

Heritage Lifecare Limited - Hodgson 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: Hodgson House

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 27 July 2022 End date: 28 July 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: 52

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

Hodgson House, which is operated by Heritage Lifecare provides rest home, and hospital care for up to 65 residents.

Changes since the previous audit are the appointment of a new care home and village manager in January 2022 and a new clinical services manager in June 2022. An agreement with the Bay of Plenty district health board to provide four rehabilitation beds was signed and services commenced in 2021. This type of service delivery does not significantly change the scope of services provided, as the provider already had an agreement for medical care.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the service provider's agreement with their funder. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers including the regional manager, staff, two visiting allied health professionals, and a general practitioner. All interviewees were positive about how services were provided.

The non-conformity from the previous 2021 audit related to the synchronisation of interRAI assessments and care plans had been resolved, but a new non-conformity has been raised about the timeliness of these. Overall, four improvements were identified at this audit. These are related to orientation of new staff, performance reviews, interRAI assessments and review of care plans and compliance with restraint minimisation processes.

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.

Hodgson House works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

There is a policy that describes how culturally safe services will be delivered to Pacific peoples in ways that recognise and acknowledge their beliefs and practices.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

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. This includes supporting 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.

The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te ora | 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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The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whanau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme promotes residents to maintain their links with the community. Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Security is maintained.

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.

There is a pandemic or infectious disease response plan in place. Sufficient infection prevention resources including personal protective equipment (PPE) were 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 outbreaks reported since the previous audit.

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.

Heritage Lifecare is committed to eliminating restraint in all its facilities and is rolling out amended policy and practices. Staff at Hodgson House are yet to be updated on the national strategy. This was commenced during the audit.

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	20	0	0	2	0	0
Criteria	0	56	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>Ten percent of staff identify as Māori which was congruent with the resident population. Staff and residents interviewed said that services were provided in a culturally safe manner. Staff reported they have input into how individual services to Māori residents are delivered. Their advice is sought and considered.</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>	FA	<p>The organisation has a cultural diversity policy and a Pacific Health Policy which refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy was initially created for the mental health unit that exists within one of Heritage Lifecare's facilities and is currently being reviewed to ensure that it is applicable in all care facilities. In its current form, the policy describes Pacific models of care which can be</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>utilised within the plan of care when indicated.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents who identified as Māori said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring power of attorney (EPOA)/whānau/family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by its Māori Health Plan and associated policies when required for residents who identify as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Treaty of Waitangi training is included in the annual training programme reviewed. Cultural training and tikanga practice were provided. Tikanga flipcharts were available to guide staff. Heritage Lifecare has an enabling good lives policy which describes best practices for younger people with disabilities-tangata whaikaha, and this is used to guide practice when required.</p> <p>Te reo Māori and tikanga is actively promoted and incorporated in all activities by promotion of activities like Māori language week was celebration and Māori cultural events celebrations. Residents who identify as Māori confirmed that their cultural needs are met. Interviewed staff understood cultural safety and requirements in care provision.</p>
<p>Subsection 1.5: I am protected from abuse</p>	FA	<p>The clinical services manager (CSM) stated that any observed or reported racism, abuse or exploitation will be addressed promptly.</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>Residents, family/whānau and Enduring Power of Attorneys (EPOAs) expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents. Te Whare Tapa Wha Māori health model is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</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>	FA	<p>Appropriate best practice tikanga guidelines in relation to consent are used. Resident, family/whānau and EPOA for residents in the dementia unit or where applicable were involved in the consent processes. This was confirmed by residents and family/ whānau and EPOAs in interviews. The CSM stated that additional advice can be accessed through the DHB if required. Staff have received training on cultural safety including tikanga best practice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code and addresses the need to make the process easily understood, fair and equitable for Māori. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation of complaints received this year, showed that complainants had been informed of findings following investigation and six of the seven complaints had been closed. One of the resolved complaints came from a Māori resident's whānau which confirmed the process worked equitably for them. There have been no complaints submitted to and investigated by the Office of the Health and Disability</p>

