

Heritage Lifecare Limited - Colwyn House

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Heritage Lifecare Limited
Premises audited:	Colwyn House
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
Dates of audit:	Start date: 21 November 2022 End date: 22 November 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:	59

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

Colwyn House Lifecare (Colwyn House) provides services for up to 73 residents. The service is owned and operated by Heritage Lifecare Limited. There have been no significant changes to the service since the last certification audit.

This surveillance audit process was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Matua a Māui Hawke’s Bay. It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with family/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. Family/whānau were complementary about the care provided.

Improvements have been made to quality and risk management, auditing according to the schedule and corrective actions, and restraint processes, addressing areas requiring improvement at the previous audit. Performance appraisals were highlighted as requiring improvement at the last audit and these still require correction. No other areas requiring improvement were identified.

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.

There is a Māori health plan to guide staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. The service works collaboratively to support and encourage a Māori world view of health in service delivery provided. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

A Pacific Health plan is in place. The plan was developed in consultation with Pasifika communities and is underpinned by the Fonofale model of health care.

Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Legal representatives were involved in the consent processes for residents. Consent is obtained where and when required.

The service recruits and retains a Māori workforce. There were Māori employed in the service across differing organisational roles, including in leadership and education roles.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service is governed by Heritage Lifecare Limited. The directors and the executive team work with the facility manager to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals.

There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data including internal audits, adverse events, infections, complaints and use of restraint is analysed to identify and manage trends. All quality information is being reliably reported and recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents, workforce planning is fair, equitable, and respects input from staff. The management team have the required skills and experience. Qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. This has been challenging for the service over the past year due to the nationwide shortage of registered nurses. Staff are suitably skilled and experienced with competencies defined and monitored. Orientation of staff is completed consistently and there is a systematic approach to identify and deliver ongoing learning to support safe equitable service delivery.

Ngā huarahi ki te ora | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

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

The planned activity programme promotes residents to maintain their links with the community and support community initiatives that meet the health needs and aspirations of Māori and whānau.

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

The food service meets the nutritional needs of the residents with special needs catered for. Food culturally specific to te ao Māori food is provided. Food is safely managed.

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

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

Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility consists of three secure wings. The service has designed and maintained each wing in a manner that supports independence for residents to the extent that it is able. Resident areas are personalised.

Spaces were culturally inclusive, suited to the needs of the resident groups and reflect cultural preferences. The building warrant of fitness is current.

Fire and emergency procedures are documented, and related staff training has been carried out. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained and hazards identified.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

There is a pandemic and infectious disease response plan in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support the plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. The infection outbreaks reported since the previous audit were managed effectively.

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 governance group, executive group and facility managers are aware of their responsibilities in respect of restraint elimination. The service has actively worked to eliminate restraint reducing restraint use from six at the last audit to one. Restraint information is reported to the Heritage Lifecare board at board meetings. When restraint is used, this is as a last resort after all alternatives have been explored.

Policies and procedures meet the requirements of the standard. The restraint coordinator is a defined role providing support and oversight for restraint management. A restraint register is in place as is a comprehensive assessment, approval, monitoring, and reviews process. Staff demonstrated a sound knowledge of the restraint process. Restraint monitoring records were clear and appropriate.

There are clear lines of accountability for restraint use, all restraints have been approved. Family/whānau and/or enduring power of attorney (EPOA) were involved in decision making.

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	23	0	0	1	0	0
Criteria	0	64	0	0	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Colwyn House Lifecare (Colwyn House) has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan is in place and understood by staff interviewed and staff have received training on the te whare tapa whā model of care and culturally inclusive care.</p> <p>The governance group is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There were residents and staff at Colwyn House who identify as Māori, during the audit. Staff were employed across several organisational roles, including leadership/education roles.</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</p>	FA	<p>A Pacific Health plan is in place assisting staff to better meet the care needs and cultural considerations of Pacific peoples. The plan was developed in consultation with Pasifika communities and is underpinned by the Fonofale model of health care. On the day of audit,</p>

