

# Heritage Lifecare (BPA) Limited - Waterlea Rest Home

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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 (BPA) Limited

**Premises audited:** Waterlea Rest Home

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

**Dates of audit:** Start date: 17 January 2023      End date: 18 January 2023

**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:** 48

# 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
	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

Heritage Lifecare Limited (HLL) owns and operates Waterlea Lifecare. The facility provides rest home and dementia level care for up to 61 residents.

The facility is managed by the care home manager with support from the regional manager.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members/ whānau, managers, staff, contracted allied health providers, and a nurse practitioner.

Strengths of the service include respect shown to the residents, the caring staff, the home-like clean and tidy environment, and the established and well-presented gardens.

One area of improvement relating to medication was identified at this audit.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Waterlea Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. There is a Pacific Peoples Plan and should any residents identify as Pasifika, there are processes in place to provide culturally safe services and recognise Pasifika worldviews.

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

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.

There is an established complaint management process in place. 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.

Subsections applicable to this service fully attained.

The HLL governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. 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 provide regular feedback and staff are involved in quality activities. The quality management system enables quality data to be collected, and adverse events recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations. There is a documented risk management system which includes processes to meet health and safety requirements.

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 ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

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

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

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

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

Residents are referred or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumarū | 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.

Waterlea Lifecare is well presented, and both the internal and external environment is fit for purpose. The facility is being well maintained according to a monthly schedule and has a current building warrant of fitness. Electrical equipment has been tested, equipment is regularly checked for safety and hot water temperatures are safe.

Staff are trained in emergency procedures and attend regular fire drills. Security systems are appropriate for this service. Staff, residents and whānau understand emergency and security arrangements.

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

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

Subsections applicable to this service fully attained.

The governing body, Heritage Lifecare Ltd, ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator, who is a registered nurse, is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

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

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

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is maintaining a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. Staff confirmed knowledge and understanding of alternative interventions and de-escalation techniques.

## 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	26	0	0	1	0	0
Criteria	0	166	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

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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>	FA	<p>Heritage Lifecare (HLL) has a Māori Health Plan which guides care delivery for Māori using te whare tapa whā model, and by ensuring mana motuhake is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Heritage Lifecare Limited have introduced a Head of Cultural Partnerships (HCP) who is part of the executive team and identifies as Māori/Pasifika. The function of the HCP is to assist with the implementation of Ngā Paerewa and inform the HLL models of care and service delivery. This is allied to a Māori Network Komiti, a group of Māori employees. The Komiti is in the formative stage with a mandate to further assist the organisation in relation to its Te Tiriti obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses, and other care workers. The group provides information through the clinical governance structure to the board. The HCP is also assisting</p>

		<p>site managers in the facilities to connect to their local Māori/Pasifika/tāngata whaikaha communities.</p> <p>The staff recruitment policy reviewed July 2021 is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The policy does not specifically say that the organisation will actively recruit Māori and Pasifika in line with the requirements of Ngā Paerewa. There is a diversity and inclusion policy in place reviewed July 2022 that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support HLL's drive for staff to have a beneficial experience when working in the service. Training on Te Tiriti is part of the HLL training programme. The training is geared to assist staff to understand the key elements of service provision for Māori, Pasifika and tāngata whaikaha, including self-determination (mana motuhake) and providing equity in care services.</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>The HLL response to Pasifika works on the same principles as Māori. A culturally safe care policy and procedure has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. Engagement with Pasifika communities are being assisted at site level.</p> <p>Heritage Lifecare Limited understand the equity issues faced by Pacific peoples and are able to access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team identify as Pasifika. They can assist the Board to meet their Ngā Paerewa obligations to Pacific peoples.</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>	FA	<p>Heritage Lifecare Limited are aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination, and were observed</p>

As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.		<p>supporting residents in accordance with their wishes.</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.</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>Waterlea Lifecare 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, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room, which is spacious and reflects their individuality.</p> <p>Nurses and caregivers receive training on the Te Tiriti o Waitangi. Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage is being introduced in parts of the facility and key resident information such as the Code of Rights is displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents including those with disabilities and staff described ways to enable participation in te ao Māori. Residents and whānau, including those with age related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected.</p> <p>There is a code of staff conduct in place and professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed understood the</p>

