

Heritage Lifecare Limited - Waiapu House

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:	Waiapu House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 August 2022 End date: 17 August 2022
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	67

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
	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

Waiapu House is owned and operated by Heritage Lifecare Limited (HLL) and provides rest home and hospital level care for up to 80 residents. The service is managed by care home manager, who has been in the position for four months, a clinical manager and unit coordinator.

This audit included the areas for a surveillance audit against the Nga Paerewa Health and Disability Service Standards 2021, and specific reference to the increase in the bed numbers from 74 to 80, as requested by the Ministry of Health's letter to the provider, dated March 2022. Included in the audit process were, review of policies and procedures, residents' files, staff files, observations of the environment and interviews with managers, staff, a GP, residents and whānau.

Since the last audit there has been a change in care home village manager, a high turnover of staff, including registered nurses (RNs), and the management of a recent COVID-19 outbreak. There had been some structural changes to the facility to create the new beds, including a new fire evacuation door. The facility has been undergoing a refurbishment with delays occurring due to COVID-19.

Two areas for improvement from the last audit relating to the facility hazard register and review of clinical incidents now meet the standard. A third related to the completion of maintenance tasks remains an area for improvement. A further two areas for improvement were identified related to orientation and the completion of ongoing training requirements.

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.

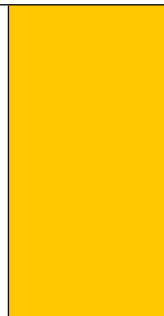
HLL has culturally appropriate policies and processes and is in the process of reviewing these. There were staff and residents who identified as Māori and Pasifika in the service. All staff receive in-service education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers' 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.

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

There is a complaints process which meets the requirements of the Code and outcomes to 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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The governing body assumes accountability for delivering a high-quality service. Work has commenced to support meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Processes are in place for staff appointment, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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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Waiapu House Lifecare's 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 whānau and residents noting their activities of interest. In interviews, residents and whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. All medications are reviewed by the general practitioners (GPs) 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.		Some subsections applicable to this service partially attained and of low risk.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and Fire and Emergency Service approved evacuation plan, with regular drills occurring. Security measures are in place to keep residents and staff safe.

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.

The service 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 clinical services manager coordinates the programme.

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 July 2021 and this was well managed.

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 service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit. Restraint use is reported and analysed by the manager, a regional manager who oversees restraint for the organisation and national managers.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	1	2	0	0
Criteria	0	46	0	1	2	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>Heritage Lifecare’s (HLL) Māori Health Plan encourages the recruitment of Māori staff. The care home village manager (CHVM), stated that they are employing a cross section of ethnicities, including Māori, and had recently employed a caregiver who identify as Māori and spoke te reo 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>HLL has a cultural safety policy which acknowledges the diversity of the Pacific communities living in New Zealand and are currently working through a plan to meet the requirements of the new standard.</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 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, 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 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>The organisation orientation checklist has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. HLL is working on a process to ensure the new criteria within the standard is embedded into practice. However, not all staff had documented evidence of completion of their orientation programme (Refer CAR 2.4.4).</p> <p>Staff had completed training on the 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 are being 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 abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The clinical services manager (CSM) and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's 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 abuse and neglect. This was reiterated in 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>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and 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</p>	<p>FA</p>	<p>HLL have a complaints policy that is consistent with the requirements of the Code. Residents are made aware of their right to complain and give feedback. Complaints forms are available around the facility and patients and whānau spoken with about making a complaint or raising a concern, knew how to do so. The process outlined shows all residents, including Māori residents, have equitable access to the</p>