<p>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>		<p>there were residents and staff who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The service recognises Māori mana motuhake by involving family/whānau and the enduring power of attorney (EPOA) in the assessment process to determine residents' wishes and support needs. The EPOAs and family/whānau of residents who identify as Māori confirmed they were consulted on residents' needs and that residents' cultural needs were being observed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Staff have received training on the te whare tapa whā and the Fonofale care model, and cultural awareness to enable culturally inclusive care. This included information on Te Tiriti o Waitangi. Further policy, education and resources on Te Tiriti, equity and tikanga practices are currently being rolled out through the service, though there is a Māori Health plan currently in place which outlines the principles of Te Tiriti and tikanga practice to guide care activities. Interviews verify staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the Māori care planning process.</p> <p>The registered nurses have received training on Te Tiriti o Waitangi. The new cultural safety training for all staff being rolled out includes Māori health, Pasifika health, tangata whaikaha and tikanga guidelines. To promote te reo, Māori words were practiced during the Māori language week and staff have access to the online training for te reo. Interviewed staff understood the principles of Te Tiriti o Waitangi and how these can be applied into daily practice. The Māori health care plan is used to guide care and to ensure tāngata whaikaha needs are</p>

		documented to enable their participation in te ao Māori. Family/whānau expressed satisfaction with cultural support provided.
<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>The overall approach to care is strengths based and holistic, taking each resident's capabilities and potential into account including well-being goals for Māori. Safeguards in place to monitor systemic and institutional racism include annual satisfaction surveys completed by the residents' family/whānau and EPOAs and regular meetings with family/ whānau. The interviewed family/whānau and EPOAs confirmed satisfaction with the support provided and they expressed that residents are treated fairly.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Consent is obtained as part of the admission process with admission agreements and informed consent signed by the residents' legal representatives and EPOAs. Staff were observed to seek consent from residents where applicable. Signed consent forms were available in residents' files. Staff understood the tikanga best practice in relation to consent.</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>	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 consumer rights legislation. The family/whānau of residents are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed. There have been no complaints</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>received from Māori residents, however, there are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion. Family/whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been 15 complaints since the last audit; written and verbal. These related to resident care, visiting and communication in relation to COVID-19 and following a resident assault (resident on resident). Records confirmed that all complaints were managed in line with Right 10 of the Code and that they had been closed to the satisfaction of the complainant. Whilst there have been no complaints received from an external source, there is a Coroner process occurring. The coroner has written to the facility requesting information and a response from the service has been sent. The issue was still open at the time of 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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Colwyn House is governed by the board of directors of Heritage Lifecare Limited. The board assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi, defining a governance and leadership structure (including for clinical governance) that is appropriate to the size and complexity of the organisation, and in appointing an experienced and suitably qualified person to manage the service. The care home manager (CHM) confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. Directors have completed education on Te Tiriti, health equity, and cultural safety.</p> <p>The service holds contracts with the Te Whatu Ora – Health New Zealand Te Matau a Māui Hawke's Bay for aged-related residential care (ARRC) at rest home and hospital level, dementia care, psychogeriatric care, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), and day care. Fifty-nine (59) residents were receiving services on the day of audit, 20 at dementia level care, 37 at psychogeriatric level care, and two requiring LTS-CHC care. There were three residents in the day care programme during the audit. No residents were receiving rest home services, hospital level services or respite on the days of audit.</p> <p>There was no evidence of infrastructural, financial, physical, or other</p>

		barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. Policies are in place to deliver services, improve outcomes, and achieve equity for Māori, Pasifika, and tāngata whaikaha (people with disabilities). This was supported by interviews with staff, and the family/whānau of residents.
<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>	FA	<p>Heritage Lifecare, through its policy and procedure, is responsible for identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy. Equity is part of risk management activities; this will be strengthened through the addition of equity into the organisation-wide risk management plan when it is reviewed for 2023.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and board reporting documents. Ethnicity data is being consistently gathered for residents and staff. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. High-quality care for Māori is embedded in organisational practices and the efficacy of this was confirmed by Māori family/whānau of residents.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints/compliments, family/whānau satisfaction surveys, and restraint elimination strategies, all of which are analysed to identify and manage issues and trends. A sample of quality and risk and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Internal audits are completed to schedule. The corrective actions from the previous audit (HDSS 2008 Criterion 1.2.3.7) have been addressed.</p> <p>The service complies with statutory and regulatory reporting</p>

