

Heritage Lifecare (GHG) Limited - Albarosa, Camellia, Golden Age

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: Albarosa||Camellia||Golden Age

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

Dates of audit: Start date: 20 September 2022 End date: 21 September 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: 122

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

The Golden Age Retirement Village, Albarosa Rest Home and Camelia Court Rest Home are three aged care facilities on one site under the management of the Golden Healthcare Group, which is owned by Heritage Lifecare Limited. Albarosa is a 40-bed dementia rest home care service, Camelia Court a 39-bed dementia rest home service and Golden Age is a 54-bed rest home care facility.

This unannounced 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 two general practitioners.

Improvements are required to an aspect of medicine management. There were no areas identified as requiring improvement at the previous certification audit.

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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Māori staff are available to assist residents who identify as Māori to be provided with equitable and effective services and to ensure the principles of mana Motuhake are upheld.

A Pacific plan is about to be developed to ensure services for Pasifika people will be culturally safe.


Information about how to make a complaint is provided to residents and whānau at the time of admission. Complaint forms and brochures are available at the entrance to each facility. Complaints are resolved effectively in collaboration with all parties involved.

Golden Age Retirement Village recognises the principles of mana motuhake and Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi. Te reo Māori and tikanga are 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 that no racism occurs.

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.

Residents and whānau receive information in an easy to understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. 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.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. This includes board members having expertise in Te Tiriti o Waitangi, 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 quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff participate 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 differing needs of residents. Staff are appointed, orientated, and managed using current good practice. Training opportunities for staff according to role descriptions are identified and facilitated. Related competencies for safe service delivery are 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 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.

Golden Age Retirement Village 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 on a regular and timely basis.

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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The Golden Age Retirement Village, Albarosa and Camelia Court are all being well maintained and meet the respective needs of the residents. There is a current building warrant of fitness on display in each facility, all of which have the same expiry date. Checks on medical and electrical equipment and on safety risks are being completed.

Emergency and fire safety systems are in place. Staff are trained in emergency procedures and participate in regular fire drills.

The two dementia service facilities are secure and there is a range of security monitoring systems. Security is maintained at all three facilities.

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.

The governing body of the Golden Healthcare Group support the three facilities on the Golden Age Retirement village site to operate as restraint free environments. There were no residents using a restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing 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	14	0	1	0	0	0
Criteria	0	36	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	Not Applicable	The Golden Healthcare Group plans to develop a strategy, in consultation with the Māori cultural advisor and Heritage Lifecare Limited, that will encourage additional staff who identify as Māori to be employed across various organisational roles. There are less than six staff who identify as Māori at Golden Age Village, with the numbers reflective of the suburb the village sits within.
<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	A Pacific plan that has been designed in partnership with Pacific communities and underpinned by Pacific voices and Pacific models of care is not yet available, although the service provider is aware of the need for this. The quality assurance manager informed that a contact who has strong links to the Pacific community has agreed to support the Golden Healthcare Group. They will also work with Heritage Lifecare Limited to meet this requirement. Pasifika staff have been identified and between 10 and 20 are available between the three on-

<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>site facilities. Managers were aware of the Fonafale Pasifika model of care.</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>Staff have undertaken Te Tiriti o Waitangi training. Managers are considering options of systems they can introduce that will enable them to be confident that the principles are reflected in day-to-day service delivery. Other related training on management of death and dying for Māori for example has also been provided.</p>
<p>Subsection 1.5: I am 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</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>all staff understood the concept of institutional racism.</p> <p>Care provision is holistic 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 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 for consent 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</p>	<p>FA</p>	<p>Residents and whānau 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 information pack and the admitting nurse provides the information verbally. Further updates are provided during residents' meetings and reminders given when something does not go right. 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.</p> <p>Facility managers from each of the three facilities believe the Code of Health and Disability Services Consumers' Rights (the Code) and the complaint system work equitably for Māori. Copies of the Code are</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>available in both English and te reo in brochures provided to residents, and on posters displayed in the facility. The managers confirmed that a cultural advisor is available if necessary, such as, if a Māori person makes a complaint and described the importance of including whānau. There are no current residents who would require this level of support should they have a concern or a complaint.</p> <p>The service provider advised there have been no complaints received from external services since the previous audit.</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>Golden Age rest home, Albarosa and Camelia Court are 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 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. Managers informed they believe there is no discrimination of services for Māori versus non-Māori. • The development and implementation of systems that will enable the service providers to know at what level they have improved outcomes and achieved equity for tāngata whaikaha people with disabilities. • The development and implementation of systems that will enable the service providers, including Golden Healthcare 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</p>

