

# Heritage Lifecare Limited - Annie Brydon Lifecare

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## Introduction

This report records the results of a Certification 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:** Annie Brydon Lifecare

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

**Dates of audit:** Start date: 4 October 2022 End date: 5 October 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:** 68

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

Annie Brydon Lifecare (Annie Brydon) provides services for up to 71 residents. The service is owned and operated by Heritage Lifecare Limited. There have been no significant changes to the service since the last surveillance audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Taranaki. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, staff, and a general practitioner. The facility is managed by an experienced manager supported by an experienced clinical services manager who has clinical oversight of the facility. Residents and whānau were complementary about the care provided.

Areas requiring improvement were identified in the areas of strategic planning, registered nurse cover, staff first aid certification, and restraint.

## 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.

Annie Brydon Lifecare provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pacific people, and other ethnicities. Annie Brydon works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori staff interviewed.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents of Annie Brydon receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their whānau. There was evidence that residents and whānau are kept well informed.

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 are safe from abuse.

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.

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 low risk
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Heritage Lifecare have accountability for delivering a high-quality service.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined but these do not yet align to the requirements of Ngā Paerewa: Health and Disability Sector standards. Performance is monitored and reviewed at planned intervals.

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

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

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When residents enter Annie Brydon Lifecare a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess and plan and care. Care plans are individualised. Files reviewed demonstrated that care meets the needs of residents and their 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 transitioned or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

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

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical and biomedical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. First aid certified staff are not always on duty. Staff, residents and their whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. 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.

Heritage Lifecare and the senior care team at Annie Brydon Lifecare ensure 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. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The company's management team and senior care team have approved the infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

## 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.		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 aims for a restraint free environment. This is supported by the directors of the service and outlined in policy and procedures. One resident was using a restraint at the time of audit. A comprehensive assessment, approval, and monitoring process was in place, however, there was no record that evaluation of the restraint or that six-monthly review of restraint generally



has taken place. Staff demonstrated a sound knowledge and understanding of the restraint process, providing the least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

## 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	24	0	3	2	0	0
Criteria	0	168	0	3	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

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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>	<p>FA</p>	<p>Annie Brydon Lifecare (Annie Brydon) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Residents and whānau interviewed reported that staff respected their right to self-determination (mana motuhake), and residents identifying as Māori reported feeling culturally safe. The te whare tapa whā care model is used across the organisation.</p> <p>A Māori health plan has been developed with input from cultural advisers and this can be used for residents who identify as Māori. There were Māori residents in the facility during the audit. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, social, and psychological health of the residents.</p> <p>The service has input from an independent advocate who is Māori. The independent advocate takes resident meetings to gain feedback</p>

		<p>on services and assists the facility with education for its staff.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Staff who identified as Māori are employed at all levels of the organisation, including in leadership and training roles.</p> <p>The service can access support through Te Whatu Ora Taranaki, through local Māori health providers and through its local iwi, Ngāti Ruahine.</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 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>	FA	<p>A culturally safe care policy and procedure has been developed with input from cultural advisers that documents care requirements for Pacific peoples. Pasifika cultural support is provided to the governance team through an executive team member; the Head of Cultural Partnerships.</p> <p>There were Pasifika residents in the facility during the audit. Residents interviewed felt their worldview, cultural and spiritual beliefs were embraced.</p> <p>The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Staff who identified as Pasifika are employed within the organisation.</p> <p>The service has access to local Pasifika communities through its staff and chaplains and is looking to further opportunities for engagement within the local community.</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>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents of Annie Brydon in accordance with their wishes.</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>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English and te reo Māori.</p> <p>Annie Brydon has access to interpreter services and cultural advisors/advocates if required, and has established relationships with chaplains, Te Whatu Ora Taranaki, Ngāti Ruahine (the local iwi), Māori Health providers, and the Hawera Hubb who assists in supporting placement for Māori. A local kaumātua is the residents independent advocate and meets with the residents every two months. Annie Brydon recognises Māori mana motuhake. The whānau of a resident who recently died, was enabled to have the residents tangi at Annie Brydon. Annie Brydon enabled all the required Māori protocols to meet the resident and whānau’s cultural requests to be met.</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>Annie Brydon supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training was sighted. Staff were aware of how to act on residents’ advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit. Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Annie Brydon has not been required in the past to provide services to tāngata whaikaha and there were no tāngata whaikaha residents in residence on the days of audit. An enabling good lives policy and procedure has been recently implemented by Heritage Lifecare and this is available to Annie Brydon to support them to respond to the needs of tāngata whaikaha and enable their participation in te ao Māori should this be required in the future. There are organisational</p>