<p>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>process.</p> <p>There have been two complaints received from the office of the Health and Disability Commissioner since the previous audit. One has been closed with work continuing to implement the recommendations of this report. The second was received in September 2021 and responded to in January 2022, the outcome of this is awaited.</p> <p>HLL have introduced a new electronic complaints register, in March 2022, which can be viewed by the care home village manager (CHVM), regional and national managers. Review of the register showed 10 complaints had been received since March, and three remain open. Review of a sample of complaints showed the timeframes of responses meet the requirements of Right 10 of the Code.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>Not Applicable</p>	<p>HLL has a project underway to look at the new areas within these standards. The responsibility for delivery of this project, is by a range of general and operational managers and includes head of cultural partnership and head of compliance and risk. There is also a group working on the delivery of the changes to the facilities. The project plan details the areas to be addressed, including ensuring service providers deliver services that improve outcomes and achieve equity for Māori, and tangata whaikaha people with disabilities. As well as ensuring the governance work to address barriers to equitable service delivery and receive training in Te Tiriti o Waitangi, health equity, and cultural safety.</p> <p>Waiapu House Lifecare Village holds contracts with the Te Whatu Ora Te Matau a Māui Hawke's Bay to provide residential rest home, hospital and respite care services under the age-related residential care agreement (ARRC) for up to 80 residents. All beds are noted as dual purpose, however the CHVM stated some are only used as rest home level due to size. Of the 67 residents on the day of audit, 43 were receiving rest home level care and 24 hospital level care. One of the 24 hospital level care residents was under the respite care contract. There were 13 unoccupied rooms at the time of audit.</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>HLL has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, an audit plan, a regular resident and whānau satisfaction survey, monitoring of outcomes, clinical incidents/indicators including infections, pressure injuries, wounds, restraint use and falls. Quality and staff meetings are held, and corrective actions documented and followed up.</p> <p>The CHVM has had challenges since taking on the role in June, with staff resignations and employing new staff, a COVID-19 outbreak in July, and is still learning the processes of the organisation. They were able to show how audits had fallen behind but are now being undertaken as per the schedule. Staff accidents and clinical indicators are being recorded. This year's resident and whānau satisfaction survey was undertaken in May by national office and the results are yet to be received by the facility.</p> <p>At the last audit, there was no evidence of a facility specific hazard register. The CHVM provided evidence of the organisation wide hazard and risk register, which showed risks are being identified, rated, mitigation strategies are developed and monitoring. The Waiapu specific risk hazard register showed risks being identified, rated and mitigated. This register goes to the health and safety meeting for review and identification of new hazards. The maintenance person is maintaining this.</p> <p>Another area identified for improvement at the last audit related to the need for the facility to analyse individual clinical risks associated with service provision to be addressed and treated. The clinical risk process identifies, residents' incidents and these are analysed and trended via a dashboard. Individual residents who have incidents have these managed through short term care plans, such as wound plans. Examples of these were sighted.</p> <p>The CHVM understands their statutory and regulatory requirements to report to external agencies, such as the DHB on contract requirements and the Ministry on section 31 issues, such as having</p>
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		<p>no registered nurses available.</p> <p>There are processes in place to receive, investigate and take corrective action where required related to adverse events. There is an electronic register which is maintained by the CHVM.</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>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide cultural and clinical safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The CNM and unit manager are on call afterhours with staff reporting that good access to advice is available when needed.</p> <p>The CHVM has employed 14 staff, including RNs, since she took up her role in June. The filling of the set two week roster has been challenging, with staff doing double shifts for long periods of time. The local public hospital assisted with staffing during the COVID-19 outbreak. Staffing levels against budget are monitored and monthly figures are available to the CHVM, regional manager and national managers. The July figures showed Waiapu being over their budgeted staffing for their resident group. As new staff are coming onboard the rosters going forward are showing adequate coverage which includes coverage of the new six rooms. Staff confirmed this situation.</p> <p>HLL continuing education is planned on an annual basis, including mandatory training and competency requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The education programme meets the requirements of the provider's agreement with the public hospital. A sample of staff files reviewed did not contain all certificates of training. A spreadsheet kept by the clinical services manager (CSM) was not current and had large gaps. The need for staff to complete their annual competencies and training as per the plan had been identified and this is work in progress. Staff appraisals were not current, and this was confirmed by staff interviewed. These are areas for improvement.</p>

