

Mary Doyle Healthcare Limited - Mary Doyle Lifecare

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: Mary Doyle Healthcare Limited

Premises audited: Mary Doyle Lifecare

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: 11 June 2024 End date: 12 June 2024

Proposed changes to current services (if any): None.

Total beds occupied across all premises included in the audit on the first day of the audit: 99

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

Mary Doyle Lifecare provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 161 residents. At the time of the audit, there were 99 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora – Hawkes Bay. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

There had been a change in management since the last audit. The interim village manager is supported by a newly employed clinical manager, clinical coordinators, 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 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.

This certification audit identified improvement required in relation to the implementation of the infection control programme.

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.



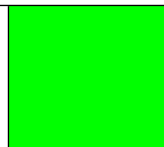
Subsections applicable to this service fully attained.

Mary Doyle Lifecare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. The service partners with Pacific communities to encourage connectiveness.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. 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.



Subsections applicable to this service fully attained.

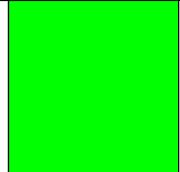
The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is implemented. Hazards are managed appropriately.

There are human resources policies, including recruitment, selection, orientation and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. 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. The organisational 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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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the nurse practitioner and visiting allied health professionals.


Medication policies reflect legislative requirements and guidelines. Registered nurses, and wellness partners (caregivers) 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 nurse practitioner.

The wellness leader, and wellness partners provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities.

Residents' food preferences, cultural needs 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. Nutritious snacks are available 24/7.

Planned discharges or transfers were coordinated.

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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The buildings hold a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is a mix of rooms with full ensuite and shared facilities. There are communal bathrooms with privacy signs. Resident rooms are personalised. The dementia unit is secure.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells, with additional call bells placed strategically in communal areas. Security checks are performed by staff, with additional security measures in place around the facility.

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.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the last audit, and these have been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. 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 senior clinical coordinator.

The facility has no residents using restraint at time of audit. The service maintains a no restraint stance and is considered only as a last resort after all other options have been explored. Education is provided to staff around restraint minimisation and de-escalation strategies.

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	26	0	1	0	0	0
Criteria	0	167	0	1	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>The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their family/whānau, with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>Mary Doyle Lifecare is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan.</p> <p>The village manager interviews all suitably qualified Māori applicants when they apply for employment opportunities at Mary Doyle Lifecare. At the time of the audit, there were staff members who identified as Māori. The business plan documentation confirms the service is embedding and enacting Te Tiriti o Waitangi within the service, welcoming, recognising and supporting Māori employees and residents. Twenty-five staff interviewed (nine wellness partners</p>

		<p>(caregivers), four registered nurses (RNs) (including two clinical coordinators), seven activities team members (including two qualified diversional therapists [DTs] and five assistants including a physio assistant), one kitchen manager, one kitchen assistant, one maintenance manager, one cleaner, one laundry assistant) confirmed all cultures were treated equally and welcomed to the workplace.</p> <p>Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Arvida has a Māori Advisory Group which confers on and provides support for any cultural issues arising from Villages. The advisory group also consults with the Health Equity Group on matters where policy or practice change may be required.</p> <p>The service currently has residents that identify as Māori. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in te reo Māori training and education.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. The wellness partners and the activities team were able to describe how care is based on the resident's individual values, preferences, 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>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Management interviewed advised that family/whānau of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs.</p> <p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. The organisation has</p>

		<p>developed a meaningful and collaborative working relationship with Pacific communities, to produce their Pacific health plan. Mary Doyle Lifecare has links with the local Pacific community through current staff members who identify as Pasifika.</p> <p>The management team (village manager, clinical manager [in attendance], senior clinical coordinator, head of clinical quality and head of wellness compliance) were able to confirm how Mary Doyle Lifecare is increasing the capacity and capability of the Pacific workforce through equitable employment processes. The service was not actively recruiting staff at the time of the audit, and on review of employment documentation, there was evidence of equitable employment processes.</p> <p>Interviews with twelve residents (six rest home, six hospital) and seven family/whānau (two rest home, three dementia, and two hospital) identified that staff put residents, family/whānau and the community at the centre 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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical coordinators or clinical manager discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held weekly, shared between the various denominations. All residents are invited and supported to attend if they so wish. Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of</p>

		<p>advocacy services, maintaining dignity, respect and autonomy (completed March 2024). Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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>Clinical staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction survey results published in February 2024 confirmed that residents and family/whānau are highly satisfied (91 percent) with their interactions with staff. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Arvida Attitude of Living Well model of care encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach using five pillars of wellness requires the care team to understand each</p>