		supports in place to enable this to occur.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Annie Brydon include police vetting. Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health at Annie Brydon is promoted. The model encompasses an individualised approach that ensures best outcomes for all.</p> <p>Annie Brydon's policies and processes promote an environment where it's safe to question if institutional and systemic racism is operating here.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau at Annie Brydon reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, and signage throughout the facility. A monthly newsletter, calendar and minutes of any relevant meetings go out to residents and whānau every month.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau are informed in a timely manner of any events/incidents. Documentation supports whānau or enduring power of attorney (EPOA) contact has occurred.</p> <p>Staff knew how to access interpreter services, if required.</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</p>	FA	<p>Residents at Annie Brydon and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent.</p>

<p>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>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>Staff who identify as Māori assist other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A local kaumātua is the residents independent advocate and runs the residents meeting every other month. An interview with the kaumātua verified a willingness to support residents to make informed decisions and advise on advocacy matters if required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	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.</p> <p>Residents and their whānau understood their right to make a complaint and knew how to do so. Culturally appropriate processes are in place to include whānau if the complainant is Māori and wishes that involvement. Documentation sighted for three complaints received by the service in the last 12 months showed that complainants had been managed appropriately and complainants informed of findings following investigation.</p> <p>There has been one complaint received from an external source since the previous audit, via the Health and Disability Commissioner (HDC). Information related to the complaint has been provided by the service to the HDC. The complaint remained open at the time of the 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</p>	PA Low	<p>Heritage Lifecare assume accountability for delivering a high-quality service and maintaining compliance with legislative, contractual, and regulatory requirements. Directors have undertaken education in Te Tiriti, health equity, and cultural safety. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over their supports and the removal of barriers that prevent access to information. Annie Brydon did not have tāngata whaikaha residents during the time of audit but</p>

<p>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>has processes in place should tāngata whaikaha be admitted.</p> <p>The Heritage Lifecare Strategic Plan identifies the purpose, mission, values, direction, and goals for the organisation, with monitoring and review of performance at planned intervals. The plan has yet to incorporate some aspects of the Ngā Paerewa standard in relation to antimicrobial stewardship (AMS) and restraint elimination (refer criterion 2.1.2).</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. At Annie Brydon there is an experienced village and care manager (VCM) who manages the facility with the support of an experienced interim clinical services manager (CSM) who is responsible for clinical services. The post is interim following the resignation of the CSM. The service is currently recruiting an appropriately qualified replacement for the role.</p> <p>Governance documentation sighted demonstrated commitment to quality and risk management. A sample of reports showed adequate information to monitor performance is recorded.</p> <p>The VCM and the interim CSM maintain currency within the field. Both have been employed within the aged care sector for several years, and confirmed knowledge of the sector, regulatory and reporting requirements. Monthly reporting outlines an overview of adverse events, infection control, health and safety, restraint, complaints, staffing, and outcomes from internal auditing. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed. A sample of documentation reviewed showed adequate information to monitor performance is reported.</p> <p>The service holds contracts with Te Whatu Ora Taranaki for the provision of age-related residential care (ARRC) rest home and hospital care, short-term residential care (respite), long-term support chronic health conditions (LTS-CHC), and with the Accident Compensation Corporation (ACC) for respite care. The service also</p>
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		<p>has authority to provide rest home and hospital level care into care suites which are sold under occupation rights agreements (ORAs). During the audit, 50 residents were receiving rest home care (22 in care suites), 15 hospital level care (including two in care suites), one under the LTS-CHC contract at hospital level care, and two under the ACC respite contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview.</p> <p>The VCM and interim CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings. Residents have meetings facilitated by an independent advocate. Meetings have been curtailed at times due to COVID-19 lockdowns and then through COVID-19 infection of residents and staff. In the absence of meetings, information has been disseminated and feedback sought to/from residents, their whānau, and staff. Residents and their whānau reported a very high level of satisfaction with the service during audit interviews.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a</p>