complaints in a manner that leads to quality improvement.		Commissioner or any other external agency since the previous audit.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti and being focused on improving outcomes for Māori and people with disabilities. This was confirmed by interview with the regional manager and a sample of reports to the senior management and leadership team who in turn report to the board. Heritage Lifecare are implementing systems and processes to monitor health improvements for Māori and tangata whaikaha in their care, ensuring their services are equitable and identifying any perceived barriers. The discharge rate of people who enter the service for rehabilitation is evidence of health improvement and equity was confirmed by staff and residents.</p> <p>The facility holds contracts with Bay of Plenty District Health Board for aged related residential care including hospital medical, hospital-geriatric, rest home, respite and palliative care. A short term-transitional care agreement was signed in September 2021 for Hodgson House to provide up to four beds for people requiring rehabilitation after illness or injury.</p> <p>On the days of audit 52 residents were residing at Hodgson House. Twenty-three residents were receiving rest home level care which included one respite resident, 24 residents had been assessed as requiring hospital level care, one was receiving palliative care and all four rehabilitation beds were full.</p> <p>There were no people under the age of 65 years receiving services at the time of this 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</p>	FA	<p>The organisation has a planned quality and risk management system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, an annual satisfaction survey, monitoring of outcomes, clinical incidents, interRAI, restraint minimisation and safe practice and infection prevention and control.</p>

<p>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>Terms of reference and meeting minutes reviewed confirmed adequate reporting systems and discussion occurs on quality matters. Regular review and analysis of quality indicators occurs monthly and related information is reported and discussed at regular quality meetings, health and safety meetings and general staff meetings. Minutes reviewed include discussion on risk management, clinical indicators such as incidents/events, pressure injuries, infections, and quality matters such as complaints, audit activities and results and resident and whānau feedback. Relevant corrective actions are developed on a plan and implemented as necessary and demonstrated a continuous process of quality improvement is occurring.</p> <p>Residents, whānau and staff contribute to quality improvement through providing feedback on their experiences of service delivery. The June 2021 survey revealed a concern with repetitive desserts. This was addressed and the December 2021 meal satisfaction survey revealed improvement had occurred.</p> <p>Policies and procedures cover all necessary aspects of the service and contractual requirements. The document control system is managed by the Heritage Lifecare national office and ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of any obsolete documents.</p> <p>The regional manager described the processes for the identification, monitoring and reporting of risks and development of any mitigation strategies. The risk register showed consistent review and updating of risks, risk plans and the addition of any new risks identified. The manager is aware of the Health and Safety at Work Act (2015) and its requirements are implemented. The health and safety committee meet monthly and are active in monitoring risks. There have been no staff injuries reported to Worksafe since the previous audit.</p> <p>Heritage Healthcare and the manager have established processes for essential notification reporting requirements. Public Health were notified about positive Covid-19 cases in June 2022, and no other</p>
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		<p>notification have been submitted this calendar year.</p> <p>Māori residents interviewed said their cultural needs were being taken into consideration and that all staff provided excellent care. The organisation has developed and is ready to implement processes for gathering and measuring health equity, although a number of internal audit tools and the satisfaction surveys go some way toward achieving this.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Approximately 10% of the staff identify as Māori which is reflective of the resident population. Interviews with residents and whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori.</p> <p>The service has been challenged by staff shortages this year due to steady attrition of all staff and registered nurses. This has recently improved. The care home and village manager is an RN with a practising certificate and has been doing shifts. Other RNs were doing 12 hour shifts. There are now seven RNs employed plus the clinical services manager. There has always been at least one RN on site 24 hours a day seven days a week.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. There is always an extra RN on call after hours.</p> <p>The hospital wing with maximum of 35 residents (currently 16) has eight care staff and one RN rostered for morning and seven care staff with an RN on afternoon shifts. Of these care staff, two are allocated to the rehabilitation wing. There is also a senior carer with medicine competencies rostered in each of the two hospital wings. The rest home wing is allocated two care staff each in the morning and one in the afternoon. Three care staff in total and an RN are rostered for each night duty. Heritage Lifecare has developed a safe staffing tool</p>