		<p>resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori, implementing the kia ora challenge, implementation of signage that reflect the use of te reo Māori, and are sharing knowledge around the values underpinning tikanga principles. Culturally inclusive care training includes modules on Te Tiriti o Waitangi, normalising te reo Māori, tikanga Māori, cultural safety and bias in healthcare and equity training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.</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>	<p>FA</p>	<p>The abuse, neglect and discrimination policy is implemented. The staff handbook provided at orientation describes guidelines to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service, that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. Training on workplace conduct, bullying and harassment took place in December 2023. Employment processes reviewed evidence staff are held accountable for their workplace conduct through a fair employment performance review process, with support from the Arvida general manager people, legal support and the human resources (HR) team.</p> <p>The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status).</p> <p>The Arvida values actively encourage an attitude to care, which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, being nimble and flexible and passionate. These</p>

		<p>values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Attitude of Living Well model of care with the five pillars of wellness is based around promoting residents' strengths and encouraging autonomy and independence for all residents. The staff engagement survey (Workday Peakon Employee Voice) for February 2024 overall improvement in staff satisfaction and positive comments related to organisational fit, equality and fair treatment in the workplace.</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 in relation to the service is provided to residents and family/whānau on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence with family/whānau is recorded in resident's files and is also documented in the resident's progress notes. The accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes, or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available.</p>

		<p>Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. However, Mary Doyle Lifecare has appropriate communication strategies in place for staff members, should any resident require support.</p> <p>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.</p> <p>The service communicates with other agencies that are involved with the resident, such as hospice and specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. Clinical review meetings are held weekly. The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Families/whānau are invited to attend.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Ten electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares were included and signed as part of the admission process. Specific consent had been signed by the resident or activated enduring power of attorneys (EPOA) for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for</p>

		<p>residents assessed as incompetent to make an informed decision.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the nurse practitioner (NP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with clinical staff confirmed their understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training around the Code of Rights, informed consent and EPOAs is a mandatory topic delivered and completed as per schedule via the electronic learning system (Altura).</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, using a complaint register. This register is stored electronically.</p> <p>There were three complaints reported to be open at the previous surveillance audit. One complaint related to an incident in October 2021 was lodged in February 2022 with Health New Zealand Te Whatu Ora –Hawkes Bay; this has triggered an issue-based audit. Recommendations were made related to employment practices. Reporting on the action plan (reviewed) related to the recommendations were reported on in July, August and November 2023. The funder regularly follows up on the implementation of the action plan. The corrective action register reviewed evidence the complaint and the required corrective actions has been closed off on 8 January 2024, as confirmed by the head of wellness compliance.</p>

