



# Sevenoaks Lodge Information Book Permanent Residents

## Table of Contents

INTRODUCTION.....	3
BEFORE THE RESIDENT ARRIVES .....	4
ORIENTATION TO THE LODGE .....	7
HEALTH AND DISABILITY CODE OF CONSUMER RIGHTS .....	14
GIVING FEEDBACK - RAISING A CONCERN / MAKING A COMPLAINT.....	14
FACE TO FACE RESIDENT AND FAMILY WHANAU MEETINGS.....	15
QUALITY AND RISK MANAGEMENT ACTIVITIES .....	16
HEALTH AND SAFETY.....	17
EMERGENCY MANAGEMENT .....	17
SUPPORT SERVICES FOR CARERS .....	18
ASSURANCE .....	20

## INTRODUCTION

Welcome to Sevenoaks Lodge.

This booklet provides information for residents who are going to make Kapiti Retirement Trust's (KRT) aged care facility the Lodge, their home on a permanent basis and should be read in conjunction with the Admission Agreement. It outlines the services KRT provides, who's who, and the normal Lodge routines.

Sevenoaks Lodge has beds for 75 residents all in separate rooms. Thirty-nine are long term, permanent hospital level care beds; 13 are secure stage 3 dementia beds; seven are dedicated respite care beds; 16 are licence-to-occupy care suites.

We aim to be the retirement facility of choice on the Kapiti Coast. Our Mission for residents is to:

- ✓ Preserve dignity
- ✓ Promote independence
- ✓ Provide choice.

KRT employs around 130 staff the majority of whom work in the Lodge, along with many volunteers. Our Values guide how we behave at work:

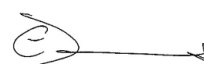
- ✓ Kindness – treating others as we want to be treated
- ✓ Respect – acknowledging differences and being fair
- ✓ Teamwork – supporting each other to achieve.
- ✓ Excellence – striving to be the best we can

While rooms and their aspect vary, each room has:

- ✓ High/low adjusting bed, memory foam mattresses, television, water filter, internet Wi-Fi access, pin board
- ✓ Built in basin and storage unit
- ✓ Ability to personalise with your own furniture, wall hangings, photos, etc.
- ✓ The 16 care suites have additional spaces to personalise, along with a kitchenette and a disability-friendly ensuite.

There is always a Registered Nurse on site 24/7. Each resident can expect:

- ✓ An individualised care plan developed and overseen by a Registered Nurse. The care plan will be discussed with you or your family on admission and then, formally reviewed every six months
- ✓ Individualised Life Map and activities plan with activities reviewed every six months
- ✓ A monthly activities programme
- ✓ A newsletter to Lodge residents and family at least three times per year
- ✓ Lodge family meetings (face to face) held twice a year



- ✓ An annual satisfaction survey from Lodge residents and/or family members as developed and analysed by an independent benchmarking organisation.

While it takes time to learn each resident's preferences, we value good communication. Please let us know if we are not getting things right for a resident, so we can improve. All managers have an 'open door' policy. This aims to address any concerns you may have as soon as they arise.

Visiting is normally from 8am to 8pm and there is unrestricted visiting for immediate family members<sup>1</sup>.

### *Services we do not provide*

Regular dental checks, optometry services and audiometry services are at the resident's cost as these are not covered in the Te Whatu Ora contract for aged residential care. Dentists, optometrists, and audiologists usually require the person they are examining to be able to attend their premises, sit in their chair and follow instructions.

Transport costs for private appointments that are not part of the publicly funded health system, are also at the resident's cost.

## BEFORE THE RESIDENT ARRIVES

### *Review and Sign the Admission Agreement and provide the supporting admission documents*

Review, sign and return the Admission Agreement – we are happy to answer any questions you may have.

**Room premium** – most individual rooms attract an additional daily fee as a premium for measurable extras such as superior outlook or larger room size. If you are initially moved into a premium room but choose not to pay a room premium, we will offer a non-premium room when one becomes available. If you then choose not to move to the non-premium room, the premium room charge will be payable, with the cost backdated to the date of admission.

