not always evidence of follow-up and sign of once completed</p>	<p>(i) Ensure meetings are held as scheduled.</p> <p>(ii) Ensure that quality or corrective actions are followed up and there is evidence of sign off when completed.</p> <p>90 days</p>

		provided evidence that quality actions and correctives were documented where required. However, there was no evidence to demonstrate follow-up and sign off of actions. Meeting minutes are available for staff to read and review in the staff room as sighted on the day of the audit.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and</p>	PA Low	<p>Development of the care plan is the responsibility of the registered nurses. Cultural needs, values and beliefs are incorporated in the care planning process. It was evident in interviews and care plans reviewed that the resident and family/whānau were involved in the development of the resident goals. Goals were documented to be individualised. The risk assessments and interRAI triggers were addressed in the care plan. Interventions documented did not always focus on preventative strategies or interventions were not sufficiently documented to address the clinical risk in three of five hospital files reviewed.</p>	<p>Three of five hospital files reviewed had the following shortfalls:</p> <p>(i) One hospital level resident did not have sufficient documented interventions to manage the resident's identified clinical risks related to behaviour, mood, and pain as assessed in the last interRAI. The pain care plan documented with insufficient interventions.</p> <p>(ii) One hospital resident's unintentional weight loss of more than 5% in two months was identified but was not further investigated by the RNs.</p> <p>(iii) One YPD resident with type two diabetes had no documented direction from the GP for BSL measurements. The resident presented with recurrent UTIs and recurrent toe infections that were appropriately managed but had no further investigation to ensure it is not related their diabetes.</p> <p>(iv) Two hospital level residents (one including the above resident and one incidental sampling) did not have preventative strategies documented to prevent and identify early symptoms of recurrent UTIs.</p>	<p>Ensure interventions are: (i) documented to ensure sufficient guidance are provided to manage all clinical risks;(ii)-(ii) reflective of early and timely investigation of early warning signs and (iv) focussed on prevention.</p> <p>60 days</p>

<p>karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and</p>	<p>PA Low</p>	<p>An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed.</p> <p>Care plans reflect the required health monitoring interventions for individual residents except when fluid monitoring and regular toileting regimen is required. Wellness partners complete monitoring charts,</p>	<p>Four incident and accident forms were reviewed related to unwitnessed falls. The following shortfalls were identified:</p> <p>(i) Two incident reports related to unwitnessed falls did not have any neurological observations completed for the unwitnessed falls.</p> <p>(ii) Two incident reports identified that neurological observations were commenced but not completed to policy requirements.</p> <p>(ii) Fluid charts and toileting regimens have not been commenced for two hospital level residents at the time of a UTI.</p>	<p>(i)-(iii) Ensure the appropriate monitoring is implemented where required.</p> <p>90 days</p>

<p>pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>including observations, behaviour charts; bowel chart, blood pressure; weight, food, turning charts, intentional rounding and blood sugar levels. Resident incidents are entered onto the electronic system and evidence timely investigation and RN follow up. Arvida has documented policies in place to manage falls, post falls management and the requirements of neurological observations to be completed for all unwitnessed falls or where a head injury is suspected. Neurological observations have not always routinely and comprehensively completed for unwitnessed falls as part of post falls management.</p>		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of</p>	<p>PA Low</p>	<p>The service uses ecase as their resident management system. The long-term care plan is a living document and there are no separate short term care plans. It is recognised in the care planning policy that short term acute issues are documented in the appropriate registers (infection and incident/accident) and added to the long-term care plan. For all the files' reviewed infections were addressed in</p>	<p>(i)Acute changes related to identified infections are addressed within the infection register but have not always been documented in the support plan or updated in the LTCP.</p> <p>(ii)There are not well documented family/whānau involvement/communication/collaboration documented when acute changes in particular infections and prescribing of ABs are identified/occurring.</p>	<p>(i)Ensure infections are added to and addressed in the LTCP.</p> <p>(ii)Ensure family/whānau are informed of all acute changes (including infections) and change in medications.</p>

<p>achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>the infection register and progress notes and stated the treatment and when it was resolved; however, they were not always addressed in the LTCP as reviewed in five hospital level files (one was an incidental sample).</p> <p>Evaluations of care plans occur at regular intervals and document progress towards goals. Residents are reviewed in a timely manner when a change in level of care is required. Residents and family/whānau interviewed stated they feel informed of any changes including GP visit, acute changes and changes in medications. On the incident/accident report form/register there is a section of when next of kin or family/whānau were contacted; these were always completed. The same does not apply to the infection register and the electronic progress notes reviewed evidence family/whānau are not always informed of a change in health care due to infections and when antimicrobials are prescribed.</p>		<p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.