		<p>Two other complaints are now closed and include one complaint received from the Plastic Surgery department at Health New Zealand –Hawkes Bay related to transfer to an appointment of a resident with dementia. The service reviewed the transfer and movement policy. A serious complaint made in December 2023 related to alleged abuse has been investigated and closed off in February 2024.</p> <p>There were no further complaints made following the surveillance audit. There have been no further complaints from external parties including the Health and Disability Commissioner (HDC). Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff 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 at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bimonthly, chaired by the diversional therapists (DTs). The village manager is present during a portion of the meeting. Family/whānau confirmed during interview the village manager is available to listen to concerns and acts promptly on issues raised.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreter contact details are available.</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>FA</p>	<p>Mary Doyle Lifecare is part of the Arvida Group. The service is certified to provide rest home, hospital (medical and geriatric), and dementia level care for up to 161 residents. On the day of the audit there were 99 residents: 37 rest home residents, including one on</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>respite care; 30 hospital level residents; and 32 residents at dementia level of care. The remaining residents were under the age-related residential care contract (ARRC).</p> <p>The service is divided across five separate units: two dementia units (64 beds including Ashcroft with 34 beds with an occupancy of 32 residents, and Goddard with 30 beds with zero occupancy and is temporarily closed); one rest home only unit (Bramlee with 34 beds) with an occupancy of 34 residents requiring rest home level of care; and two dual-purpose units (Reeve with 37 beds and Nimon with 23 beds). Nimon with zero residents and temporary closed off, and Reeve with 30 hospital and three rest home residents. There are three serviced apartments certified to provide rest home level care; noting that these were not occupied on the day of audit.</p> <p>Arvida Group has a well-established organisational structure. There is an overall Arvida Group Living Well Community Business Plan for each Village which links to the Arvida vision, mission, values, and strategic direction. The overall goal is to engage the resident as a partner in care – this puts the resident at the centre of care, directing care where they are able and being supported by and with family/whānau as much as practicable. This is reviewed each year and villages are encouraged to develop their own village specific goals in response to their village community voice. Each village manager is responsible to ensure the goals are achieved and record progress towards the achievement of these goals.</p> <p>Arvida Group's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Term of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO), chief financial officer (CFO) and chief operational officer (COO) have all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers, including the wellness and care team, operations team, finance team, village services team, and support partners (now regional managers).</p>
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	<p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from three regional managers (previously Arvida support partners) providing mentoring and reporting through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters, and occupancy. Residents and family/whānau feedback are used to plan, implement, monitor, and evaluate the service delivery at Mary Doyle Lifecare.</p> <p>The executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety. There is a clinical governance group that is responsible for the Arvida Group's overall clinical governance. Arvida has a contracted Māori consultant who has been integral in development of the Māori Health plan, updating policies to ensure these are culturally relevant, and education with staff at all levels, to ensure an increased awareness in cultural safety.</p> <p>The clinical governance group consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, Māori practitioner, clinical manager representative, expert resident, and wellness leader/manager representative. Clinical governance ensures a coordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the Clinical Governance Group are incorporated into regular reports to the chief executive officer (CEO).</p> <p>The Arvida clinical governance framework (CG) oversees all 36 Arvida care homes. As a result of the implementation of clinical risk activities within the clinical governance committees, a number of moderate and high risks were identified in the service delivery within the organisation. Key indicator data specific to Mary Doyle Lifecare (the number of restraints, number of pressure injuries, number of high-level external complaints, number of higher risk complaints, and workforce issues) were identified to be far below Arvida expectations/ and above benchmarking. Interviews with the head of</p>
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	<p>clinical quality and head of wellness compliance evidence the approach to clinical risk at Mary Doyle Lifecare was identified to be reactive, instead of a more proactive approach. The Arvida Group reviewed their CG structure, quality plan, and policies. The outcome of the review resulted in an increase in the CG structure capability, improving resources to assist with early identification of risks and an improved escalation pathway.</p> <p>To support the CG structure, three regional managers were added to the structure for more site-specific support; clinical quality and governance representatives became active participants in the National benchmarking group. IT resources were improved by adding all data into a Power BI platform where the clinical managers can access their care community performance in real time; manual extraction of data at organisational level is replaced with real time visualisation of data across the organisation.</p> <p>Changes in escalation pathways now include all medication errors; discrepancies in controlled medication stock (liquid and tablet) are escalated daily across the organisation to head of clinical quality and the head of wellness and compliance, to ensure early identification of risk and potential education opportunities.</p> <p>The changes made has resulted in improved clinical effectiveness. Mary Doyle Lifecare has now been restraint free for 12 months; medication errors decreased; there have been no complaints received in 2024 (year to date); and improvement in pressure injury management. The staff engagement survey of February 2024 (in comparison to April 2023) evidenced an improvement in the work environment, workplace engagement, internal communication and support, mentoring and organisational fit. The resident and family/whānau survey published in February 2024 evidence high satisfaction among participants that their medical needs are met.</p> <p>The overarching 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, 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</p>
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	<p>communities that they serve. Strategic direction and goals are regularly reviewed. The working practices at Mary Doyle Lifecare are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing. There are a Health Equity Group and a Māori Advisory Group, both of which have confirmed terms of references available and support any cultural issues arising from the villages and consult on matters where policy or practice change may be required.</p> <p>The Arvida Living Well Community 2023- 2024 business plan is specific to Arvida Mary Doyle and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relates to clinical effectiveness, risk management and financial compliance. Quality improvements are documented around environmental improvements, communication pathways, and delivering a food experience. The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori, addressing barriers for Māori and improved health outcomes for Māori and tāngata whaikaha. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Through implementation of the Attitude of Living Well framework, and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life and staff are respectful of the resident's preferences, expectations, and choices, recognising that the resident and family/whānau must be at the heart of all decision making. Every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme to support a resident centric environment.</p> <p>There has been a change in the management team at Mary Doyle Lifecare since the previous audit. The contracted clinical manager completed their tenure at the end of March 2024 and the new full-time clinical manager commenced employment mid-May 2024.</p> <p>The clinical manager (registered nurse) is experienced in the management of aged care services. The previous village manager was employed till end of March 2024 and the village manager role has been filled in the interim by the village manager of Arvida</p>
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		<p>Queenstown Country Club.</p> <p>The interim village manager (non- clinical) oversees the implementation of the quality plan. The clinical manager role is responsible for regular reporting to the village manager, that includes infection control and analysis of adverse events and summaries of clinical risk. The village manager and clinical manager are supported by a senior clinical coordinator, two clinical coordinators (one for the rest home and one for the dementia unit), administrative and rostering staff.</p> <p>The head of clinical quality and the head of wellness compliance were actively present on site and involved in the management of Mary Doyle Lifecare to ensure the service delivery and clinical effectiveness at Mary Doyle Lifecare improve to a level expected from the Arvida Group.</p> <p>The village manager has completed a two-day managers forum, including leadership and strategy topics related to aged care. The new clinical manager is currently supported through their orientation period by the senior clinical coordinator, head of clinical quality, and head of wellness compliance. The clinical manager has attended the two-day Arvida clinical manager conference. The new village manager has been recruited and will commence their employment on 26 July 2024. The service has been awarded a continuous improvement in relation to clinical governance.</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</p>	<p>FA</p>	<p>Mary Doyle Lifecare has effective quality and risk management programmes in place and links to the business plan. Quality monitoring systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data, using electronic systems. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>Regular quality (improvement) meetings, clinical meetings and staff meetings provide an avenue for discussions in relation to (but not</p>