		<p>timely manner.</p> <p>The VCM and interim CSM understood and have complied with essential notification reporting requirements. There have been 28 section 31 notifications completed since the last audit, 17 of these related to registered nurse shortage, two to fire alarms (one a false alarm), and nine related to resident care.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mix. The facility adjusts staffing levels to meet the needs of residents but normally staffs to bed capacity. Staff interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>There have been difficulties with RN cover 24 hours a day, seven days a week (24/7) due to the nationwide shortage of registered nurses. Currently the night duty is being covered by an EN with the support of experienced level four caregivers. Neither the EN nor the supporting caregiving staff had first aid certification (refer criterion 4.2.4). There were residents receiving hospital level care during the audit.</p> <p>Other than this, there is registered nurse (RN) coverage on morning and afternoon shifts in the facility and at least one staff member on duty has a current first aid certificate. The RNs and the EN are supported by caregivers, nine in the morning, eight in the afternoon, and three on night shift. The service also employs two activities coordinator who work across seven days. Domestic (cleaning and laundry) and food services are carried out by dedicated support staff seven days per week. The interim CSM is onsite four days per week and is on clinical on-call and the VCM five days per week and on-call.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio.</p> <p>Continuing education is planned on an annual basis, including</p>

		<p>mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. The service supports caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification and registered nurses to maintain competency with the Nursing Council of New Zealand (NCNZ).</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of seven staff records were reviewed (two RNs, three caregivers, one activities coordinator, and one cleaner) and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (the general practitioner (GP), physiotherapist, podiatrist, pharmacists, and the dietitian).</p> <p>Debrief for staff is outlined in policy and staff interviewed confirmed</p>

		the opportunity for debrief and support is available to them.
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are held securely and available only to authorised users.</p> <p>Residents' records are uniquely identifiable and all necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Residents' files are integrated electronic and hard copy files. Files are held securely for the required period before being destroyed. No personal or private resident or staff information was on public display during the audit.</p> <p>Annie Brydon is not responsible for National Health Index registration of people receiving services.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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</p>	FA	<p>Residents are welcomed into Annie Brydon when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Annie Brydon provides, and have chosen Annie Brydon to provide services they require. Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Annie Brydon collects ethnicity data on entry and decline rates. This included specific data for entry rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and their whānau.</p> <p>Annie Brydon has developed meaningful partnerships with local Māori</p>

<p>communicated to the person and whānau.</p>		<p>to benefit Māori individuals and their whānau. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Annie Brydon, several residents request another provider to manage their medical needs.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Annie Brydon works in partnership with the resident and whānau to support the resident's wellbeing.</p> <p>Six hospital and four rest home residents' files were reviewed. These files included residents who identify as Māori, residents receiving respite care, residents receiving care under an LTS-CHC contract, residents with pressure injuries, residents with challenging behaviour, residents with weight loss and residents who had had a recent fall and transferred for acute care.</p> <p>Files reviewed verified a care plan is developed by an Registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments are based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, GP or intern nurse practitioner (INP) assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. This was verified by reviewing documentation, sampling residents' records, from interviews, including with GP, and from observations.</p> <p>Policies and processes are in place to ensure tāngata whaikaha and whanau can participate in Annie Brydon's service development, deliver services that give choice and control, and remove barriers that prevent access to information. There were no tāngata whaikaha in residence during the audit.</p> <p>Ongoing management of any specific medical conditions was not always evident in the care plan, nor evidence of changes being made when progress was different than expected. This was verified by an</p>