We require copies of:

- ✓ EPOA Personal Care and Welfare (even if not enacted)
- ✓ EPOA Property (even if not enacted)
- ✓ If in place, a copy of the certificate of mental incapacity – completed by a Registered Medical Practitioner. **All admissions** to the Kauri House dementia unit must have this certificate **prior to admission**

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<sup>1</sup> During an outbreak or an epidemic, we may need to change visiting arrangements

- ✓ Copy of any Advanced Care Plan for the resident

We need you to indicate if the resident will be seeking a residential care subsidy or not. This helps our administration team with invoicing.

### *Clothing*

All clothing must be clearly and permanently labelled. We will use our machine to label all clothes – this service costs \$50 and ensures we minimise clothing being lost or misplaced.

As a guide we suggest you bring:

- ✓ At least three complete changes of day clothing
- ✓ Three sets of night wear
- ✓ Clothing suitable for changes in weather
- ✓ A sun hat for sitting outside
- ✓ Mobility aids – such as your walking stick
- ✓ Toiletries including shaving equipment, hairbrush, and toothbrush
- ✓ Leisure activities you would normally have at home eg books, puzzles, crosswords, transistor radio, iPad
- ✓ Hearing aids and spare batteries or charging station with USB connector
- ✓ Earphones if used for listening to the television
- ✓ Prescription eyeglasses
- ✓ Well-fitting shoes and slippers.

When you bring in new clothes, please put them in a bag and ask one of our staff to attach a *Clothes Label Form*. This means the clothes can be labelled before they are used.

Care of clothing. While all care will be taken in dealing with clothing we take no responsibility for clothing:

- ✓ that goes missing
- ✓ that is damaged (eg shrinkage or pilling) due to the hot water commercial washes.

Items that require specific cleaning should be taken home by family members for washing.

### *Personalising the Room*

You are welcome to personalise the resident's room with pictures, artwork, some furniture, own duvet cover, etc. There is a limit on the quantity of furniture, as the room needs to be relatively clutter-free to allow staff to move easily to complete resident cares.

If bringing in your own duvet cover / linen, then family need to wash these when required.

Due to the risk of tripping, no rugs are allowed in rooms.

### *Electrical Safety*

All electrical equipment brought in by residents needs to have been checked and certified as safe. We will organise this to happen at our cost and attached a current safety tag. Any item which does not pass inspection will have the power cord cut off and then returned to you.

### *Set up a Comfort Account*

This is where a resident can have an amount of money put aside to pay for incidental items such as toiletries, the hairdresser etc. This can be arranged Monday to Friday at the Trust office. Payment and reimbursement can be made by EFTPOS or internet banking.

### *Insurance*

While all care is taken to protect your belongings while at Sevenoaks Lodge, the Trust accepts no responsibility for loss or damage to your property during your stay. Please let your insurer know that some household contents will now be held at Sevenoaks Lodge, 1 Lodge Drive, Paraparaumu. This will ensure your property is still covered by your insurer. This is particularly important for items such as hearing aids and glasses, which are expensive to replace.

### *Newspaper Delivery*

Residents can arrange for a newspaper to be delivered. This cost is met by the resident. Bulk newspapers are delivered to the Lodge and administration staff deliver the paper to the resident's room early each morning.

### *Sky TV*

Family can arrange to have Sky TV installed in a resident's room. Installation and ongoing costs are the resident's responsibility.

### *Telephones*

Residents can have their own phone in their room. A landline costs \$50 per month. Increasingly residents are using mobile phones in their rooms. This is arranged independently by family.

### *Internet*

Residents are able to use the Trust's free Wi-Fi in the Lodge. Connect to 'Seven Oaks' and there is no password required.

## ORIENTATION TO THE LODGE

It can take a while for our staff to learn a resident's preferences and routines. It is important the resident or their family member tells us what is going well and what, if anything, we need to do differently. We are committed to ensuring there is effective communication between all parties.

