

Heritage Lifecare (GHG) Limited - Brookhaven

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 (GHG) Limited

Premises audited: Brookhaven

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 24 August 2022 End date: 24 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: 85

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

Brookhaven provides support services for up to 51 people requiring rest home level care, excluding dementia and 41 who require dementia rest home level care. This service is managed by the Golden Healthcare Group, which is a subsidiary company of Heritage Lifecare Limited, a key provider of aged care services in New Zealand.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff and a general practitioner.

Improvements are required in relation to the clinical internal audit system, updating of care plans and an aspect of the self-medication system. There were no corrective actions from the previous audit that required follow-up.

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.
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Only a limited number of staff who identify as Māori are currently employed at Brookhaven. Strategies are being developed to increase this.

Pasifika staff throughout the service ensure Pasifika people are provided with culturally safe services. Development of a Pacific plan has commenced.

A complaint management system meets the requirements of the standard. Residents and whānau are informed about how to make a complaint on entry to the service.

Brookhaven Rest Home recognises the principles of mana motuhake. Te reo Māori and tikanga are actively promoted and Māori residents are encouraged to remain involved in te ao Māori. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse and staff report no racism occurs.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

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 low risk
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The Board of the Golden Healthcare Group assumes accountability for delivering a high-quality service. This includes board members having expertise in Te Tiriti o Waitangi and cultural safety and reducing barriers to improve outcomes for Māori and people with disabilities.

Performance reports go through various channels up to the governance board at planned intervals. The cultural and clinical needs of residents are being met.

A quality consultant oversees quality and risk management systems. All aspects of such a system are being implemented under the goal of improving service delivery and care. Feedback systems from residents, families and staff contribute to the quality systems. Information from the analysis of quality improvement data, and the identification of patterns within it, enable improvements in all aspects of the service. Risks are being identified, mitigated, or eliminated through ongoing reviews of the risk management schedule.

The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet contractual requirements. Staff are appointed, orientated, and managed using current good employment practices. There are ongoing training opportunities for staff to develop and maintain their skills. Required competencies are being reviewed and completed.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

Brookhaven Rest Home works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated.


Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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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Dementia services are provided in two secure wings of one area of the facility and one in another. Rest home services are in three other wings. Each wing and the associated communal areas meet the needs of the residents. All areas, including external garden areas, are well maintained. A current building warrant of fitness is on display and a maintenance person ensures the maintenance schedule is adhered to. Ongoing checks of the safety of equipment and various resources such as hot water are regularly completed.

Fire safety requirements are complied with. Security systems are appropriate and are being maintained. Staff are trained in emergency management, participate in regular fire drills and maintain an awareness of security requirements.

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 governing body 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.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the infectious diseases outbreak response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required and there are clear processes for communication

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.

No restraints were in use at the time of audit, and this has been the situation since 2019. The governing body and organisational policies and procedures show commitment to a restraint-free environment. Staff receive ongoing training on least restrictive practices, de-escalation techniques and alternative interventions.