		interview with the GP and INP, the interim CSM and documentation reviews. This is an area requiring attention.
<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 coordinators at Annie Brydon provides an activities programme seven days a week. The programme supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whanau to participate in te ao Māori are well facilitated at Annie Brydon Matariki Waitangi, and Māori language week was celebrated. Resident's meetings are held every month and karakia is said at the beginning and the end of each meeting. A range of activities include community involvement at the local clubs and van outings weekly. Prior to COVID-19 restrictions being in place, several community groups including the local kōhanga reo and a kapa haka group visited Annie Brydon, however this has not occurred during COVID-19 restrictions. Plans are in place to reintroduce these.</p> <p>The activities programme in place at Annie Brydon is dynamic, and the activities room is observed to be a hive of activity. A large number of residents attend, and display enthusiasm in what they are doing.</p> <p>Meeting minutes and satisfaction surveys evidenced residents and their whānau are satisfied with the activities provided at Annie Brydon. Residents and whānau are involved in evaluating and improving the programme. Those 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</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p>

<p>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>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. There are no vaccines stored on site.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Annie Brydon.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Annie Brydon is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on March 2022 Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 3 June 2022. No areas requiring corrective action was identified, and the plan was verified for 18 months.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this. Recent requests for puha and water cress are attended to when these foods are available. During Matariki and Waitangi weeks, the kitchen prepared a 'boil up' for those residents</p>

		<p>who requested it. The family of a Fijian resident provided the kitchen with instructions to prepare a Fijian dish and was complimentary of the resultant meal.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and whānau through interviews, a satisfaction survey, and resident and whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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 to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and their whānau. The resident and whānau interviewed reported being kept well informed during the recent transfer of their relative. Whānau are advised of their options to access other health and disability services, social support or kaupapa Māori services if the need is identified.</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</p>	FA	<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. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, these were sighted and were all within normal limits.</p> <p>The building has a building warrant of fitness which expires on 15 October 2022. There are currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.</p>

<p>belonging, independence, interaction, and function.</p>		<p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment in hospital level rooms. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security with the exception of one window, which is placed high on the wall but still provides natural light. Electric heating is provided in the facility which can be adjusted depending on seasonality and temperature.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Registered nurses have current first aid certification, and they are on duty during the morning and afternoon shift. An EN is on duty on night shift with the support of experienced caregivers but none of the staff on night duty have current first aid certification documented. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 19 July 1998 and the requirements of this are reflected in</p>



		<p>the Fire and Emergency Management Scheme. A fire evacuation drill is usually held six-monthly, the most recent drill was on 15 August 2022. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Heritage Lifecare has identified infection prevention and control (IPC) as integral to the service and part of its quality programme. While policies and procedures are in place to manage infection prevention and antimicrobial stewardship (AMS), this is yet to be implemented as part of its strategic planning process (refer criterion 2.1.2). Site specific business plans for the facility include IP and AMS accountability.</p> <p>The infection prevention (IP) and AMS programmes are The IP and AMS programme are linked to the quality improvement programme and are appropriate to the size and complexity of the service. Expertise and advice are sought as required following a defined process and includes escalation of significant events, most notably to regional public health and Te Whatu Ora Taranaki. Events and trends are reported and managed at increasingly senior levels; through the care team, the clinical team, at regional level, and through the clinical advisory group to the board as required.</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</p>	FA	<p>The newly appointed infection prevention and control coordinator (IPCC) at Annie Brydon is responsible for overseeing and implementing the infection prevention and control (IPC) programme with reporting lines to the interim CSM. At the time of audit, the new IPCC was being supported by the interim CSM who has appropriate skills knowledge, expertise and training in IPC confirmed access to the necessary resources and support. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually (March 2022). The IPCC is supported by the infection control nurse at Te Whatu Ora Taranaki and the infection control advisor and the clinical advisory group at the company's head</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>office. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed following these correctly. Annie Brydon's policies, processes and audits ensures that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Single use items are not reused. Educational resources are available and accessible in te reo Māori for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan is documented and has been tested. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff have been trained accordingly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Annie Brydon is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place. The effectiveness of the AMS programme has not been evaluated by monitoring antimicrobial use to identify areas for improvement.</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</p>	<p>FA</p>	<p>Annie Brydon undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the infection control programme. The service uses standardised surveillance definitions to identify and classify infection</p>