		obligations. In 2022 notifications have been made in relation to, absconding from the facility (two), choking (one), pressure injury (two), fracture to the neck of femur (three) and behaviour that challenges (231). The notifications related to behaviour that challenges can involve two or more notifications in relation to the same event. There have also been two notifications made in relation to RN shortage due to the nationwide shortage of nurses.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. The family/whānau interviewed felt that there should be more staff available, but analysis of the roster showed that staffing is appropriate to the services delivered. At least one staff member on duty has a current first aid certificate, all staff hold dementia qualification or are in the process of completing these in the appropriate timeframe, and there is 24/7 RN coverage in the facility.</p> <p>Managers of the service acknowledge that it has been challenged by staffing due to COVID-19 and, at times, by the difficulty recruiting RN staff. During the shortage, there was at least one registered nurse in the facility 24/7, supported by management level RNs (the clinical services manager (CSM) and the unit coordinator (UC)) and senior health care assistants (HCAs) who are medication competent HCAs.</p> <p>Four weeks of rosters were reviewed. Staffing for the facility comprises of RN cover over 24/7 per week. The CHM, CSM and UC work Monday to Friday and are available on call as required. On the rosters examined, there are two RNs on a morning shift, supported by a CSM and a UC (both RNs) Monday to Friday. An enrolled nurse was also on the morning shift either two or three days each week. Afternoon shifts have two RNs on duty, there were two RNs on night shift. The RNs are supported by HCAs, nine in the morning (eight seven and a half and one six-hour shift); nine in the afternoon (eight seven and a half and one five hour shift), and six on night shift (eight hour shifts). The service also employs four recreation staff who provide activities seven days per</p>

		<p>week, one of whom is a diversional therapist. Domestic (cleaning and laundry) and food services are conducted by dedicated staff seven days per week. Support staff includes administration and maintenance services.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training topics such as infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of emergencies and civil defence response, manual handling and safe transfer, resident cares, and residents' rights. The service has embedded cultural awareness in their training programmes with specific training on Te Tiriti o Waitangi for registered nurses. Further policy, education, and information on equity, cultural safety, Te Tiriti o Waitangi, and tikanga practices have just been released to be implemented late 2022/early 2023.</p> <p>Māori related information is shared in the organisation through policy and procedure, the care planning process, and through communication with the families/whānau of residents. All staff who administer medicines are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the Te Whatu Ora Te Matau a Māui Hawke's Bay. Six of 16 RNs employed by the service maintain interRAI competency and two have commenced training.</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</p>	<p>PA Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented with the exception of performance appraisal. This was a finding at the last audit (HDSS 2008 Criterion 1.2.7.5) which has not been fully addressed.</p> <p>Records are kept confirming that all regulated staff and contracted providers have proof of current practising certification with their regulatory bodies (e.g., the NZNC, the NZ medical council, pharmacy,</p>

workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		<p>physiotherapy, and podiatry board). All new staff engage in a comprehensive orientation programme tailored for their specific role, which includes being 'buddied' with a peer. Staff interviewed confirmed that the orientation prepared them for their role and that they felt well supported by senior staff. New staff who do not have a dementia qualification have been enrolled into an appropriate NZQA programme in the required timeframe.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</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>	FA	<p>The service maintains a record of the enquiries and those declined entry. Work is in progress to implement routine analysis of entry and decline rates including specific data for Māori.</p> <p>The cultural advisor at the organisational level has links with Māori communities and organisations. Access to Māori communities and organisations to benefit Māori residents and whānau is provided and support from a local kaumatua can be accessed when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	FA	<p>The RNs and the enrolled nurse (EN) complete admission assessments, care planning and evaluation. The EN works under the direction and delegation from the registered nurses. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>All residents' files sampled evidenced that relevant interRAI outcome</p>