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	12	0	1	2	0	0
Criteria	0	34	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>	Not Applicable	There are currently limited numbers of staff who identify as Māori at Brookhaven. The Golden Healthcare Group plans to develop a strategy, in consultation with the Māori cultural advisor, that will encourage additional staff who identify as Māori to be employed across various organisational roles.
<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>A number of staff in this facility identify as Pasifika and those interviewed were clear they would provide cultural support to any Pasifika resident as this would just be instinctive to them.</p> <p>There is not currently a Pacific plan that has been designed in partnership with Pacific communities and underpinned by Pacific voices and Pacific models of care. The service provider is aware of the need for such a Plan. The quality assurance manager informed</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>that a contact who has strong links to the Pacific community has agreed to support the Golden Healthcare Group to meet this requirement. Pasifika staff have been identified.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>Not Applicable</p>	<p>Staff interviewed understood that all residents and whānau had the right to self-determination. A Māori cultural advisor is available to the facility and resources are available to guide staff. However, not all staff understood the concept of Māori mana Motuhake</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage is being introduced in parts of the facility and key resident information such as the Code of Rights is displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents including those with disabilities and ways to enable participation in te ao Māori are being considered. Residents and whānau, including those with age related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.</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>FA</p>	<p>The staff is multicultural and those interviewed stated they felt comfortable to question any racism they encountered. However, not all staff understood the concept of institutional racism.</p> <p>Care provision is holistic encompassing the pillars of 'Te Whare Tapa Whā' and is based on the identified strengths of residents. Wellbeing outcomes, including those for Māori residents, are evaluated as part of the assessment and care planning process six monthly to ensure</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>the needs of residents are met.</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>Not Applicable</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and whānau interviewed stated they felt empowered to actively participate in decision making. Nursing staff interviewed understood the principles and practice of informed consent and described involving whānau in the process. Cultural resources are available and cultural training has been provided. However, the service has yet to make best practice tikanga guidelines available to staff.</p> <p>Advance directives, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in the dementia units have a documented enduring power of attorney on file that has been activated by an appropriate medical practitioner.</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>Residents are informed of their right to make a complaint and how to do this when they enter the service. Written information is available in the welcome pack and the admitting nurse provides the information verbally. Further updates are provided during residents' meeting and newsletters. Staff interviewed were aware of how to assist residents and /or their whānau to make a complaint. Copies of the complaint process and forms were available near the front entrance. The complaint register confirmed that verbal concerns have been acknowledged and followed up. A complaint register showed that two verbal concerns had been recorded and followed up as formal complaints. A separate compliment register contained 19 entries.</p> <p>The manager believes the Code of Health and Disability Services Consumers' Rights (the Code) and the complaint system work equitably for Māori. Copies of the Code are available in both English and te reo in brochures provided to residents, and on posters displayed in the facility. A cultural advisor is available if necessary, such as if a Māori person makes a complaint. The importance of</p>

		<p>including Whānau was discussed.</p> <p>Comments relating to a complaint received by the District Health Board, for which follow-up at audit was requested, are integrated into the 'Pathways to Wellbeing' section of this report. There are no outstanding issues.</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>FA</p>	<p>Brookhaven is managed by the Heritage Lifecare Golden Healthcare Group Limited. Golden Healthcare Group operates as a subsidiary of Heritage Lifecare and therefore governed by the Heritage Lifecare governance board. Golden Healthcare's general manager confirmed during interview that reports are presented to the chief executive of Heritage Lifecare, who is responsible for escalating these to the governing body. Examples of ways in which the governing body of Heritage Lifecare assumes accountability for delivering high-quality service are via:</p> <ul style="list-style-type: none"> • the planned development and implementation of systems that will enable the service providers to know at what level they have improved outcomes and achieved equity for Māori. The general manager and the facility manager informed there is no discrimination of services for Māori versus non-Māori. • the above-mentioned systems are also intended to include improving outcomes and achieving equity for tāngata whaikaha people with disabilities • the development and implementation of systems that will enable the service providers, including Golden Health Group, to identify and implement systems that address barriers to equitable service delivery. <p>Copies of certificates confirmed governance board members have expertise in Te Tiriti, health equity and cultural safety.</p> <p>An example of a Golden Healthcare Group report to Heritage Lifecare showed adequate information to monitor performance is reported.</p>