<p>and support workers.</p>	<p>limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on the staff noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Results from the resident and family/whānau satisfaction surveys (sighted) were positive. Results were communicated to staff, residents and family/whānau evidenced in meeting minutes. The results evidence residents are satisfied with the care they receive.</p> <p>The Arvida health and safety programme is ACC accredited through Wellness NZ. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other health and safety representatives. The health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff and quality meetings.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two incidents (one missing resident and one pressure injury) reported to HealthCERT under Section 31(5) of the Health and Disability Services (Safety) Act 2001. The</p>
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		<p>temporary closing of 30 bed Goddard wing has been notified.</p> <p>Culturally inclusive care training include modules on Te Tiriti o Waitangi, normalising te reo Māori, tikanga Māori, cultural safety, and bias in healthcare and equity training, is covered in the staff education and training plan, to ensure a high-quality service is provided for Māori. An electronic dashboard is available where all quality data and benchmarking are visualised in real time to support critical analysis of organisational practices and identify areas for improvement. Quality goals are documented and reviewed quarterly.</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 provides sufficient and appropriate cover for the effective delivery of care and support. A selection of RNs and enrolled nurses (ENs) and wellness partners hold current first aid certificates. There is a first aid trained staff member on duty 24/7, including when taking residents on outings.</p> <p>Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The management team confirmed there are sufficient staff to cover unplanned leave to provide sufficient cover. Separate cleaning staff and laundry staff are employed seven days a week. The village manager and the clinical manager work 40 hours per week from Monday to Friday. In the temporary absence of the village manager, the clinical manager will perform the manager's role.</p> <p>The clinical manager and clinical coordinators are rostered to provide on call after hours. There is at least one RN on shift at all times. Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family/whānau members confirmed there are sufficient staff to meet the needs of residents. There have been no changes made to the workforce when Goddard wing closed.</p> <p>Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents and family/whānau interviewed stated that any care requirements are attended to in a</p>

	<p>timely manner.</p> <p>There is an education and training schedule being implemented. Topics are offered electronically (Altura). Each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. Registered nurses and enrolled nurses' complete competencies including (but not limited to): medication administration; controlled drug administration; wound management; subcutaneous fluids; syringe driver; and the interRAI assessment competency. All clinical staff are required to complete annual competencies for restraint; moving and handling; and cultural competencies. A selection of wellness partners have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic register. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. The education and training includes cultural training. Cultural awareness training is part of orientation and provided annually to all staff. Staff and quality meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>The service has a total of 194 staff in various roles. There are 92 wellness partners employed in total. Mary Doyle Lifecare supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Fifty-one wellness partners have achieved either a level three or level four NZQA qualification and nine at level two.</p> <p>Fourteen wellness partners work in the dementia unit; of whom, four have attained their dementia standards, eight are in progress, and two have been employed within the last six months.</p> <p>There are 14 RNs (including clinical manager and three coordinators) and ten have completed their interRAI training.</p> <p>In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support facilitated by Wellness New Zealand and EAP. Staff could explain workplace initiatives that support staff</p>
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		wellbeing and a positive workplace culture.
<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 resources policies in place, including recruitment, selection, orientation and staff training and development. Fourteen staff files evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented.</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. All staff complete a comprehensive induction which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs, ENs and wellness partners to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised, and an orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites, which is available to all staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and

<p>and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>		<p>individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. There is a process for older files which are sent off site for archiving as per policy, when this becomes relevant. Documents can be scanned and uploaded on the electronic resident management system (eCase) for reference.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to 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>
<p>Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Ten admission agreements reviewed align with all contractual requirements. There is a specific short-stay admission agreement for those residents who may require respite and short stay. Exclusions from the service are included in the admission agreement.</p> <p>Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The village manager and clinical manager are available to answer any questions regarding the admission process. The clinical manager and registered nurses interviewed advised that the service openly communicates with potential residents and family/whānau during the admission process.</p>