		<p>which is being implemented to monitor staffing levels.</p> <p>All RNs and senior care staff are maintaining current first aid certificates so there is always a first aider on site. On site first aid refresher training is scheduled to occur on 18 August 2022.</p> <p>Senior care staff who are assessed as competent to administer medicines are rostered on each shift to support the single RN on duty.</p> <p>Activities staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery five days a week. Designated cleaners carry out housekeeping duties seven days a week and there are sufficient kitchen staff providing meal services. Laundry services are carried out daily.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Continual education subjects in infection prevention related to COVID-19 and its variants including donning and doffing of personal protective equipment (PPE), emergency management including fire drills, civil defence, manual handling and safe transfer, STOP and WATCH tool (deterioration in health) falls prevention, pain assessment and management, death and dying, and nutrition and hydration have taken place so far this year. Education sessions on the code of rights, restraint minimisation and prevention, challenging behaviours, cultural awareness including Te Tiriti and the Pasifika health plan, communication and other role specific training are scheduled for the rest of the year.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Of the 32 care staff employed, 16 have achieved level four on the NZQA framework and the others are on track to achieve levels two and three.</p> <p>The senior leader employed identifies as both Māori and Pasifika. This person and the clinical services manager have completed training in Te Tiriti, cultural safety and ensuring equity in service</p>
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		<p>delivery. Reading material related to health equity has been distributed to staff.</p> <p>Three RNs are accredited and maintaining competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</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>	PA Moderate	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, proof of vaccination status and confirmation of qualifications before an offer of employment is made.</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy, physiotherapy and podiatry.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff employed (refer subsection 1.1, 1.2) and 2.3)</p> <p>Staff who have commenced employment since January 2022 have completed all of the orientation programme. New staff have not engaged in 90 day post-employment appraisals and annual performance appraisals for existing staff are overdue. Although criterion 2.4.5 is not a requirement for surveillance audits, this non-conformance was identified and corrective action is required.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	FA	<p>The service works in partnership with Māori communities and organisations. The CSM stated that Māori health practitioners and traditional Māori healers will be consulted for residents and whānau</p>

<p>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>		<p>who may benefit from these interventions when required. The service maintains a record of the enquiries and of those declined entry. Routine analysis to show entry and decline rates is yet to be implemented.</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>PA Moderate</p>	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The residents and /family consented to the assessment and care planning process. Signed consent forms were available in residents' records reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>There are cultural guidelines used to complete Māori health and wellbeing assessments to ensure that tikanga and Kaupapa Māori perspectives permeate the assessment process. The cultural assessment plan for Māori residents includes Māori healing methodologies, such as karakia, rongoa, special instructions for taonga and tangihanga. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>The care plans were developed within three weeks of an admission. The Te Whare Tapa Wha model of care is used for residents who identify as Māori and whānau to identify their own pae ora outcomes in planning their care when required. The staff confirmed they understood the process to support residents and whānau when required. A range of clinical assessments, including interRAI, referral information, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. Residents' and family representatives of choice were involved in the assessment</p>