		<p>The facility manager has been in the role for seven and a half years, in the aged care sector for longer, spent 15 previous years in management roles and confirmed knowledge of the sector, regulatory and reporting requirements. This person is participating in ongoing relevant professional development including Te Tiriti o Waitangi, Māori cultural safety and dementia.</p> <p>At the time of audit, all rest home and dementia care residents were being funded under the aged related residential care (ARRC) agreement. One person is currently receiving additional funding under an Accident Compensation Corporation contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Brookhaven uses the Golden Healthcare Group's planned quality and risk system, which reflects the principles of continuous quality improvement. This includes organisation wide policies and procedures, the management of complaints, internal audit activities including three monthly facility health checks, health and safety reviews, regular resident satisfaction surveys, monitoring against key performance indicators, reporting and review of accidents and incidents, and monitoring of clinical events such as infections or any restraint use. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>A corrective action has been raised in relation to breakdowns within the clinical internal audit system.</p> <p>Residents, whānau and staff contribute to quality improvement occurs through survey participation, involvement in resident, whānau and staff meetings, reporting issues of concern, use of policies and procedures and staff attendance at education/training.</p> <p>The quality assurance manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety and clinical risks, and the development of mitigation strategies. Items on the risk register are reviewed at pre-determined timeframes with a formal review of all occurring once a year. These are reported to the general manager</p>

		<p>through weekly operations reports, monthly reports and quality management system meetings.</p> <p>The facility manager fully understands essential notification reporting requirements and examples of these having been completed were viewed.</p> <p>A cultural screening tool has been introduced into both the rest home and dementia care services There is not currently a specific mechanism by which the service provider can measure the level of health care specifically for Māori.</p> <p>Aspects of organisational practices are being analysed. However, the organisation has yet to develop a system by which it can confirm that its organisation practices have improved health equity.</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>A Golden Healthcare Group rostering policy describes the processes for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) in its facilities. The facility manager is responsible for oversight of the rosters and ensures staffing levels are adjusted according to the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them, although there have been some challenging times due to staff shortages and the number of new staff. Nursing bureau staff are used when necessary. Staff shortages have been managed satisfactorily and where relevant registered nurse shortages have been reported to the Ministry of Health via Section 31 notification forms. At least one staff member on duty has a current first aid certificate and this person is identifiable on the roster. Similarly, all staff with a current medication competency are identifiable. Staffing levels in the four weeks of rosters reviewed showed that staffing guidelines and contractual requirements had been met with non-replacement of a staff on a couple of short shifts only. There was also evidence of new staff being orientated on some shifts.</p> <p>Related health / support worker competencies to support equitable service delivery have been identified according to staff position</p>

		<p>descriptions. These are listed and their achievement is integrated into the staff training records. Reviews and assessments of these are recorded and were sighted.</p> <p>Continuing education is planned on a biennial/annual basis and includes mandatory training requirements. Staff education opportunities are varied, include in-service education, self-learning tools, web-based programmes and external courses. 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. Staff working in the dementia care area have all either completed or are enrolled in the required education. Records reviewed demonstrated completion of the required training and applicable competency assessments.</p> <p>Managers informed that with so few residents or staff organisation-wide, who identify as Māori, it has not been possible to establish systems for the collection and sharing of high-quality Māori health information. The development of organisational and health care and support worker health equity expertise is also a work in progress.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A folder containing current health professional qualifications, currency of registration and scope of practice was reviewed. Qualifications of all staff are validated prior to employment.</p> <p>A sample of staff records reviewed confirmed the organisation's human resource policies are being consistently implemented and that all staff had completed an induction/orientation programme. Staff information is checked via interviews, reference and police checks for example. These records are recognised as being confidential and are held securely.</p> <p>Ethnicity data is being collected and recorded but has yet to be used in accordance with Health Information Standards Organisation (HISO) requirements as it is not being analysed and used in a purposeful</p>

		manner.
<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>Residents are admitted to Brookhaven Rest Home and dementia unit when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Enquiries are documented. However, the service does not yet analyse entry and decline rates and ethnicity data is not collected prior to admission.</p> <p>The service has a contracted Māori cultural advisor to guide staff and there are resources available. There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. The service is working to establish links to enable this to occur when needed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments including for falls risk, pressure injury risk, pain, continence, and nutritional needs inform care planning. An initial care plan guides care during the assessment process. InterRAI assessments are completed within three weeks of admission and at a minimum of six monthly thereafter. Long term care planning details strategies required to maintain and promote independence, wellbeing and where appropriate, resident involvement in the community. Care plans include interventions to manage behaviours that challenge. All residents in the dementia unit have a medical care guidance plan completed on admission. Cultural needs are identified for residents during the assessment process and supports to meet these needs are documented.</p>