		<p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of enquiry from individual residents. Arvida has a process to collate ethnicity data from all residents, and then analyse this for the purposes of identifying entry and decline rates. The village manager and clinical manager, on interview, confirmed that they have not declined any residents, unless the resident required a level of care that was not available at Mary Doyle Lifecare. The analysis is completed by Arvida Group support office and results shared with facilities. The service has a meaningful partnership and working relationship with its own Māori staff to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Ten resident files reviewed: four at hospital level, three at rest home, including one on a short-term respite contract, and three at dementia level of care. Initial care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled (with the exception of resident on respite who did not require an interRAI) had been completed within three weeks of the residents' admission to the facility. For the resident on respite, they had appropriate risk assessments completed, that inform the interim care plan, related to (but not limited to) communication; culture; spirituality; mobility; hygiene; dressing; pain; skin; pressure risk; oral health; and sleeping. Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. Documented interventions and early warning signs meet the residents' assessed needs with detailed interventions to direct</p>

	<p>comprehensive care delivery. The long-term care plans are ‘living documents’; interventions for short-term needs are added to the long-term care plans and are removed when the problem has resolved. Residents in the dementia unit all have behaviour assessment and behaviour plan with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The assessments identified the type of behaviours presented, associated risks and triggers. The long-term care plan includes a 24-hour reflection of close to normal routine for the resident to assist wellness partners in management of the resident behaviours.</p> <p>There were Māori residents at the time of the audit, and staff complete a Māori health care plan which describes the support required to meet resident’s needs. The registered nurses described removing barriers so all residents have access to information and services required to promote independence and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted nurse practitioner (NP) within the required timeframe following admission. Residents have reviews by the NP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly NP visits when the resident’s condition is considered stable. The NP visits the facility three times a week. Documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service. The registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. After hours, the facility continues to access the NP practice for on-call service. A physiotherapist visits the facility for 14.25 hours per week and reviews residents referred by the registered nurse. A physiotherapy assistant (employed) provides four hours a day support to residents and will implement any instructions from the physiotherapist.</p> <p>A speech language therapist, older person mental health team, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand - Hawkes Bay.</p>
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	<p>Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family are informed where there is a change in health, including infections, accidents/incidents, nurse practitioner visits, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were two active wounds from two residents. These were chronic wounds which were also updated in the long-term care plans. Referrals were completed for wound nurse specialist input and staff were waiting for a response at the time of the audit. There were no residents with pressure injuries.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by wellness partners, enrolled nurses and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the NP. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the acute changes in healthcare needs of the residents. There was evidence the registered nurse and enrolled nurses had added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Wellness partner interviews confirmed they are familiar with the</p>
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		<p>needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs.</p> <p>Neurological observations have routinely and comprehensively been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurses. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>The residents' activities programme is implemented by two trained diversional therapist who works full time and is supported by five wellness leaders to provide all residents with their activities. Wellness partners have access to resources, such as table games, puzzles, and quizzes to assist with activities throughout the day and after hours. The overall programme has an integrated resident led activities programme that is appropriate for all residents. The activities programme is supported by the Arvida 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well.</p> <p>The activities programme is displayed on the noticeboards and residents have copies in large print. There are a range of activities appropriate to the residents' cognitive and physical capabilities. Activities include (but not limited to) exercises; intellectual games; board games; happy hour; walking groups; quiz; church services; craft; and musical entertainment. On the day of the audit, residents were participating in exercise, some enjoying some outdoor time, and entertainment was on in the afternoon. The programme allows for flexibility and resident choice of activity. Residents have a weekly</p>

