

Heritage Lifecare Limited - Puriri Court Rest Home and Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Heritage Lifecare Limited
Premises audited:	Puriri Court Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 August 2022 End date: 4 August 2022
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:	61

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

General overview of the audit

Puriri Court Rest Home and Hospital (Puriri Court) provides rest home and hospital care services for up to 72 residents. It is owned and operated by Heritage Lifecare Limited. There have been no significant changes to the service and facilities since the previous audit.

This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard 2021 and the service provider's agreement with the district health board (DHB – now Health New Zealand). The audit process included considered a sample of relevant policies and procedures, residents' and staff files, observations and interviews with residents, family/whānau members, managers and staff, and the general practitioner. All interviewees were positive about the care provided.

A full-time care home manager who is a registered nurse is supported by a clinical services manager, and reports to a regional manager of the service - Heritage Lifecare.

No areas requiring improvement were identified during the audit process.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The service works collaboratively with staff, residents and the local community to support and encourage a Māori world view of health in all aspects of service delivery. There were staff members who identify as Māori. All staff receive in-service education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

Whilst there were no residents who identified as Pasifika during the audit, a Pacific plan and related policies and procedures is available to guide staff in delivering Pacific models of care to residents should this be required.

Residents and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 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 service is governed by Heritage Lifecare. The owners/directors work with senior managers to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data including adverse events are analysed to identify and manage trends. All incidents are being reliably reported and recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents, workforce planning is fair, equitable, and respects input from staff. The management team have the required skills and experience. Qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week but this has been challenging for the service due to the nationwide shortage of registered nurses and difficulties with recruitment. Staff are suitably skilled and experienced, competencies are defined and monitored, and staff performance is reviewed. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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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Puriri Court policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. In interviews, residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. All medications are reviewed by the general practitioner every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

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

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

Includes 2 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 environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised. Spaces were culturally inclusive, suited to the needs of the resident groups and reflect cultural preferences. The building warrant of fitness is current.

Fire and emergency procedures are documented and related staff training has been carried out. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained and hazards identified.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Puriri Court ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The programme is coordinated by the clinical services manager.

A pandemic plan is in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak of Covid-19 in February, March, April, and May 2022.

Here taratahi | Restraint and seclusion

Includes 4 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.

The governance group are aware of their responsibilities in respect of restraint elimination, and restraint information is presented at board meetings. When restraint is used, this is as a last resort after all alternatives have been explored.

Policies and procedures meet the requirements of the standard. The restraint coordinator is a defined role providing support and oversight for restraint management. A restraint register is in place as is a comprehensive assessment, approval, monitoring, and reviews process. Staff demonstrated a sound knowledge of the restraint process.

The restraint approval group are responsible for the approval of the use of restraints. There were clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Family/whānau and/or EPOA were involved in decision making.

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	21	0	0	0	0	0
Criteria	0	54	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>	FA	<p>Puriri Court Rest Home and Hospital (Puriri Court) has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work.</p> <p>The governance group is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation and this is identified in policy and procedure. There are staff at Puriri Court who identify as Māori.</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</p>	Not Applicable	<p>Puriri Court has a cultural safety policy in place to assist staff to provide culturally safe care for any Pasifika residents admitted but is currently reviewing its policy to enhance its ability to better meet the care needs and cultural considerations of Pacific peoples. On the day of audit, there were no residents or staff who identify as Pasifika.</p>

<p>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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. The Māori residents interviewed said that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring power of attorney (EPOA)/whānau/family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy when required for residents who identify as Māori.</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>	FA	<p>Staff at the service had completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive of care. The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures sighted had been updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>The service responds to residents' needs including those with a disability and supports and encourages participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from</p>	FA	<p>The CSM and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the code of conduct. This has not been experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>abuse and neglect. This was reiterated in family/whānau interviews conducted. A Māori health model is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</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>Puriri Court ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The CSM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora- Health New Zealand if required. Staff reported that they are encouraged to refer to the Māori Health Policy on tikanga best practice.</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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of consumer rights legislation. All residents and their whānau are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed and is available in te reo Māori and there are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion. Residents and family/whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been two complaints since the last audit, one direct to the service and one through the DHB (Health NZ). Records confirmed that both complaints were managed in line with Right 10 of the Code,</p>