		<p>Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Short term care plans are developed, if necessary. This included plans for infections, behavioural challenges and weight loss. These are reviewed weekly or earlier if clinically indicated. Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, or new needs are identified changes are not always made to the care plan refer to criterion 3.2.5.</p> <p>Residents and whānau confirmed active involvement in the process, including residents with a disability.</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>Not Applicable</p>	<p>The trained diversional therapists, and two activities coordinators provide an activities programme that supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Personal profiles and activity plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Māori groups form part of the weekly entertainers' programme, and a cultural day is planned. Opportunities for Māori and whānau to participate in te ao Māori are being explored.</p> <p>Staff are not currently involved in community activities for Māori and are considering how the workforce can become involved.</p> <p>Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for</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>medicine management using an electronic system was observed on the day of audit, including the recording of allergies and sensitivities. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including those requiring refrigeration. Medicines were stored within the recommended temperature range.</p> <p>Individually prescribed controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>One resident was self-administration medication at the time of audit. However, secure storage for medications was not available. Refer Criterion 3.4.6.</p> <p>Residents and their whānau, are supported to understand their medications. The registered nurse discussed including whānau in decision making. Partnerships with local Māori providers are being developed with the support of a cultural advisor to support Māori residents who wish to access traditional Māori medicines if requested.</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</p>	<p>Not Applicable</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility and this is updated as their needs change. The personal food</p>

<p>traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Cultural protocols around food are followed including the laundering of kitchen and food related items separately.</p> <p>Residents interviewed were happy with the food.</p> <p>There are no items on the menus culturally specific to te ao Māori as yet.</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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified. Escorts are provided as needed.</p> <p>Residents interviewed were very happy with communication and planning related to transfers and Whānau interviewed reported being kept well informed during the transfer of their relative.</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</p>	FA	<p>A current building warrant of fitness was on display (expiry date 1 July 2023). Maintenance staff ensure maintenance schedules are upheld, hot water temperatures are checked monthly and are safe, testing and tagging of electrical equipment is up to date and checks of biomedical equipment are current. Location compliance checklists are completed.</p> <p>Residents' rooms and communal areas reflect the person's personalities and culture. The quality and facility managers informed that a process of displaying hand-washing instructions in te reo and naming key rooms such as the kitchen and bathrooms in both te reo</p>

<p>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>and Pasifika languages has commenced. There are no plans for adding any new buildings, but the managers also informed that if this were to happen, they would consult the cultural advisor for advice and direction to ensure the new buildings reflected the aspirations and identity of Māori. Meantime there are plans to ensure the décor is more reflective of New Zealand's indigenous culture.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The New Zealand Fire Service (dated 12 January 2011) has approved the fire evacuation plan. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Appropriate security systems are in place. There are key codes on doors in the secure dementia area. Windows have security latches, the front door auto locks at night, external doors are alarmed at night and there is internal and external security lighting. Security cameras are strategically positioned and appropriate signage in place. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme. A suite of policies has been developed by a contracted IP specialist. This includes an outbreak management plan and a procedure for testing the plan. The plan is yet to be tested using this procedure but was used during a recent Covid-19 outbreak and was found to be satisfactory. There are sufficient resources available including personal protective equipment (PPE).</p> <p>Cultural resources including some IP resources in te reo Māori are available to staff.</p> <p>The service has engaged with a Māori cultural advisor and is exploring ways to work in partnership with Māori to ensure culturally safe practice related to IP.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-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. Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance now includes the collection of ethnicity data. Results of the surveillance programme are shared with staff.</p> <p>There are clear processes for communication between service providers and residents. Residents interviewed were happy with the communication from staff in relation to healthcare acquired 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 Golden Healthcare Group is committed to maintaining a restraint free environment in its facilities, including Brookhaven. De-escalation and distraction techniques are promoted. There is good restraint minimisation education. No restraints were in use at the time of audit except for an emergency personal restraint used in 2019, there has been no known restraint use in this facility in the seven and a half years the facility manager has been in their role. Details of an episode of emergency restraint use were in the incident reporting process, in the restraint register (October 2019) and in restraint approval group meeting minutes (October 2019).</p> <p>Restraint use is a heading in the reports that are provided to Heritage Lifecare executive management via the facility manager and the general manager. Managers informed any restraint use would need to be approved first and would only be a last resort. The senior registered nurse is responsible for the oversight of restraint management should this be required. A role description is available.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>An audit system, including internal audits is implemented within the service. These include regular facility health checks and audits that specifically meet clinical requirements. A senior registered nurse is completing clinical related internal audits; however, aspects relating to clinical issues and residents' records where improvements were required had not been captured in these audit records.</p> <p>Also, corrective actions that had been identified were not all featuring in the associated corrective actions and copies of these had not been through the required internal channels to ensure improvement processes were identified and implemented. These breakdowns in the clinical internal audit system are compromising the potential contribution of</p>	<p>There are gaps in the internal audit system for clinical audits:</p> <p>i) Not all audit records are reflective of what is happening in the clinical setting</p> <p>ii) Corrective action plan forms on file are not all completed for identified shortcomings</p>	<p>Internal audits of clinical systems and practices identify all shortcomings in the clinical setting.</p> <p>The organisation's processes for internal audits are fully implemented and used to improve service delivery and care.</p> <p>180 days</p>