		<p>showed adequate information to monitor performance is reported.</p> <p>The facility manager in each of the three facilities is suitably qualified and experienced, although the one in Camelia Court is on a temporary contract. A new appointment has been made for this role, but the person has yet to commence. All have had extensive experience in the health and aged care sectors and confirmed knowledge of the sector, regulatory and reporting requirements. Ongoing relevant professional development opportunities are available, and each manager is participating in these as applicable.</p> <p>At the time of audit, 50 of the 54 beds in the Golden Age rest home were occupied by rest home residents under the aged related residential care (ARRC) services agreement. Two others currently in hospital are not included in this number. Albarosa has 36 of its 40 beds occupied plus there is one person in hospital, and Camelia Court has 36 of its 39 beds occupied. Residents in the Albarosa and Camelia Court facilities are also funded under the aged related residential care (ARRC) services' agreement but provide dementia rest home services.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Golden Age rest home, Albarosa and Camelia Court each independently 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. Information is collated and compared with the other two on-site services, as well as with four other Golden Healthcare Group facilities. The quality assurance manager coordinates the quality and risk system for all Golden Healthcare Group facilities.</p>

		<p>Residents, whānau and staff contribute to quality improvement 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 development of mitigation strategies. Items on each risk register are being reviewed at the pre-determined timeframes with a formal review of all occurring once a year. These are also reported through the quality management system.</p> <p>All managers were familiar with essential notification reporting requirements and examples of these having been completed were viewed.</p> <p>The quality and facility managers are seeking support to develop a system by which they can measure the level of health care specifically for Māori.</p> <p>There are aspects of organisational practices that 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</p>	FA	<p>A 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) for all Golden Healthcare Group services. Each facility manager is responsible for the rosters in their respective area. 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 challenging times due to staff shortages and the number of new staff. They spoke of staff working as a team, of changing shifts, working longer shifts and working extra shifts to accommodate gaps in the roster at times. Nursing bureau staff are used when necessary.</p>

<p>services.</p>		<p>Staff shortages have been creatively managed.</p> <p>When 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 these were identifiable on the roster. Similarly, the staff with a current medication competency were identifiable. Despite reports of working with reduced staff when the Covid-19 epidemic was having its greatest impact, there was no evidence in the three weeks of roster reviewed that staffing levels were unsafe. Managers confirmed that staffing has stabilised as the number of Covid cases abate.</p> <p>Caregiver competencies to support equitable service delivery have been identified according to staff position descriptions. These are listed and their achievement is integrated into the staff training records. Records reviewed demonstrated the levels at which staff are completing required training and competency assessments. 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. In the dementia service, 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. Due to the impact of Covid on staffing levels over past months, a small percentage of newer staff have not progressed in meeting these requirements as quickly as expected but managers described how they are now back on track.</p> <p>Managers are aware that they have yet to develop systems for the collection and sharing of high-quality Māori health information and there is limited evidence available to demonstrate that organisational and caregiver health equity expertise has been developed. The management team informed this is 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,</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records from across the three facilities were reviewed and confirmed</p>

<p>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>the organisation's human resource policies are being consistently implemented. The sample also confirmed that staff are completing an induction/ orientation programme, although records of longer serving staff were incomplete for this issue. Folders containing current health professional qualifications, currency of registration and scope of practice were reviewed. Qualifications of all staff are validated prior to employment. Staff information is checked via interviews, reference and police checks for example. These records are recognised as being confidential and are held securely. Ethnicity data is being collected and recorded and is now ready to be used purposefully.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>Not Applicable</p>	<p>Residents are admitted to Golden Age Retirement Village when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Enquiries are documented and the service has begun collecting ethnicity data as part of the process. Entry and decline rates are monitored and reported. However, the service does not yet analyse entry and decline rates for Māori.</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</p>	<p>FA</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by a registered nurse 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</p>