	<p>meeting to plan for their upcoming events and develop a calendar that suits their needs. For those residents who choose not to take part in the group activities, one on one visits from the diversional therapists or wellness leaders occur regularly and is documented in the resident records. An outing is organised weekly and regular visits from community visitors occur. Communion and multi-denominational church services are held weekly.</p> <p>There are distinct programmes specific to dementia household and the other for rest home and hospital level care residents. The dementia household activities programme has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities, including domestic like chores, baking, and music therapy. All interactions observed on the day of the audit evidenced engagement between residents and wellness partners.</p> <p>The diversional therapists and wellness leaders integrate te reo Māori in the daily programme, with the use of te reo Māori phrases and everyday words as part of the daily activities programme. There were Māori residents at the time of the audit. The service ensures staff are aware of how to support Māori residents in meeting their health needs and aspirations in the community. Themed days such as Matariki, Te Tiriti o Waitangi, and ANZAC Day are celebrated with appropriate resources available. The service has planned visits to the local Marae, include kapa haka and poi making as part of the activities on offer, and family/whānau participation in the programme is encouraged. Residents are encouraged to maintain links to the community.</p> <p>The residents' activities assessments are completed by the diversional therapists using the 'about me,' 'leisure,' 'life history', cultural assessment and Māori care plan. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are currently reviewed six-monthly and are part of the formal six-</p>
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		<p>monthly care-plan review and multidisciplinary review process.</p> <p>The residents and their families/whānau reported satisfaction with the variety of activities provided that catered for everyone's needs. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings (including representatives from different households) and household specific meetings are held and include discussion around activities. Family/whānau of residents in the Ashcroft (dementia) household attend the meetings and provide feedback on service delivery.</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>Medications are stored safely in locked treatment rooms and medication trolleys. Registered nurses, enrolled nurses and medication competent wellness partners administer medications. All staff who administer medications complete annual competencies and education. The registered nurses have completed syringe driver training and competency. All medications are administered from robotic rolls. The registered nurses check the rolls against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-administering medications on the days of audit; however, self-administration competencies, and processes are in place that align with the policy to demonstrate safe self-administration should these be required. No standing orders were in use and no vaccines are kept on site.</p> <p>Bramlee (rest home), Reeve (hospital), and Ashcroft (dementia) wings each have their own medication rooms. All three medication rooms are temperature controlled and staff have completed daily room and fridge temperature monitoring for all the medication rooms, as sighted on the records.</p> <p>Twenty medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The nurse practitioner had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed.</p>

		<p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system and progress notes. All medications are charted as either regular doses or 'as required.' Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</p> <p>Medication audits are completed as per the audit schedule and corrective actions implemented where required. Medication errors are documented as part of the collation of quality data.</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>	<p>FA</p>	<p>All meals are prepared and cooked on site from the main kitchen and delivered out to all units in hot boxes. The kitchen was observed to be clean, well-organised, well equipped and the approved food control plan was current to October 2024. Dry ingredients were decanted into containers for ease of access, with the decanting date and/or expiry date clearly written. The four-weekly seasonal menu has been reviewed by a dietitian. The kitchen manager (chef) is supported by a second full-time chef, a full-time baker and two kitchen hands. All kitchen staff have completed safe food handling and chemical training. Staff were observed wearing correct personal protective clothing in the kitchen.</p> <p>There is a food services manual available in the kitchen. Cleaning schedules are implemented and chemicals are stored securely. The kitchen manager uses an electronic system (sighted), which includes fridge and freezer temperatures recordings and the cleaning and maintenance schedule for all areas of the kitchen. Temperatures were noted to be within the appropriate limits, with staff confirming the process when anomalies are detected. Food temperatures are checked at different stages of the preparation and delivery process, as confirmed by staff interviews and observation within the Bramlee unit.</p> <p>The kitchen team receives resident dietary information from the registered nurses or enrolled nurses and is notified of any changes</p>

		<p>to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, cultural preferences and special dietary requirements. Resident profiles information reviewed was current.</p> <p>Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with the menu in advance to select their preferences and submit to the kitchen. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. The residents can have their meals in their bedrooms if they wish. Residents confirmed meals are served at an appropriate temperature.</p> <p>Residents were observed in the dementia unit enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>Information is available regarding tikanga guidelines, with staff interviewed confirming they are aware of how this is implemented in everyday practice. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided.</p> <p>The meal service forms part of the resident and family/whānau meetings, which the kitchen manager attends. Residents can also offer feedback through resident and family/whānau surveys.</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.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved for all transfers or discharges to and from the service. Transfer notes include advance directives, nurse practitioner notes, summary of the care plan, and resident's profile, including next of kin details. Discharge summaries are uploaded to the electronic resident's file. The clinical manager advised a comprehensive handover occurs</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>between services, and this was evident in uploaded documents in the electronic resident management system.</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>Mary Doyle Lifecare has two buildings. One building (Bramlee) provides rest home level care. The other building provides hospital level unit and a dementia unit (Reeve and Ashcroft). Both buildings hold current building warrant of fitness (BWOFF). The Ashcroft and Reeve facility BWOFF expires 24 October 2024. The Bramlee BWOFF expires 19 June 2024.</p> <p>The facility has a maintenance manager, who is supported by two full-time maintenance staff, two porters who assist with transport, mail delivery, and the delivery of meals across the facility. Three people manage the vast areas of gardens and lawns.</p> <p>A maintenance manager (interviewed) outlined how the team manage day to day repairs and completes planned maintenance. There is a maintenance book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in April 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required. The calibration of medical equipment last occurred in March 2024.</p> <p>All buildings are single level with easy access to the extensive garden areas. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. Communal areas are spacious and comfortable for the residents with additional quiet areas available for residents and their visitors, including a library.</p> <p>The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The wellness partners interviewed stated there was sufficient equipment to safely carry out the resident</p>