<p>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>events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data does not include ethnicity data. Culturally clear processes are in place to communicate with residents and their whānau, and these are documented.</p> <p>There was an ongoing outbreak of COVID-19 at Annie Brydon from February to April 2022. The outbreak lasted three months and affected several residents and staff Residents affected were isolated in their 'pods' (a group of rooms) and visiting was restricted. The Regional Public Health Unit (RPH) and Te Whatu Ora Taranaki were informed of the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Annie Brydon. Suitable personnel protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through</p>

		observation.
<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>The service aims for a restraint free environment and there is minimal use of restraint in the service (one resident using a ‘fall out’ chair). Heritage Lifecare are aware of their responsibilities in respect of restraint elimination. While policies and procedures are in place to manage and eliminate restraint, this is yet to be implemented as part of its strategic planning process (refer criterion 2.1.2). Site specific business plans for the facility include restraint accountability and restraint is reported to board level through the clinical advisory group.</p> <p>Policies and procedures meet the requirements of the standard. The restraint coordinator (RC) is the interim CSM who is currently overseeing support and oversight for any restraint management until a new CSM can be recruited, the interim CSM has been managing this aspect of the service for one week. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>Documentation outlined lines of accountability when restraints are in use. Restraint data is collected by Annie Brydon and amalgamated at regional and national level. The overall use of restraint is being monitored and analysed at national level.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	PA Moderate	<p>Assessment for the use of restraint included all requirements of the Standard. Restraint is used as a last resort for safety when all other strategies have been ineffective. The restraint in use has been approved and the resident’s EPOA was involved in decision making. Access to advocacy is facilitated as necessary. The GP is involved in the assessment process. A restraint register is maintained and had been reviewed.</p> <p>Monitoring was taking place and records of this have been maintained. Evaluation of the restraint was not, however documented (refer criterion 6.2.7). The restraint in use was commenced in April 2020 and there was no record that there had been any evaluation until 29 September 2022 when the interim CSM took over the RC role.</p>

		Requirements for emergency restraint are documented in restraint policies and procedures and include debrief following episodes of emergency restraint. Emergency restraint was not in use during the audit, for this reason 6.2.5 and 6.2.6 were not audited.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	PA Low	<p>There is a provision in policy for there to be a restraint approval group with responsibility for the approval of the use of restraints and the restraint processes but there are no records of any restraint approval group meetings nor is there any evidence that a restraint approval group have undertaken a six-monthly review of restraint use or that the outcome of a review has been reported to the governance body (refer criterion 6.3.1).</p> <p>Monthly reports on restraint use are, however, generated and amalgamated at regional and national level and reported to the board through the clinical advisory group.</p> <p>Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been maintained at very low levels since 2018.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers’ structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	PA Low	<p>The Heritage Lifecare Strategic Plan identifies the purpose, mission, values, direction, and goals for the organisation, with monitoring and review of performance at planned intervals. The plan has yet to incorporate some aspects of the Ngā Paerewa standard in relation to antimicrobial stewardship and restraint elimination.</p>	<p>Antimicrobial stewardship and restraint elimination are not incorporated into the strategic planning process.</p>	<p>Provide evidence that antimicrobial stewardship and restraint elimination have been incorporated into the strategic planning process.</p> <p>180 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The night duty was being covered by an EN with the support of experienced caregivers. There was no dispensation from Te Whatu Ora Taranaki to allow for an enrolled nurse to be in sole charge of a shift</p>	<p>Having an EN on night duty with no RN support and no dispensation from Te Whatu Ora Taranaki is in contravention of section D17.4(i) of the provider’s</p>	<p>Reorganise staffing to make sure that there is a registered nurse on duty 24/7 or, if this is not possible, seek a dispensation from Te Whatu</p>