### *Clinical Leadership*

Shyamli Veeran is the Clinical Manager in the Lodge. Reporting to Shyamli are two Clinical Team Leaders Charisma Antalan and Tania Sorenson. One Clinical Team Leader supports the nurses and care staff for Rata, Rimu and Kowhai wings (known as Continuing Care Unit CCU) and the other Clinical Team Leader supports the nurses and care staff for Kauri House (dementia), Matai and Totara Wings.

Yvette Hughes is a registered diversional therapist and she manages the Trust's Lifestyle and Leisure team. She works with each resident to create an individual life map and activities' plan. Yvette has a team of three and a number of volunteers who help with activities and one-on-one conversations with residents. The Lifestyle and Leisure team are very important in providing a variety of meaningful activities for residents that stimulate the brain, senses and body. There is a programme each month with activities occurring across the Lodge for residents to participate in.

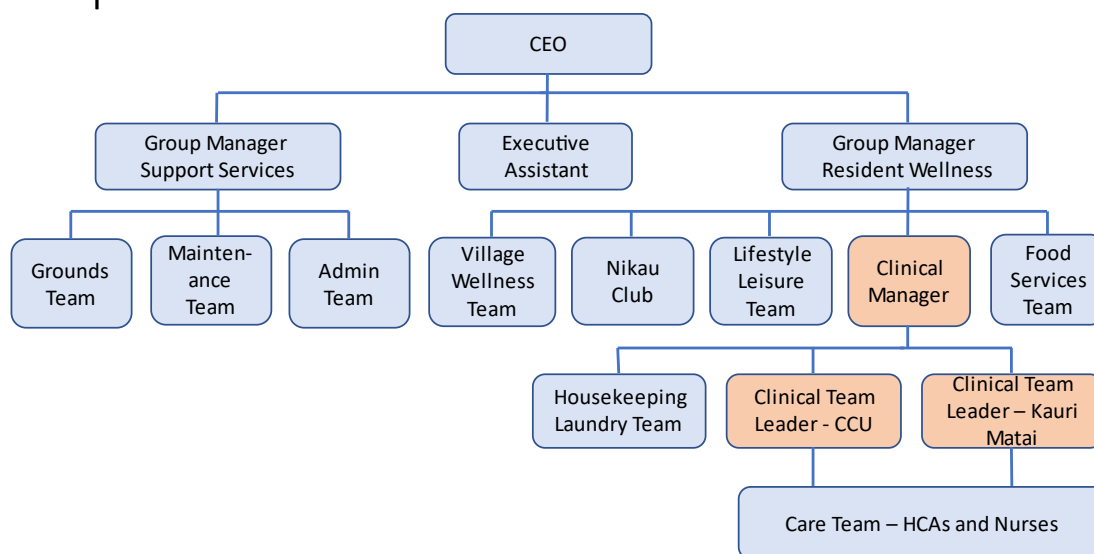
Shyamli and Yvette report to Cynthia Tarrant who is the Group Manager Resident Wellness (GMRW). David Blair is the Group Manager Support Services (GMSS), and he is responsible for all building and infrastructure along with the financial services of the Trust.

David and Cynthia report to Wendy Huston who is the Chief Executive Officer (CEO). Wendy's office is adjacent to the front entrance to the Lodge.

The office doors of all managers are open when you want to give us feedback, ask a question, or raise a concern.

## Organisational Structure

### Kapiti Retirement Trust structure



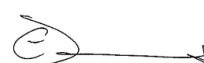
## Uniforms

We have approximately 130 staff, most of whom wear a uniform. When at work, staff wear a name badge, for identification.