		clinical internal audits to improving service delivery and care.		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Moderate</p>	<p>Resident care is reviewed daily by the registered nurses and caregivers and through scheduled GP reviews. Changes to resident needs are identified through the six-monthly MDT review and interRAI reassessment process. Long term care plans are updated at this point. However, long term care plans are not always updated when a resident's needs change before this time. Short term care plans were sighted for new problems that arise, such as wounds and infections, and these were reviewed weekly. However, when a resident's needs continued, the long-term care plan was not always updated when the short-term care plan was resolved. This was verified in review of care planning for residents four residents including two reviewed using tracer methodology.</p> <ul style="list-style-type: none"> - One resident where interventions related to behavioural challenges were not transferred from the short-term care plan (STCP) to the long-term care plan when the STCP was closed - A resident whose diabetes became unstable, the care plan did not provide information to guide the non-regulated staff when the RN was not present - A resident whose care plan was not updated following discharge from hospital and did not reflect changed needs related to mobility, pressure injury 	<p>When there are changes to resident's condition updates to long term care plans are not always completed in a timely manner and as a result care plans did not always reflect the care needs of the resident.</p>	<p>Ensure care plans reflect the current needs of the resident and are updated when a resident's needs change.</p> <p>90 days</p>

		<p>prevention and falls prevention</p> <p>- A resident whose increasing physical needs following an infection were not captured in the care plan and interventions documented did not reflect changed needs</p>		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA</p> <p>Moderate</p>	<p>The registered nurse described the process to facilitate a resident self-administering medication. One resident in the rest home had been approved to self-administer medications at the time of audit. Knowledge and understanding had been assessed and self-administration approved by the GP. A yellow medicines reconciliation card was available to guide the resident in what medication to take. When interviewed the resident was able to describe the medications taken, when they should be taken and why. The resident had a small lock box to store current medication. However, a further supply of approximately three months medications, including expired antibiotics, was not securely stored, and was being kept in an unlocked drawer in the resident's room which was open to the remainder of the facility.</p> <p>All aspects of safe self-administration had been followed with the exception of providing a large enough lock box to enable the resident to store medications safely. For this reason, the finding is rated moderate rather than high and given a</p>	<p>One resident who was self-administering medications did not have sufficient secure storage in their room to enable safe storage of all medications in the resident's possession.</p>	<p>The facility will ensure a safe system to allow residents to self-administer medication including safe storage of all medications kept in a resident's room</p> <p>30 days</p>

		timeframe of 30 days.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.