<p>whānau to support wellbeing.</p>		<p>scores have supported care planning. Goals of care and appropriate interventions were documented. Behaviour management plans were completed for all residents. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. The family/whānau or EPOAs of residents confirmed being involved in the assessment and care planning processes.</p> <p>Care planning for Māori residents includes accessing cultural advice and tikanga Māori knowledge if required. Family/whānau are involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The Māori Health Plan was developed in consultation with a cultural advisor. The Māori health care plan used supports residents who identify as Māori to identify pae ora outcomes in their care plan in consultation with their family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoa and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training. The long-term care plans reviewed reflected partnership and support of residents, family/whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Plan. The te whare tapa wha model of care is used for residents who identify as Māori and the Fonofale model for Pasifika. Any barriers that prevent tāngata whaikaha and family/whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and family/whānau. Interviewed family/whānau confirmed satisfaction with cultural support provided by the service.</p> <p>The care plans reflected identified residents' strengths, family/whānau goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p>
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		<p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Any changes in residents' health were escalated to the general practitioner (GP). Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated was evidenced in the residents' files sampled. The GP confirmed satisfaction with the care being provided.</p> <p>Medical assessments were completed by the GP and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Referrals to specialist services were completed where required with the EPOAs consent.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. Any changes noted were reported to the RNs, as confirmed in the residents' records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and interviews with the family/whānau of the resident verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents' family/whānau confirmed their involvement in evaluation of progress and any resulting changes. The staff confirmed they understood the process to support residents and family/whānau when required.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities on the programme support community initiatives that meet the health needs and aspirations of Māori and family/whānau. Opportunities for Māori to participate in te ao Māori include celebration of Waitangi Day and Matariki with Māori culturally specific food for example, hangi and fried bread. The Māori language week was celebrated with Māori music played. Multicultural days are observed with all cultures of residents and staff celebrated. Residents are taken out for outings into the community by their family/whānau and family/whānau can visit the residents in the facility. Staff were observed greeting residents in te reo. The activities team hold monthly meetings with family/whānau. Twenty-four-hour activity plans were completed for residents who are assessed as requiring dementia level care. The family/whānau of residents who identify as Māori expressed satisfaction with the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. The RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for as required (pro re nata -PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation</p>

		<p>was conducted by RNs when regular medicine packs were received from the pharmacy and when residents are transferred back to the service. All medicines in the medication rooms and trolleys were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The family/whānau of resident's are supported to understand the resident's medications when required. Appropriate support, and advice for treatment for Māori was provided. There are no residents who self-administer medications at Colwyn House.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents' family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The cook stated that culturally specific to te ao Māori food will be catered for per individual request when required. Family/whānau are welcome to bring culturally specific food for their relatives. Hangi and fried bread was prepared to celebrate Waitangi Day and Matariki. Nutritious snacks are available 24 hours a day for residents. The interviewed EPOAs and/or whānau for residents who identify as Māori expressed satisfaction with the food options.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	Transfer or discharge from the service is planned and managed safely

<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>		<p>with coordination between services and in collaboration with the residents' family/whānau and EPOAs. Family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for residents, where required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</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>	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. Secure external areas for recreation are available on each wing. Spaces promote independence and safe mobility and were culturally inclusive and suited the needs of the resident groups with smaller spaces for the use of residents and their visitors. The family/whānau of residents reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance. The building warrant of fitness expires on 28 February 2023.</p> <p>There are no plans for further building projects at Colwyn House, the CHM and regional manager interviewed are aware of the requirement to consult with Māori if further building is envisaged.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Colwyn House caters for secure dementia and psychogeriatric services; all wings are secured with swipe card and/or keypad access for entry and exit. Close-circuit television (CCTV) cameras are in place covering the facility's corridors, lounges, and kitchen. Signage is in place to warn people that CCTV cameras are operating on the site. Internal gardens are secure while promoting recreation activities. Appropriate security arrangements are in place as a precaution to prevent the spread of COVID-19. Contact information and temperature testing is in place for people visiting the facility.</p>