### Colour Coding of Uniforms

- Healthcare Assistants (HCAs) - wear burgundy tops
- Senior HCAs - wear turquoise tops
- Nurses Registered or Enrolled - wear royal blue tops
- Clinical Manager and Clinical Team Leaders– wear mauve tops
- Housekeepers – wear navy blue tops
- Kitchen staff – wear black tops
- Grounds' staff – wear green tops
- Maintenance staff – wear blue tops
- Volunteers – wear their own clothes but always wear a name badge indicating they are a volunteer.
- Contractors wear a Trust lanyard while working on site.

Two Senior HCAs work permanently in each hospital wing. They have overview of all the residents in the wing and are responsible for supervising HCAs and orienting new HCAs.





### *Daily Routines*

While we individualise care for each resident. There is a daily routine. This is outlined below.

APPROXIMATE TIMES	ROUTINE
6.45 am – 7 am	Handover from night staff to am staff
7 am – 8 am	Personal cares for residents who like to get up early
8 am – 9 am	BREAKFAST in resident's room
9 am – 10 am	Personal cares for other residents
10 am – 10.30 am	MORNING TEA
10.30 am – 12 midday	Activities programme
12 midday – 12.30 pm	HOT MIDDAY MEAL in dining room
1.30 pm	Activities programme
2 pm	AFTERNOON TEA
2.45 pm	Handover am to pm staff
2.30 pm – 4 pm	Activities programme
5pm	EVENING MEAL in dining room
6 pm – 7 pm	Some residents readied for bed
7 pm	SUPPER in resident's room
8 pm	Other residents readied for bed
10 pm	Bed check on each resident
10.45 pm	Handover to night staff

### *Food*

Food is very important to our residents. Resident's meals are prepared on site, in the Trust's commercial kitchen by a qualified chef and food services team. The menu, which changes with every season (four times per year), is approved by a registered dietician.

A resident's dietary needs are identified on admission and if they change, the kitchen is informed. It helps the kitchen to know what food allergies and food preferences a resident has. For example, if a resident does not like tomatoes we need to know if this is a preference (eg does not like raw tomatoes) or an allergy (ie must be removed from every recipe, including tomato paste in a casserole).

If a resident wants a specific food that is not on the menu, not recommended by a dietician or the GP, and is expensive or needs to be purchased just for the resident, then the cost of this will be on-charged to the resident.

Breakfast is served in residents' rooms. We encourage all residents to have other meals in the dining room to enjoy normal social contact with others.

### *Call Bells*

Each resident has a call bell above their bed and all staff should always ensure it is within their reach. Resident's rooms in Kauri House dementia unit do not have call bells but there are call bells in the common areas, bathrooms, and each resident has a movement sensor on their mattress so staff know if they are getting out of bed at night.

### *Sign Out Book*

If a resident is leaving the facility temporarily for any reason need to sign out when they leave and sign in when they return. There is a book for this at each nurses' station and a whiteboard by the Kauri door. In the event of a fire or other emergency, we need to know immediately which residents are on site.

If a resident is going out for meal(s) please let us know in advance so the kitchen does not prepare a meal that is unwanted.

If a resident is going to stay away overnight – please discuss this in advance with the Clinical Manager. You will need to sign an indemnity form accepting responsibility and all associated risk for the resident while they are not in our care.

### *Planning and Documenting care – the first three weeks and every six months*

Over the first three weeks our nurses will work with the resident and their family to develop a long-term care plan for the resident. The Care Plan Acknowledgement Form is signed to confirm the engagement and agreement with the long-term care plan. This plan is renewed every six months or more often if the resident's condition changes.

### *Open Disclosure*

We want to communicate effectively with our residents and their families. We will inform the resident and family member (or EPOA) of all incidents or accidents involving the resident in the Lodge. We will also inform you of the outcome of any GP or other specialist visits.

### *Visiting Hours*

Visiting is normally from 8am to 8pm. However, during an outbreak of an infectious illness within the Lodge or to protect our residents, we may need to change visiting arrangements. When this occurs, we will send an email to the nominated family

contact and ask that this is shared with other family members. We will always endeavour to accommodate special requests and ensure there is family access attend of life.