		and that they had been closed to the satisfaction of the complainant. A previous complaint received through the Health and Disability Commissioner (HDC) has been resolved and closed.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Puriri Court is governed by the board of directors of Heritage Lifecare. The board assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi, defining a governance and leadership structure (including for clinical governance) that is appropriate to the size and complexity of the organisation, and in appointing an experienced and suitably qualified person to manage the service. The care home manager (CHM) confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. Members of the board have completed education on Te Tiriti, health equity, and cultural safety.</p> <p>The service holds contracts with the Northland District Health Board (NDHB now Health New Zealand, Northern Region) for aged related residential care (ARRC) in rest home and hospital care, respite, and younger person disabled (YPD) services. Sixty-one (61) residents were receiving services on the day of audit. Twenty (20) residents were receiving rest home services, including one resident under the respite contract. Forty-one (41) were receiving hospital services, including one resident under the respite contract and four under the YPD contract.</p> <p>There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, and tāngata whaikaha. This was supported by interviews with staff, residents and their family/whānau.</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</p>	FA	<p>The board, through its policy, is responsible for identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse</p>

<p>on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>Event Reporting Policy.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and board reporting documents sighted. Ethnicity data is being consistently gathered for residents and staff. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. High-quality care for Māori is embedded in organisational practices and was confirmed by residents and staff who identify as Māori.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, resident and family/whānau satisfaction surveys, and staff surveys, all of which are analysed to identify and manage issues and trends. A sample of quality and risk and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. The service complies with statutory and regulatory reporting obligations.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage for the facility though this has been reduced due the difficulty recruiting nurses due to the nationwide shortage of health professionals.</p> <p>Managers of the service acknowledge that it has been challenged by COVID-19 and the difficulty recruiting RN staff. Seventeen section 31 (S31) notifications have been made to the Ministry of Health (MoH) since 11 April 2022 related to the RN shortage the service is experiencing. Changes to the duties of senior caregivers, to medication competent senior caregivers, has been recently implemented to support nurses. The service is actively recruiting RN staff from overseas, supporting them with airfares, accommodation,</p>

	<p>and support for Nursing Council of New Zealand (NCNZ) English competency and the competency assessment programme (CAP). The service has also reduced admissions (closed beds) and worked to admit appropriate residents, so that it can ensure the provision of culturally and clinically safe services allied to its staffing ability and skill mix.</p> <p>On the day of audit, the reduced roster was complete. One registered nurse worked an eight-hour shift across the facility with the support of an enrolled nurse (EN), the CSM, and eight caregivers. In the afternoon, there were two RNs on an eight-hour shift supported by six caregivers, one of whom was medication competent. At night, there was one RN supported by two caregivers. Residents and family/whānau interviewed reported that staff were always attentive to their needs and that call bells were answered within a reasonable time.</p> <p>A diversional therapist and an activities coordinator work across the facility on eight-hour shifts. One Monday-Friday, and the other Tuesday-Saturday. Designated housekeeper hours are attributed to carry out cleaning and laundry services duties seven days a week. Meal services are carried out daily by separate kitchen staff.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training topics such as infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of emergencies and civil defence response, manual handling and safe transfer, resident cares, and residents' rights. The service has also embedded cultural values and competency in their training programmes, including information on equity, cultural safety, Te Tiriti o Waitangi, and tikanga practices. Māori related information is shared in the organisation through policy and procedure, the care planning process, and through communication with residents' and their families/whānau. All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of</p>
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		<p>the provider's agreement with the DHB. Five RNs employed by the service maintain interRAI competency.</p> <p>Despite the current difficulties, staff reported feeling well supported workplace and there are wellness policies in place to support any staff who are feeling under stress.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and COVID-19 vaccination status. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions are in place. The CSM takes responsibility for the infection control and restraint portfolios and has a separate job description for these roles. Records are kept confirming that all regulated staff and contracted providers have proof of current membership with their regulatory bodies (e.g., the NZNC, the NZ medical council, pharmacy, physiotherapy, and podiatry board). All new staff engage in a comprehensive orientation programme which includes being 'buddied' with a peer, tailored for their specific role. Staff performance is reviewed and discussed annually.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	FA	<p>An admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form. The CSM interviewed reported routine analysis to show entry and decline rates will be considered to comply with the requirements of the new standards. Specific data for entry and decline rates for Māori will be included where applicable. There were Māori residents and staff members at the time of audit.</p> <p>The service is actively making contacts to work in partnership with local Māori communities and organisations. The CSM stated that</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Māori health practitioners and traditional Māori healers for residents and whānau who may benefit from these interventions will be consulted when required.</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>All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required time frames. There is an electronic resident record management system in place, and this includes (interRAI). The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission and based on this assessment and the staff's observation of the resident. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Long-term care plans were also developed. These were completed within the required time frames as per the contract. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement is encouraged. Behaviour management plans were completed and regularly reviewed to reflect residents' changing needs for any residents who presents with challenging behavioural issues.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CSM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there</p>