		<p>The fire evacuation scheme for the service was reviewed and approved by Fire and Emergency New Zealand on 17 March 2015. The scheme requires trial evacuation, and this was carried out on 22 July 2022.</p> <p>Staff were familiar with emergency and security arrangements. Staff training on security took place on 26 January 2022. Staff wear identification badges. Entry doors are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The pandemic and outbreak management plan in place is reviewed at regular intervals. It was last updated in August 2022. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>Culturally safe practices in IP that acknowledge the spirit of Te Tiriti were included in the Māori Health Plan. The RN reported that consultation for IP requirements is completed with the residents' family/whānau for residents who identify as Māori as needed. In interviews, staff understood these requirements. Educational resources in te reo Māori was available.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>All infections are recorded on the infection identification form electronically. Infection data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. Standardised infection criteria guidelines are used. Surveillance includes ethnicity data. The infection prevention nurse is supported by the clinical services manager at site level and the regional manager at organisational level. The IP nurse's responsibility is documented in their job description. The infection prevention nurse reported that culturally safe processes for communication is provided as required. The interviewed residents' family/whānau expressed satisfaction with the communication provided. There were infection outbreaks reported since the previous audit that were managed effectively with appropriate notification completed.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The service is actively planning for a restraint free environment. The governance and executive groups are aware of their responsibilities in respect of restraint elimination; this is outlined in policy and procedure and was confirmed at interview with a director of the service.</p> <p>At the time of audit one resident was using a 'chair brief' restraint. This is reduced from six at the last audit. Family/whānau and/or EPOA were involved in decision making.</p> <p>A restraint register is in place. The restraint coordinator is a senior RN who has a defined job description outlining the role, providing support and oversight for any restraint management required. Policies and procedures are in place to guide staff in the safe use of restraint and staff were able to describe safety requirements. Restraint is reported at defined intervals and aggregated restraint data, including the type and frequency of restraint, is reported to the governing body.</p> <p>The finding in relation to restraint assessment (HDSS 2008: 2.2.2.1) which required corrective action at the last audit have been addressed and are now closed.</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>	FA	<p>All restraints are reviewed by the RC, the resident's GP or the psychogeriatric team, and in consultation with the resident's family/whānau or EPOA. It was evident from review of residents' files and interviews with the coordinator that there are clear lines of accountability, that all restraints have been approved, and the overall use of restraints is being monitored and analysed. Use of a restraint is part of the plan of care, the desired outcome was to ensure the resident's safety and security. On examination of the documentation around the resident currently using a 'chair brief' restraint, the resident had been assessed for the use of restraint, the restraint is documented in sufficient detail to provide an account of the indication for its use, the intervention required, duration (the restraint is in place PRN and used intermittently), the monitoring required when restraint was in use, and the expected outcome of the restraint. Cultural considerations were taken into account. Monitoring records were sighted, and these were</p>

		<p>recorded and in line with the RN assessment. Restraint was discussed with the resident's family/whānau and with the GP and consented appropriately. The restraint has been reviewed and evaluated as required.</p> <p>The use of restraints is actively minimised, and the RC described how alternatives to restraints are discussed with staff and family/whānau. Access to advocacy is provided if requested and all processes ensure dignity and privacy are respected. A restraint register is maintained, updated, and reviewed. The register was reviewed and contained all residents currently using a restraint and enough information to provide an auditable record.</p> <p>The findings in relation to indication for use, intervention, duration, and outcomes of restraint (HDSS 2008: 2.2.3.4 and 2.2.4.1) which required corrective action at the last audit have been addressed and are now closed.</p>
<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>	FA	<p>The RC undertakes a 3-monthly review of all restraint use in consultation with the GP and care staff. The review includes all the requirements of the Standard.</p> <p>Restraint information is analysed and aggregated, including the type and frequency of restraint. Restraint is reported at restraint group meetings, staff meetings and quality meetings, and in aggregated form to the executive team and board at board meetings. Minutes of restraint group meetings reviewed included analysis and evaluation of the amount and type of restraint use in the facility, whether all alternatives to restraint have been considered, the effectiveness of the restraint in use, the competency of staff and the appropriateness of restraint education, and feedback from the GP, staff and families/whānau. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>The finding in relation to restraint review which required corrective action at the last audit (HDSS 2008: 2.2.5.1) has been addressed and is now closed.</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)
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Moderate	The non-completion of performance appraisals was noted at the certification audit (HDSS 2008 Criterion 1.2.7.5), and this has not been addressed. From six files examined that should have had a performance appraisal completed in the last year, only three had been completed.	Not all performance appraisals have been completed over the last 12 months as required by human resource policies.	Each person has a performance appraisal completed with an appropriate manager at least once per year. 180 days

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, these 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.