	<p>cares, as documented in care plans.</p> <p>There are adequate number of toilet and showering facilities. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms.</p> <p>All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>There was a visual verification at the time of this audit to confirm that the 37 rooms in the hospital are suitable for hospital level of care, including sufficient room for the use of hospital equipment (i.e. hoists), hospital beds and wheelchairs. Group activities occur in the main lounges of each unit and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge.</p> <p>General living areas are heated by large heat pumps, with all resident bedrooms having individual heating installed. All resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light.</p> <p>All residents interviewed stated they were happy with the temperature of the facility. The village manager reported that there is no planned development for the buildings; however, should this occur the Māori consultant would be involved in the consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>The secure dementia unit provided staff with appropriate visibility of residents. The residents could access the secure outdoor areas, which provided shaded areas, seating, gardens, a bird aviary and safe walking, enabling them to loop back to the dementia unit. The fences were of a height that prevented residents being able to climb over.</p> <p>The kitchenette was within the main lounge and enabled visitors to make their own hot drinks. There are plenty of spaces where</p>
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	<p>family/whānau can meet and gather.</p> <p>Emergency alarms were strategically placed throughout the unit. Residents' rooms were personalised and had been made identifiable to the resident.</p> <p>The acting FM confirmed that in the event of any future planning for new buildings, there shall be consultation and co-design with the Arvida's Māori advisory group, to ensure that they reflect the aspirations and identity of Māori.</p> <p>Mary Doyle Lifecare has two buildings. One building (Bramlee) provides rest home level care. The other building provides hospital level unit and a dementia unit (Reeve and Ashcroft). Both buildings hold current building warrant of fitness (BWOFF). The Ashcroft and Reeve facility BWOFF expires 24 October 2024. The Bramlee BWOFF expires 19 June 2024.</p> <p>The facility has a maintenance manager, who is supported by two full-time maintenance staff, two porters who assist with transport, mail delivery, and the delivery of meals across the facility. Three people manage the vast areas of gardens and lawns.</p> <p>A maintenance manager (interviewed) outlined how the team manage day to day repairs and completes planned maintenance. There is a maintenance book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in April 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required. The calibration of medical equipment last occurred in March 2024.</p> <p>All buildings are single level with easy access to the extensive garden areas. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. Communal areas are spacious and comfortable for the residents with additional quiet areas available for residents and their visitors, including a library.</p> <p>The facility has sufficiently wide corridors with handrails for residents</p>
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	<p>to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The wellness partners interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are adequate number of toilet and showering facilities. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms.</p> <p>All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>There was a visual verification at the time of this audit to confirm that the 37 rooms in the hospital are suitable for hospital level of care, including sufficient room for the use of hospital equipment (i.e. hoists), hospital beds and wheelchairs. Group activities occur in the main lounges of each unit and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge.</p> <p>General living areas are heated by large heat pumps, with all resident bedrooms having individual heating installed. All resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light.</p> <p>All residents interviewed stated they were happy with the temperature of the facility. The village manager reported that there is no planned development for the buildings; however, should this occur the Māori consultant would be involved in the consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>The secure dementia unit provided staff with appropriate visibility of residents. The residents could access the secure outdoor areas, which provided shaded areas, seating, gardens, a bird aviary and safe walking, enabling them to loop back to the dementia unit. The fences were of a height that prevented residents being able to climb</p>
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		<p>over.</p> <p>The kitchenette was within the main lounge and enabled visitors to make their own hot drinks. There are plenty of spaces where family/whānau can meet and gather.</p> <p>Emergency alarms were strategically placed throughout the unit. Residents' rooms were personalised and had been made identifiable to the resident.</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/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available per unit per shift.</p> <p>A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated August 2011. Fire evacuation drills are held six-monthly, with the last one completed in February 2024.</p> <p>In the event of a power outage, sufficient generators are requested to be sent immediately to the facility. Additionally, gas cooking (BBQ and portable gas cookers) is available. There is adequate food supply available for each resident, for a minimum of five days. There are adequate supplies in the event of a civil defence emergency, including water supplies to provide residents and staff with 10 litres per day, for a minimum of three days. Civil defence supplies and first aid kits are stored in all staff stations in identified cupboards and are checked monthly. The maintenance person outlined that while Mary Doyle Lifecare doesn't have its own generator; head office fast track generators when required. In the last civil defence emergency (which was significant), five generators were fast tracked to the facility. The process was very efficient. There is an automatic external defibrillator on site.</p> <p>There are call bells in the residents' rooms, communal toilets, and</p>