		<p>were any changes in a resident's condition.</p> <p>All residents, including YPD residents' care, was evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the manager and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>Residents who are assessed as young people with disability (YPD) had their needs identified and managed appropriately.</p>
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<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>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by the diversional therapist (DT) who has been at the service for the past two years and an activities coordinator been with the service for nine years.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days. The physiotherapist can be contracted when needed. The DT reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and whānau interviewed felt supported in accessing community activities such as celebrating Matariki holiday, watching Māori movies, flax weaving, and visits by the kapa haka group. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Van trips are conducted once a week except under COVID-19 national restrictions.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy.</p> <p>Indications for use are noted for pro re nata (PRN) medications, including over-the-counter medications, and supplements, allergies are indicated, and all photos were current. Eye drops in use were dated on opening and these were sighted in the medication trolleys.</p> <p>Medication reconciliation is conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. The RNs checked medicines against the prescription, and these were updated in the electronic medication management system. The GP completes three monthly reviews. Medication</p>

		<p>competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The controlled drug register was current and correct. Weekly and six-monthly stock takes had been conducted. The CSM reported that controlled drugs are stored securely following requirements and checked by two staff for accuracy when being administered and records were reviewed to confirm this. Outcomes of PRN medications were consistently documented.</p> <p>The registered nurse and a level four caregiver who was being trained in administering medicines were observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards.</p> <p>There was one resident self-administering medications and was assessed as competent. Medications were stored securely. There were no standing orders in use. The medication policy clearly outlines that residents', including Māori residents and their whānau, are supported to understand their medications.</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>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and EPOA/whānau/family. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The menu was reviewed by the registered dietitian on 23 March 2022. Snacks and drinks are available for residents throughout the day and night when required.</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>The Māori health plan in place included cultural values, beliefs and protocols around food. The chef stated that menu options are culturally specific to te ao Māori/cultural/regional alternatives and these are offered to Māori residents when required. EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with the food portions and options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a documented process for the management of transfers and discharges. A standard transfer notification form from Te Whatu Ora-Health New Zealand is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness expires on 1 December 2022. Spaces promote independence and safe mobility and were culturally inclusive and suited the needs of the resident groups including YPD and smaller spaces for the use of residents and their visitors. Residents and their family/whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>There are currently no plans for further building projects requiring consultation. The CHM and regional manager interviewed are aware of the requirement to consult with Māori if this is envisaged in the</p>

		future.
<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>	FA	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 4 October 2016. The scheme requires fire training to be completed six-monthly with attendance records sent to the New Zealand Fire Service, the last training was carried out on 20 May 2022.</p> <p>Residents and staff were familiar with emergency and security arrangements. Appropriate security arrangements are in place and access into the facility is currently controlled as a precaution to prevent the spread of COVID-19. Rapid-antigen tests (RATS) are required for entry. External doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic plan was in place, and this is reviewed at regular intervals. There was an infection outbreak of COVID-19 in February, March, April, and May 2022 with a total of 38 residents and 40 staff members affected. Residents and the service were managed according to MoH guidelines and requirements. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings.</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>Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The CSM reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections.</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>The service aims for a restraint free environment. The governance group are aware of their responsibilities in respect of restraint elimination. Restraint information is analysed and aggregated restraint data, including the type and frequency of restraint, is reported at board meetings. At the time of audit four residents were using a restraint. Family/whānau and/or EPOA were involved in decision making.</p> <p>The restraint coordinator is the CSM who has a defined job description outlining the role, providing support and oversight for any restraint management should this be required. A restraint register is in place. Policies and procedures are in place to guide staff in the safe use of restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.