		<p>and care planning processes. Lifestyle care plans were completed following interRAI assessments. The previous non-conformance in HDSS: 2008 criterion 1.3.3.3 mapped to criterion 3.2.1 which was related to resident lifestyle plans and activity plans not in sync with six-monthly interRAI evaluations has been resolved. 50% of residents' files sampled did not have current six-monthly interRAI assessments completed and lifestyle plans were overdue for routine six-monthly evaluations. In lifestyle plans that were current, the relevant outcome scores have supported care plan goals and interventions. Residents and family confirmed their involvement in the assessment process.</p> <p>The lifestyle plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family goals and aspirations identified were addressed in the lifestyle plan.</p> <p>The lifestyle plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the general practitioner (GP) or nurse practitioner (NP). Timely referrals to relevant specialist services as indicated were completed. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Routine medical reviews were completed every three months or more frequently when required as determined by the resident's condition. There is a contracted physiotherapist who visits the service once a week. Referrals to the physiotherapist were completed where required and these were evidenced in the resident's records sampled for review. The physiotherapist expressed satisfaction with the</p>
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		<p>communication process and services provided by the clinical team.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</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>	FA	<p>The activities on the programme support community initiatives that meet the health needs and aspirations of Māori and whānau. There are organised celebrations of Waitangi Day and Matariki day. Discussions were held with residents on Matariki and its meaning. The Māori language week was celebrated. Residents visit their family/whānau in the community and family/whānau can visit the residents in the facility. Residents expressed satisfaction with the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>The service uses an electronic medication management system for long-term care residents and paper-based for respite care or rehabilitation care. RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the NP or GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all</p>

	<p>requirements for 'as required' (PRN) medicines. Over the counter medication and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used. However, policies to guide standing orders use were available to use if required.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family are supported to understand their medications when required. The CSM and the GP stated that when requested by Māori, appropriate support and advice will be provided for use of traditional Māori medicine.</p> <p>There four resident who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action</p>
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		plans implemented, as required.
<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>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. The cook stated that menu options culturally specific to te ao Māori will be offered to Māori residents when required. The winter menu in use was current and had culturally specific food options. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents expressed satisfaction with the food services.</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. Whānau reported being kept well informed during the transfer of their relative.</p> <p>Residents' records evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. The CSM and the GP reported that referral or support to access Kaupapa Māori agencies where indicated, or requested, will be offered.</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-</p>	FA	<p>A current building warrant of fitness with expiry 26 January 2023 was on display. Systems for ensuring that the physical environment, chattels and equipment are fit for purpose and safe, are effective. This includes testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews and observation of the environment. External areas accessible for rest home, and hospital residents are appropriate</p>

<p>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>for that group and were being maintained for safety.</p> <p>The building is inclusive of people's culture and supports people's cultural practices. There has been no construction nor are there any plans for building development.</p> <p>The executive leadership team demonstrated understanding and knowledge about the need to consult and invite input from local tāngata whenua and hapu to ensure new designs reflect the aspirations 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 emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Onsite inspection and interviews revealed that the emergency and security systems are intact and known by all levels of staff. Planned fire safety training/updates and evacuation drills this year were delayed due to the June Covid lockdown. This is scheduled to occur on 10 August 2022.</p> <p>An unscheduled trigger of the fire alarm on 16 July 2022 resulted in staff successfully evacuating the building. There was no fire in the actual care facility, an unoccupied and not attached dwelling which is connected to the fire system set off the alarm. A fire and emergency officer visited the facility during the audit and confirmed the fire suppression systems as effective. The current fire evacuation plan was approved by the New Zealand Fire Service on the 31 January 2006.</p> <p>Staff routinely lock entry doors at dusk. There have been no security issues reported in the past 6 months.</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</p>	FA	<p>A pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Infectious outbreaks within the past six-months were managed effectively. There were sufficient infection prevention (IP) resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The cultural support model in use provides guidance in culturally safe practices in IP to acknowledge the spirit of Te Tiriti. The CSM reported</p>