### *Laundry*

We wash resident clothing in our on-site laundry and send linen off-site for laundering. If a resident has delicate clothing (such as woollens) that cannot tolerate a hot wash and spin, then these items should be taken home for laundering. Similarly, if a resident brings their own bed linen (duvet etc) then family will need to arrange for these to be appropriately laundered.

While all care will be taken, we take no responsibility for items of clothing spoilt or lost in the laundry process.

All clothing that comes into the Lodge needs to be labelled with the resident's name, to help each item find its way back to its rightful owner. We have a clothing labelling machine and will label all the resident's clothing for a flat fee of \$50.

When you bring new clothes in for a resident, please put them in a bag that is labelled with the residents' name and give to a staff member to place this in the laundry under the labelling machine. We can then have this clothing labelled before being washed. Usually, our housekeepers will label new clothing on a Wednesday morning.

### *GP Service*

We contract Dr Ann Evans as our GP. She visits the Lodge every Monday, Wednesday, and Friday. She also sees each resident every three months.

If you want to continue to use your own GP, you need to arrange this with them **prior** to admission. They must be prepared to visit to admit the resident within 24 hours of admission, chart medications electronically, visit the facility for acute illnesses, visit to complete the three-monthly review of care. This needs to be confirmed in writing with the Clinical Manager prior to admission. You will also need to meet any differences in the fee our contracted GP charges and what your own GP charges. Your GP's invoices should be sent to Kāpiti Retirement Trust, Sevenoaks Lodge, 1 Lodge Drive, Paraparaumu Beach 5032.

### *Pharmacy*

Life Pharmacy Kapiti Lights is the Trust's contracted pharmacy for all permanent Lodge residents. The Pharmacy uses Medimap, an electronic medication management system. This shows immediately what the doctor has prescribed. The pharmacy dispenses and delivers required medications to Sevenoaks Lodge, usually on the same day.

Occasionally, the doctor may recommend a medication that is not on the national schedule (fully subsidized). We have to pass the charge for non-subsidized medication onto the resident to pay. This will be discussed with the resident or their representative, at the time.

### *Podiatry Service*

On the GP's recommendation we provide podiatry services. If the GP does not recommend a podiatry service for a resident, they can still see the podiatrist, but this cost will need to be met by the resident.

While the podiatrist comes to the Lodge every month, residents only need to be seen every 8-10 weeks. If you are concerned about the feet of a resident, please alert the nursing staff.

### *Nail Care*

For a charge of \$5 an individualised nail clipper and emery board can be purchased from the Sevenoaks' office. These come on a ring and are kept in the resident's room. This prevents the need to share these items and means they are always available for staff to trim the resident's nails.

### *Physiotherapy*

A physiotherapist sees all new residents at hospital level care and assesses their mobility and transfer requirements. The physio often recommends exercises which HCAs oversee. The physiotherapist will re-assess each resident every three months or more frequently if requested by a nurse. The physiotherapist does not routinely see Kauri House dementia residents.

### *Resuscitation and Agreed Goals of Care*

Soon after admission, we seek to clarify the Goals of Care, with the resident and their whanau, taking account of any advance directives. We then obtain GP confirmation regarding resuscitation – taking into account the resident's medical condition and the likelihood of attempted resuscitation being successful. This is then documented in the *Goals of Care* document. For some permanent residents in CCU it may not be appropriate for resuscitation to be attempted. Goals of care are reviewed every six-months as part of the care planning process.

If a patient is "for resuscitation" or if the resuscitation status of a resident or visitor is not documented, then staff will commence basic CPR while waiting for emergency services to arrive. All permanent staff including registered staff receive First Aid training, updated every two years.

### *Volunteers*

We are always keen for new volunteers who can give some time to interact with our residents. This may involve assisting with activities, or having one-on-one

conversations with them, or sharing a new skill or interesting experiences. If you, or you know someone who would be interested in volunteering, please contact Yvette.

Volunteers receive induction training and need a Police check (which the Trust arranges) completed before they start working with our residents.