<p>whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>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. Residents in the rest home are assisted to complete an Advance Directive on request. 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 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, wounds 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 made to the care plan.</p> <p>Residents and whānau interviewed 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</p>	<p>Not Applicable</p>	<p>Two trained diversional therapists, and an activities coordinator provide an activities programme that supports residents to maintain and develop their interests and was suitable for their age and stage of life. A variety of activities were observed during the audit. Carer's assist in providing activity support in the dementia units when the diversional therapists are not present.</p> <p>Personal profiles and diversional therapy plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are being explored.</p> <p>Staff are not currently involved in community activities that support the health needs of 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>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>PA Low</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for 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. However, not all medications in use in Camellia Court Rest Home 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>No residents were self-administration medication at the time of audit. However, the registered nurse was able to describe the processes to facilitate and safely manage this, including provision of appropriate storage.</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>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>	Not Applicable	<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 from two kitchens each with an approved food safety plans 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 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 and ways to meet this requirement are being considered.</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</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 referrals and transfers. Documentation evidenced whānau being kept informed during the transfer of their relative.</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements.</p> <p>The building warrants of fitness are on display in each of the three facilities, all of which have the same expiry date of 30 June 2023. Maintenance schedules are being 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.</p> <p>Residents' rooms and communal areas reflect the person's personality and culture. Many cultures are represented in the three facilities on this site, and this was evident in residents' rooms visited. Consent is obtained for couples wanting to share a double room.</p> <p>There is no space on the grounds of the Golden Age village for additional buildings and the managers informed there are no plans to add any new buildings. The managers interviewed said they were aware of the need to consult and co-design in a manner that would ensure any new building would reflect the aspirations and identity of Māori. They informed that, if necessary, they would consult the cultural advisor for information and direction.</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</p>	<p>FA</p>	<p>Staff interviewed confirmed they have received training on emergency management and evacuation procedures, and they are familiar with the organisation's disaster and civil defence plans. The New Zealand Fire Service approved the fire evacuation plan for Golden Age, Camellia Court and Albarosa, as per a letter dated 4 June 2006. Records viewed confirmed the last trial evacuation and staff training update for all three facilities was 27 April 2022.</p> <p>There are appropriate security arrangements in place. Key codes are required for entry doors into the two secure dementia areas. Windows</p>

<p>event.</p>		<p>all have security latches, the front door of Golden Age auto locks at night, all external doors are alarmed at night and there is both internal and external security lighting. Security cameras are strategically positioned, and appropriate signage is in place. Family interviewed were familiar with emergency and security arrangements and are comfortable with these.</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>Both Heritage Lifecare Limited and the Golden Healthcare Group are committed to maintaining a restraint free environment in their facilities. No restraints were in use in any of the three facilities at the time of audit and there has been no recorded restraint use in this facility since February 2022 when an unauthorised restraint was used. Records sighted show appropriate follow-up action was taken. De-escalation, distraction techniques and least restrictive practices are promoted. Restraint minimisation education is ongoing for staff in all three facilities and compulsory education for all staff was last provided in February/March 2022.</p> <p>Restraint use is a heading in the reports that are provided to Heritage Lifecare executive management via the facility managers 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>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>All facilities within Golden Age Retirement Village have a safe system for medicine management using an electronic system. All staff who administer medicines are competent to perform the function they manage. This was confirmed by observation.</p> <p>Storage of medications was appropriate and in two of the three facilities all medications were within current use by dates. However, in the Camellia Court Rest Home not all medications in use were within current use by dates including Ural sachets and lactulose, eye drops did not have a date of opening recorded and an expired medication for a resident who was no longer at the facility remained in the medication trolley. As this finding relates to only one of the three facilities in the village and at the remaining two facilities all medications met the standard,</p>	<p>In one of the three facilities within Golden Age Retirement Village not all medications were within current use by dates, two opened eye drops did not identify a date of opening and expired medication for a discharged resident remained in the medication trolley.</p>	<p>Ensure all medication is within current use by dates, that all eye drops are dated when opened and that any medication is returned to the pharmacy as per policy when a resident is discharged.</p> <p>180 days</p>

		this finding is rated low risk.		
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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.