		HLL plan to meet the new areas of the standard will include the collecting and sharing of high-quality Māori health information and development of organisational and health care and support workers health equity expertise
<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>	PA Moderate	<p>A sample of personnel files showed that validation of staff professional qualification is part of the recruitment process. A folder is kept with current health professionals' annual practising certificates for nursing, GPs, dietitians, pharmacists and physiotherapist and these were current.</p> <p>Staff are to undertake an induction and orientation process, with an orientation checklist being signed off and added to the staff member's personnel file. There was no evidence that all staff have undertaken the required induction or orientation process. Staff confirmed that they had not completed all training requirements for some time.</p> <p>Staff personnel files are kept secure and in line with current good practice and legislation. The organisation is aware that ongoing they will require to collect ethnicity data from staff.</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> <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>	Not Applicable	<p>Waiapu House Lifecare's 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 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>A total of nine files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. 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. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. Behaviour management plans were completed with detailed interventions plans in place. These were regularly reviewed to reflect residents' changing needs for any residents who present 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 were any changes in a resident's condition.</p> <p>All residents' care, including the respite resident 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.</p>
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		<p>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 respite had their needs identified and managed appropriately.</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 diversional therapist (DT) and activities coordinator 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 national events, such as Matariki holiday, local visits from schools, kapa haka groups. The DT reported that they were currently preparing for the Māori language week. 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>

		Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>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 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 was observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards.</p> <p>There were two residents self-administering medications and they had been assessed as competent to do so. 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>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The 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, 'boil ups' were included on the menu 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>	FA	<p>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>PA Low</p>	<p>A current building warrant of fitness expiring 1 March 2023 is on display near the front entrance. Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose. An annual programme of maintenance occurs ongoing, which includes the six new bedrooms. A refurbishment of the facility has been underway for some time. However, the impact of COVID-19 on contracted staff workforce and their access to materials has caused delays and this work is ongoing. All areas were well maintained and meet legislative requirements.</p> <p>Six additional rooms have been added since the last audit. Two sets of two rooms share a toilet and shower and the other two have an ensuite toilet shower. The new rooms were formally a lounge, nurses' handover, or storage rooms. Three were observed to be of a good size, one was very large with a lounge room and the other two were of a smaller size. It was stated that it was difficult to take a hoist into the shower, toilet ensuite and these rooms would only be suitable for rest home level care. All rooms and ensuites had nurse call systems in place, opening windows and some had access to an outside deck or open onto the garden.</p> <p>A maintenance person has a monthly maintenance schedule which they keep current. At the last audit the maintenance plan was not current, and this has been addressed. Also, the reactive maintenance register was not signed off in a timely way. Review of one of the registers showed that this continues to be an issue.</p> <p>All rooms visited contained residents own personal furniture and fittings. HLL's project plan to meet the requirements of the standard will include how new buildings will have consultation and co-design, to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>FA</p>	<p>There is a Fire and Emergency approved evacuation plan dated March 2011. The recent addition of six rooms, completed March 2022, has seen the change of function of these rooms and the addition of one new fire exit. An external fire safety consultant is undertaking an application for a new fire evacuation plan, which will see the addition of a new fire evacuation door in one of the new</p>

<p>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>rooms and will not affect the overall fire evacuation plan process. This is still work in progress. Six monthly fire drills are scheduled; COVID has impacted on some of these. The last drill was May 2022, with one area of consideration documented related to internal communication, to be discussed at the next staff meeting.</p> <p>There are security measures in place with staff locking the facility doors in the evening. There are external cameras and lighting. Staff were aware of their role in the security of the facility and voiced no concerns. An external security company visits the facility during the night and reports to the night RN if there are any issues such as open doors.</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 from 7 July 2022 to 21 July 2022 and a total of 31 residents were 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> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</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. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings. The registered nurse 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</p>