### *Donations and Fundraising*

If we receive donations, we direct them toward items that improve the living environment of residents and/or the working environment for staff.

We are constantly fundraising for different equipment for our residents. We are currently seeking donations to purchase a number of items. See our website [www.retirekapiti.co.nz](http://www.retirekapiti.co.nz) for more information about the equipment we want to purchase. Note: As a registered charity all donations are tax deductible.

Please do not donate or leave walkers, chairs or furniture no longer required for us to dispose of. The hospital out-patients department on Warrimoo Street will accept equipment that is no longer required eg walkers or shower chairs. Charity and second-hand shops will often take electric wheelchairs, scooters, and armchairs.

## HEALTH AND DISABILITY CODE OF CONSUMER RIGHTS

All consumers of health and disability services have rights, including the right to complain. A brochure regarding the Health and Disability Code of Consumer Rights is provided on admission. There are spare copies at reception and there are posters with telephone numbers throughout the Lodge.

As a health service consumer, you have the right to:

- ✓ Express your needs and to be involved in decision-making regarding your care
- ✓ Give or withhold informed consent to treatment
- ✓ Be respected as a person for your individual, cultural and religious beliefs and your rights to self-determination (mana motuhake)
- ✓ Be treated with all reasonable skill and care, consideration, dignity, and privacy
- ✓ Freedom from discrimination, coercion, harassment, and exploitation
- ✓ Give feedback, raise issues, make suggestions and/or make a complaint
- ✓ To access information that we hold about you - if there are matters that are factually incorrect you can request that these be corrected.

## GIVING FEEDBACK - RAISING A CONCERN / MAKING A COMPLAINT

Accompanying this information booklet are brochures outlining how to raise a complaint in an aged care facility and our Feedback Form. We know sometimes it is not easy to raise concerns.

### *Talk to Us*

We encourage residents or their family to raise issues or concerns with us as early as possible so these can be addressed. In the first instance please talk to the registered nurse on duty. If they cannot resolve an issue at the time, please know all our managers have an 'open door' policy and will happily listen and address any concerns you may have.

### *Write it Down*

At the Matai, Totara and CCU Nurses' stations you can find Feedback Forms which you can use to give us feedback, identify any concerns you may have, give suggestions for improvement and can also be used to raise a complaint. You can return this form to any nurse, manager or to the green feedback box on the corridor outside the Trust office. We will contact you within 2-3 days to acknowledge receipt and discuss your concerns. If we are unable to resolve issues within this time, we will contact you every two weeks until the complaint is resolved to your satisfaction.

### *Have Someone Advocate for You*

A resident or family member is welcome to have an advocate or support person with them if raising a concern or complaint. Often this is a family member or the EPOA. They can also be from the Nationwide Health and Disability Advocacy Service or the local Age Concern office.

- The Nationwide Health and Disability Advocacy Service can be contacted on 0800 423 638.
- Age Concern Kapiti is based out of the Kapiti Impact Hub, room 16, 6 Tongariro Street, Paraparaumu, and they can be contacted on (04) 298 8879.

If you are not satisfied with how we have resolved your complaint, you are able to make a complaint to the Health and Disability Commissioner. The Commissioner has statutory powers to independently investigate and make recommendations or initiate action through the Courts. The Commissioner can be contacted on freephone 0800 11 22 33 or email [hdc@hdc.org.nz](mailto:hdc@hdc.org.nz)

### FACE TO FACE RESIDENT AND FAMILY WHANAU MEETINGS

Every quarter, usually in January, April, July and October each year there is a resident only meeting. This meeting is independently facilitated. It is an opportunity for residents to learn/hear directly what is happening in the Lodge. It is also an opportunity for us to hear directly from residents and what we can do to improve their life in the Lodge. Often it is the small things that can make a huge difference for residents.

Every six months a residents' family meeting occurs in the Lodge with Clinical Management. Again, this is an opportunity to give family an update about what is happening in the Lodge and to hear any feedback, positive or negative, and suggestions that families have about what and how we can improve the care we provide.