		and there has been no organised RN support for the EN who could attend at short notice. This is in contravention of section D17.4(i) of the service's contract with Te Whatu Ora Taranaki which requires 24/7 RN coverage when hospital level care residents are in residence. There were residents receiving hospital level care during the audit. A process was put in place on the day of audit to mitigate this risk by securing the services of a local RN to be on call for night duty.	agreement with Te Whatu Ora Taranaki given the presence of hospital level residents in the facility.	Ora Taranaki to allow the presence of an EN on duty during the night making sure the EN is supported by an RN.  60 days
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Moderate</p>	<p>An EN is on duty on night shift with the support of experienced caregivers but none of the staff have current first aid certification documented. There were also no protocols in place for the EN to seek advice or support in an emergency situation though this was put into place on the day of audit.</p>	<p>There are no staff on night duty with first aid certification on the roster.</p>	<p>Provide evidence that at least one rostered member of staff on night duty has current first aid certification</p> <p>30 days</p>
<p>Criterion 6.2.7</p> <p>Each episode of restraint shall be evaluated, and service providers shall consider:</p> <p>(a) Time intervals between the debrief process and evaluation processes shall be determined by the nature and risk of the restraint being used;</p>	<p>PA Moderate</p>	<p>A 'fall out' chair restraint has been in use since April 2020 and there was no evidence that this had been reviewed until 29 September 2020 when the interim CSM took on the RC role.</p>	<p>There is no process in place to ensure restraint evaluation is documented six-monthly or as necessary if the resident's status changes.</p>	<p>Provide evidence that a process has been put into place to evaluate and document restraint six-monthly and as necessary if the resident's status changes.</p>

<p>(b) The type of restraint used;</p> <p>(c) Whether the person's care or support plan, and advance directives or preferences, where in place, were followed;</p> <p>(d) The impact the restraint had on the person. This shall inform changes to the person's care or support plan, resulting from the person-centred and whānaucentred approach/reflections debrief;</p> <p>(e) The impact the restraint had on others (for example, health care and support workers, whānau, and other people);</p> <p>(f) The duration of the restraint episode and whether this was the least amount of time required;</p> <p>(g) Evidence that other de-escalation options were explored;</p> <p>(h) Whether appropriate advocacy or support was provided or facilitated;</p> <p>(i) Whether the observations and monitoring were adequate and maintained the safety of the person;</p> <p>(j) Future options to avoid the use of restraint;</p> <p>(k) Suggested changes or additions to de-escalation education for health care and support workers;</p> <p>(l) The outcomes of the person-centred debrief;</p> <p>(m) Review or modification required to the person's care or support plan in collaboration with the person and whānau;</p> <p>(n) A review of health care and support workers' requirements (for example, whether there was adequate</p>				<p>30 days</p>
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<p>senior staffing, whether there were patterns in staffing that indicated a specific health care and support workers issue, and whether health care and support workers were culturally competent).</p>				
<p>Criterion 6.3.1</p> <p>Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including:</p> <p>(a) That a human rights-based approach underpins the review process;</p> <p>(b) The extent of restraint, the types of restraint being used, and any trends;</p> <p>(c) Mitigating and managing the risk to people and health care and support workers;</p> <p>(d) Progress towards eliminating restraint and development of alternatives to using restraint;</p> <p>(e) Adverse outcomes;</p> <p>(f) Compliance with policies and procedures, and whether changes are required;</p> <p>(g) Whether the approved restraint is necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau,</p>	<p>PA Low</p>	<p>There was no evidence available to show that a restraint approval group have met and undertaken a six-monthly review of restraint use or that the outcome of a review has been reported to the governance body.</p>	<p>There is no documentation in relation to restraint approval group meetings or that a six-monthly review of restraint use at Annie Brydon has been reported to governance level.</p>	<p>Provide evidence that there is a process in place to ensure that restraint approval group meetings are in place and minuted, and that a six-monthly review of restraint is conducted and reported to governance level.</p> <p>180 days</p>

<p>perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care or support plans and documenting and analysing learnings from each event);</p> <p>(l) Service provider initiatives and approaches support a restraint-free environment;</p> <p>(m) The outcome of the review is reported to the governance body.</p>				
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.