<p>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>develop or experience a HAI are practised.</p> <p>The service identifies ethnicity data in the surveillance of healthcare-associated infections every month.</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>Maintaining a restraint free environment is the aim of the service, and the use of restraint has been intermittent. There were two residents with restraint in June. No residents were using restraints in July as one resident was no longer at the facility and the other was restraint free following a trial without the device. When restraint is used, this is as a last resort when all alternatives have been explored. This month (August) there were two residents with restraints in use, with appropriate documentation of the assessment, consent and monitoring requirements. However, the regular review was not consistently recorded and in discussion with the unit coordinator, with the responsibility for this area, this was to be discussed with staff at their next meeting.</p> <p>The organisation, including governance, demonstrated commitment to being restraint free and this will be strengthened with the project related to these standards. There is a regional manager who has a specific responsibility for restraint use and there are meetings ('ZOOM' when required) to discuss the use of restraints within the various facilities. There is a facility restraint group who meet to discuss the restraints used and options going forward for removal. Data on restraint use is part of the clinical indicators programme and restraint use is analysed over time and benchmarked with other facilities.</p> <p>Restraint policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of</p>

		accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The annual education plan includes mandatory training and competency requirements. A sample of staff files reviewed did not contain all certificates of training.</p> <p>Only one of two caregiver files reviewed had their NZQA certificate and a completed workbook containing competencies being signed off. The kitchen supervision had completed food safety and chemical training. The CHVM had identified many certificates which were yet to be put in the staff members' files. A competency register kept by the CSM covered contract and mandatory training for caregivers, support staff and registered nurses. This was not current.</p> <p>Examples sighted for 33 caregivers</p>	<p>Evidence sighted indicated that not all staff have completed the required training and competencies. Annual appraisals were not current.</p>	<p>All staff complete mandatory and competency training. The competency register is updated with all current staff and dates when training was last undertaken for all staff. Certificates be added to the individual staff files. Staff undertake a three month post-employment and annual appraisal.</p> <p>60 days</p>

		<p>showed:</p> <p>Six had current first aid certificates.</p> <p>13 had current fire and emergency training.</p> <p>27 had current manual handling training.</p> <p>26 had undertaken pressure injury management training.</p> <p>Ten out of 11 support staff had current chemical training and hand hygiene training. Twelve staff had current fire wardens training.</p> <p>The register also showed training for RNs as not being current.</p> <p>The CHVM spoke a plan to update staff training. Staff spoken with stated they had undertaken recent training related to hand hygiene and other infection control areas and identified which staff were medication competent.</p> <p>There was a spreadsheet which is used to record staff appraisal dates. This was not up to date and not all staff had a current appraisal. This was confirmed by staff interviewed. The CHVM spoke of planning to undertake a three monthly and regular annual appraisal process.</p>		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the</p>	<p>PA</p> <p>Moderate</p>	<p>The CHVM stated the organisation is reviewing and updating the staff orientation checklists in line with the requirements of these standards. There are induction and orientation checklists, a sample of which showed evidence of</p>	<p>Staff files did not evidence orientation checklists and there was no other record of this occurring consistently. The lack of orientation was confirmed</p>	<p>Staff undertake the required induction and orientation to meet the needs of their role. This is recorded in the appropriate checklists and a copy placed in</p>

essential components of the service provided.		providing training relevant to the staff member's role. However, only one file reviewed contained a signed off checklist. No other evidence of completion of orientation was sighted. Staff, including the CHVM reported that their orientation process had not been robust, in part due to shortage of staff and COVID-19. The CSM has a plan to undertake infection prevention training for the 14 new staff members.	by staff interviewed.	the staff member's personnel file. 60 days
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>The review of one of the two reactive maintenance registers showed staff reporting areas of maintenance. However, the documentation of the completion of the task or explanation of what was occurring related to the task was inconsistent. There were 32 items listed for reactive maintenance this month. Of these 23 were outstanding and 14 were outstanding for over five days. The maintenance person was interviewed and could explain why some tasks were not completed, such as the refurbishment that is going on but had failed to document this in the register.</p>	<p>The reactive maintenance registers do not have timely entries which show the maintenance has been completed or is underway.</p>	<p>The maintenance person documents the date they review the task and records any action or reason for delays in maintenance in the register.</p> <p>30 days</p>

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.