Each year in December we send out a Resident Annual Survey, this is completely anonymous and helps us understand from the consumer's view how we are going, what is working well and what is not going so well. The purpose being, how we can improve our services.

## QUALITY AND RISK MANAGEMENT ACTIVITIES

Staff from across the organisation are involved in monitoring all aspects of the quality of care we deliver to residents and to ensure a safe environment is in place for residents, staff, and visitors. Quality of care indicators such as falls, infections and wounds, pressure injuries, medication errors are benchmarked against other facilities in NZ and Australia.

### *Restraint Elimination*

Restraint is the use of any intervention that limits a person's normal freedom of movement. Nowadays, it is very rare for people to be restrained in any way. We aim to be a 'restraint free' facility. Restraint is not used in Kauri House, our dementia unit.

The Lodge has a range of restraint alternatives to alert staff when a resident is on the move. The alternatives to restraint include: movement sensors, high low beds, soft perimeter guards for mattresses, calming music and most importantly, meeting residents' immediate needs and engaging the resident in meaningful activities.

A restraint can only be used as a last resort when all alternatives have been tried and found inadequate. Residents who have any form of restraint will have the restraint use reviewed every three months. Then every six-months, a discussion and documented re-consent process is required.

### *Reducing Harm from Falls*

The risk of falling with injury increases with age. Falls' risk is assessed on admission and re-assessed every six months, or earlier if needed. To reduce the risk of falls, the environment needs to be uncluttered. We regularly check that resident's footwear is well fitting. Where possible we conduct weight-bearing exercises. If a resident is at high risk of falling, staff may ask you to purchase hip protectors to reduce the likelihood of a fall causing a fractured hip.

### *Infection Control*

We have an active infection prevention and control plan. All residents and staff are offered a free seasonal influenza vaccination. Please let us know if a resident is not to be vaccinated. Staff who have people in their household with a respiratory illness will often wear a face mask to protect residents.

If we have an outbreak of any infectious disease, we send an email to the nominated family contact and ask that the person receiving the email informs other family members of the outbreak. As a rule, if we have an outbreak visiting is not allowed, but we do encourage on-line and telephone contact.



## HEALTH AND SAFETY

Everyone has a role to play to ensure the Lodge and grounds are a safe place for residents, staff, and visitors. The Health and Safety committee consist of representatives from all the work groups within the Trust.

If you or your family member notice a hazard that could harm someone, please inform our staff immediately, so that action can be taken to resolve this.

### *Fire Drills*

Every six months there is a Fire Drill. All drills are treated as though they are real fires. We expect staff to have evacuated residents to the next fire cell within three minutes of the alarm sounding.

### *Smoking / Vaping Policy*

We comply with the Smoke Free Environment legislation. All of our care facilities, including corridors and entrance ways are smoke free zones. If a resident smokes, or vapes nicotine, we have a dedicated space outside, well away from buildings where this can occur. Please discuss any such needs with the clinical manager.

### *Alcohol and Other Drugs Policy*

Many medical conditions are made worse with alcohol consumption and can interact negatively with medications. It can increase the risk of a resident falling and often disinhibits behaviour. That said, if approved by their GP, residents are welcome to have and consume alcohol in moderation.

All other recreational drugs, non-prescribed drugs, are not to be consumed on the premises.

### *Internet Use*

We have in place security blocks to prevent access to illegal or objectionable websites.

### *Electrical Safety*

All electrical equipment is checked for safety annually.

## EMERGENCY MANAGEMENT

In a civil defence emergency, we will endeavour to liaise with the one nominated next of kin for each resident and ask this person to communicate with the rest of the family and with friends.

## SUPPORT SERVICES FOR CARERS

We know the decision to move to permanent care can raise many issues for the resident and their family. If you are struggling with this adjustment there are people and services who can assist.