		<p>lounge/dining room areas. Staff carry pagers which highlight all call bells activated across the facility. This enables teams to work across the facility and offer help in the event a call bell is left unanswered. The call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night and there are security cameras located at reception/entrance and throughout the facility. An external security contractor provides security patrols five times per night. All people entering and leaving the facility are logged, staff wear the organisations uniform, and name badges further enhance the security of the facility.</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>The clinical coordinator (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. The infection control coordinator for Mary Doyle Lifecare has reviewed the data and reported on the 2023 year. There is an infection control steering group with representatives from several facilities and they meet monthly to support all villages. Infection control audits are conducted. Infection rates are presented and discussed at quality, clinical and staff meetings. Infection control data is also sent to support office, where it is reported regularly at Board meetings. The data is benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p>

		<p>The service has access to an infection control specialist from Health New Zealand- Hawkes Bay. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</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>PA Low</p>	<p>The infection control programme links to the business and quality plans. The implementation of the infection programme of 2023 has been reviewed in January 2024. The clinical manager supports the designated infection control coordinator. The service has an outbreak plan and pandemic response plan (including Covid-19), which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is a facility infection control team; however, the infection control team has not met since the last audit in December 2023.</p> <p>The infection control coordinator has completed online education related to their role through Health New Zealand-Hawkes Bay. There is good external support from the NP, laboratory, Arvida Group support office, and Health New Zealand-Hawkes Bay infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE is available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, 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>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the</p>

		<p>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 around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The Arvida Head of Clinical governance is involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, with the support from the clinical manager, village manager, and Arvida Group. The Arvida Group Head of Clinical Quality and Head of Clinical Governance provide consultation during the design of any new building or when significant changes are proposed to an existing facility.</p>
<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>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, clinical and staff meetings, as well as Arvida Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection control coordinator works in partnership with the NP to ensure best practice strategies are employed at Mary Doyle Lifecare.</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 control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, clinical and staff meetings and sent to Arvida Group support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Infections of concern is reported to the Board. The service captures ethnicity data on admission and incorporates this into surveillance methods. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida head office and Health New Zealand-Hawkes Bay for any community concerns. There have been two outbreaks since the previous audit (Covid-19 in December 2023 and May 2024), which were managed appropriately. There were two residents whose results confirmed to be scabies on the second day of the audit; the facility was still busy implementing their communication and escalation process. There were ready-made isolation kits and posters available to ensure consistency. The affected residents were isolated, and staff who were in close contact with these residents wore PPE. Residents and staff completed rapid antigen tests (RAT). Families/whānau were kept informed by phone or email. The care centre remained open; however, visitors were requested to sign in, limit their movements, and wear appropriate PPE where necessary. The NP prescribed antivirals for affected residents.</p> <p>The facility followed their pandemic plan, reported the outbreak to Public Health, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held afterwards to improve on 'lessons learned'.</p>
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<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>	<p>FA</p>	<p>There are policies regarding chemical safety, waste disposal, cleaning and laundry practices. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area with sanitizers, a stainless-steel bench, a sink, and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training.</p> <p>All laundry is completed on site. There are dedicated laundry staff seven days a week. There are two laundries (one in Bramlee and one in the main building); both have clean and dirty entrances and a defined workflow. Laundry is processed seven days a week till 5 pm. There are covered trolleys to transport the linen within the building. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. The infection control coordinator provide support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There is governance commitment to support work towards a restraint-free environment. There were no residents using restraint at time of audit. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau and EPOA, and the choice of device must be the least restrictive possible.</p> <p>When restraint is considered, the facility works in partnership with the resident and family/whānau and EPOA to ensure services are mana enhancing.</p>

		<p>At interview, the restraint coordinator (senior clinical coordinator) described the organisation's commitment to restraint minimisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If a resident does require restraint, this is reviewed monthly by the restraint coordinator and reported at the clinical, staff and quality meetings with weekly communication with the clinical governance team. The formal and documented review of restraint use takes place six-monthly.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p>	PA Low	<p>There is an infection control committee and includes a registered nurse, clinical manager, senior clinical coordinator, village manager, kitchen manager, maintenance person and housekeeping. The infection control meetings are scheduled for bimonthly, separate from the quality improvement, health and safety, and staff meetings.</p> <p>The collation of the infection control data, analysis, trends and AMS is included in the quality improvement meeting minutes and the clinical/ RN meetings. Other staff receive the meeting minutes and graphs. Outbreak meeting minutes were sighted for the Covid-19 outbreak in 2024, with only registered nurses in attendance. Discussions related to infections were led by the clinical team only. There were no separate infection control meetings, as the infection control team/committee has not been reestablished to meet since December 2023.</p>	There was no documented evidence that the IPC committee has been re-established to meet bimonthly since December 2023.	<p>Ensure the IPC committee is reestablished to meet regularly, to ensure input from all departments.</p> <p>90 days</p>

<p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</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.