<p>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>that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements. IP educational resources in te reo Māori were available.</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>	FA	<p>All infections are recorded on the infection record form. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. Surveillance records include ethnicity data. The CSM is responsible for monitoring infection data and the responsibility is documented in the job description and infection prevention policy. Staff understood the data collection process.</p> <p>The short-term care plans sampled for review evidenced that residents who developed a healthcare associated infection were advised of the condition in a timely manner. The CSM reported that culturally safe processes for communication will be provided. The interviewed residents expressed satisfaction with the communication provided.</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>	FA	<p>Heritage Lifecare policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints should a restraint intervention be required.</p> <p>The wider organisation and their governance are striving to eliminate restraint use in all their aged care facilities. An agreed strategy to eliminate the use of restraints is now in place in all their facilities. The restraint register recorded no current residents with restraint interventions in place since the new clinical manager took up the role.</p> <p>The restraint coordinator role is allocated to the clinical services manager who is recently employed and has extensive experience as a clinical services manager in an aged care environment. This person demonstrated understanding and knowledge about restraint minimisation. All RNs are competency assessed regarding their</p>

		<p>understanding of restraint and evidence of completed assessments was in staff records reviewed. Regular education on the safe use of alternatives to restraint, and managing behaviours that challenge is provided to all staff. Management and staff at Hodgson House are yet to update themselves on the new organisation wide strategy for the elimination of restraint.</p> <p>There were however restraint interventions in place that had not been identified as restraints. The organisation's policy describes use of fall out chairs as restraints and two hospital residents were observed to be in these.</p> <p>Staff meeting minutes, and management reports include information about restraint activities.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Moderate	New staff are not being taken through the full orientation programme. The Care Home and Village manager had not been oriented because the person they reported to was also new in January 2022. Subsequently the 17 staff who have commenced employment since then, including the clinical services manager have not completed the programme. Three new staff interviewed, including a night staff member said they had been buddied up with an experienced staff person who showed them their tasks, and that they had not worked alone until they felt confident and capable of carrying out their duties. The CSM has taken all RNs and senior care staff through the necessary competency assessments such as for example, medicine competencies, use of oxygen, and restraint competencies. The regional manager and the care home	A full orientation and induction process has not been occurring.	Ensure all elements of the orientation programme and its processes are completed with all new staff, within the timeframes stipulated in policy and according to the corrective action plan. 60 days

		manager had already identified this short fall in processes and had developed a corrective action plan. The corrective action plan states a timeframe for implementation will be by the end of August 2022		
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>There have been 17 new staff employed since January 2022 including the care home and village manager and the clinical services manager. Because the formal orientation programme has not been implemented (refer 2.4.4) which culminates in a three month performance appraisal, new staff have not been given the opportunity to discuss how well they are adjusting to their roles. A high turnover of staff, staff sickness and the Covid outbreak have significantly impacted on the service leaders who have been working on the floor in other roles and not attending to performance management.</p> <p>Annual performance appraisals are also overdue for approximately half of the 55 staff. The number of overdue appraisals could not be determined on the day of audit as the spreadsheet that recorded staff appraisal dates had not been updated. As described in 2.4.4 this short coming had been identified and a corrective action plan to address this is in place.</p>	<p>Post-employment appraisals for new staff have not been occurring.\</p> <p>Annual performance appraisals are overdue and not scheduled.</p>	<p>Ensure all new and longer term staff have the opportunity to discuss and review their performance.</p> <p>90 days</p>
<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</p>	PA Moderate	Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the records sampled. Short-term care plans	Two out of four residents' files sampled for review were overdue for routine six-monthly interRAI	Ensure six-monthly interRAI assessments and lifestyle plan evaluations are completed in a timely manner as per contractual

<p>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>were completed for any identified acute resident care needs, or as a result of a care measurement trigger. Short term care plans were reviewed weekly or earlier if clinically indicated. Routine interRAI reassessments and lifestyle plans were not reviewed at least six-monthly in 50% of the files reviewed. Where the evaluations were completed, they included the residents' degree of progress towards their agreed goals and aspirations as well as family goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family, responded by initiating changes to the care plan.</p>	<p>reassessments.</p> <p>The interRAI assessment report summary evidenced that 20 six-monthly interRAI reassessments were overdue with an interval of 40 days to 131 days.</p> <p>Four out of four routine six-monthly lifestyle plan evaluations in residents' files sampled for review were overdue.</p>	<p>requirements.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.