*Tuesday Coffee Club* – on the second Tuesday of the month at 10am, the spouses and family members of Lodge residents meet for coffee in the East Lounge of the Apartments (entrance opposite Lodge reception).



No one really knows how it feels to have your partner or parent in care, except those who have experienced it. Tuesday Coffee Club is run by the family members of our residents to provide connection and support for whanau of Lodge residents.

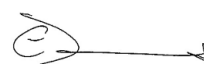
If you want to know more contact Hazel Ollerenshaw 0211089513.

*Well Elder Counselling Service* provides confidential professional counselling for older people to help work through challenges as we age. Challenges such as relationships, loss of friends and family, where we live, memories, coping with the daily demands of life, anxiety, grief, or depression. Their service is often free, and they can be contacted on (04) 380 2440 or Email [administrator@wellelder.nz](mailto:administrator@wellelder.nz)

### *Other Support Agencies in the Community*

There are a range of support agencies in the community to help. While by no means exhaustive, here are some of the services available on the Kapiti Coast -

Organisation and contact	What they can help with
GP practice	Medical care Referrals for assistance and further assessment
Mary Potter Hospice (04) 296 1283 <a href="mailto:Kapiti@marypotter.org.nz">Kapiti@marypotter.org.nz</a>	Advice and support at end of life Symptom management at end of life
Parkinson's Association (04) 293 6927 0800 474 4636 <a href="mailto:info@parkinsons.org.nz">info@parkinsons.org.nz</a> <a href="https://www.parkinsons.org.nz">https://www.parkinsons.org.nz</a>	Support groups for those who have been diagnosed with Parkinson's disease, along with family members.
Specialist Diabetes Nurse 04 296 4100	Works with referred patients who require insulin and medication titration and whose



	diabetes self-management needs are more complex.
Wellington Multiple Sclerosis Society – Lacey Reedy (04) 298 8887	Guidance and support for people with multiple sclerosis.
Arthritis New Zealand 0800 663 463 info@arthritis.org.nz	Helps with advocacy, support groups, resources and exercise classes.
Care Coordination Centre 0800 282 2020 wellington@careco.org.nz	Assessment for additional help into the home Respite care – day and overnight Specialist services such as equipment, physiotherapy, continence assessment, Referral for psychogeriatric assessment or District Nurse support.
Well Elder Counselling Service (04) 380 2440 <a href="mailto:administrator@wellelder.nz">administrator@wellelder.nz</a> www.wellelder.nz	Confidential professional counselling for older people to help work through challenges as we age. Such as relationship issues, loss of friends and family, where we live, memories, coping with the daily demands of life, anxiety, grief or depression.
Age Concern Kapiti 04 298 8879 or 0800 652 105 admin@ageconcernkapiti.co.nz	Support services, information, advice, and personal advocacy for older people.
Community Law 04 237 6811 Info@pkclc.com (weekly clinics in Paraparaumu)	Provides a full range of community legal services to the Porirua and Kāpiti communities. This service is dependent on available resources.
The Kapiti Women's Centre 04 902 6222 <a href="mailto:contact@kapitiwomenscentre.org.nz">contact@kapitiwomenscentre.org.nz</a> 7 Ngahina Street, Paraparaumu	Promotes the physical, mental, and spiritual well-being of women on the Kapiti Coast.

## ASSURANCE

### *Health and Disability Service Standards*

As a provider of aged care services, the Lodge must meet the Health and Disability Sector Standard Nga Paerewa 2021.

Compliance with the standard is audited independently by a designated audit agency who report to HealthCERT at the Ministry of Health. HealthCERT then confirm certification as a health provider. Frequency of the certification audit is determined by the Ministry of Health.

There are two types of audit:

- Certification Audit where we know when the auditors are coming to complete the audit.
- Surveillance Audit is unannounced, half-way through the period of certification.

Our next audit is a Surveillance Audit, scheduled to occur at any time between September 2025 and March 2026.

The next Certification Audit is likely to be in March 2027.

You can view our audit results on the Ministry of Health website.