		<p>concept of institutional racism and stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic encompassing the pillars of 'Te Whare Tapa Whā' and is based on the identified strengths of residents. Wellbeing outcomes for all residents including Māori, are evaluated as part of the assessment and care planning process six monthly to ensure the needs of residents are met.</p>
<p>Subsection 1.6: 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 reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. The nurse practitioner interviewed stated communication from staff was appropriate, timely and included all relevant information.</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 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>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Those interviewed felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving resident and whānau in the process. Tikanga guidelines are available to support staff when working with Māori residents and whānau.</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. All residents in the dementia unit have a documented enduring power of attorney or welfare guardian on file that has been activated by an appropriate medical practitioner.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	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 whānau understood their right to make a complaint and knew how to do so. The Code is available in te reo Māori and English. A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the timeframes. Documentation sighted showed that complainants had been informed of findings following investigation. Three complaints have been received in the past year, and all have been investigated and closed. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Heritage Lifecare Ltd (HLL) is the governing body for more than 40 aged care facilities across New Zealand. A three-member board of directors are appointed by shareholders who determine the skills required and size of the board. A board charter (July 2022) sets out the roles and responsibilities of the Board and management, which responsibilities are delegated to committees of the Board or to management, as well as guidance relating to the membership and the operation of the Board. All are experienced directors. The board meets monthly to review all aspects of the operation, including clinical and financial performance, which is informed through the local, regional and national reporting framework.</p> <p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the NZ Ministry of Health. Heritage Lifecare Limited have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure. Equity for Māori,</p>

		<p>Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control).</p> <p>Equity in aged care is articulated by the Chief Executive Officer (CEO) to mean that everyone has the same access to quality aged care as anyone else, according to their level of need and regardless of location, financial status or culture. Heritage Lifecare Limited utilise the skills of staff and senior managers and support them in making sure barriers to equitable service delivery are surmounted. At Waterlea, examples of reducing barriers for access to services were discussed. This included involvement of advocacy services, aged concern and community links to a range of support within the local community as simple ways which have ensured people needing the service have the right support and information.</p> <p>Heritage Lifecare Limited have a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The collection and use of ethnicity data is still a 'work in progress'. Ethnicity data is being collected, but it will take time to make sure that any information generated from the data is meaningful enough to effect change and support equity.</p> <p>Each facility has its own business plan for its particular services, and Waterlea Lifecare's plan was reviewed while onsite. Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare Limited uses interview panels for senior managers.</p>
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		<p>Recruiting and retaining people is a focus for HLL. They look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also plan to use feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection, and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage Lifecare Limited support people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>The service holds contracts with Te Whatu Ora Nelson Marlborough for respite, rest home and dementia care.</p> <p>Forty-eight residents were receiving services under the contracts on the day of the audit. There were 30 rest home residents including one person under 65 with a long-term health condition, and 18 people residing in the dementia unit.</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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a family/whānau and resident satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections and falls.</p> <p>Residents, family/whānau and staff contribute to quality improvement through meetings, surveys, using suggestion boxes or talking with the Care Home Manager (CHM) or Clinical Nurse Managers (CNMs). The last resident and family/whānau survey was completed in April 2022. Results were above average.</p> <p>The 2022 internal audits schedule was sighted. Completed audits include cleaning, laundry, IP, kitchen, meal satisfaction, care planning and the environment. Internal audit results are reported at both the staff and quality meetings, and progress against quality outcomes is evaluated. A similar internal audit plan for 2023 was in</p>

		<p>the process of being confirmed at the time of the audit.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Fortnightly communication from the national quality manager (NQM) provides updates on policy releases, links to documents and other relevant information. The CHM is responsible to implement any changes at the local level.</p> <p>The CHM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. The trained health and safety representative is involved in these processes and signs off hazards in the facility's risk register. The risk register dated January 2022 was sighted and is currently being reviewed.</p> <p>Staff document adverse and near miss events. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Feedback on incidents is provided at handover and at staff meetings.</p> <p>The manager understood and has complied with essential notification reporting requirements, and proactively reported any incident or issue that arose. Nine S31 reports had been completed over the past year, for a variety of reasons, including one relating to staff shortage, and the remaining relating to incidents involving residents.</p> <p>There haven't been any police investigations, coroner's inquests, health and disability complaints, or issues-based audits since the last audit.</p> <p>The manager reported, and evidence was sighted of corrective actions plans being fully completed and signed off when the issue has been resolved. The plan includes the area of focus, the improvement action required, timeframe and the person responsible. The CHM and the CNM both sign the document as being completed.</p> <p>The service ensures staff can deliver high quality health care for Māori through for example, training, including cultural safety training,</p>
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		<p>cultural assessments, and care plans.</p> <p>The facility benchmarks internally against relevant health performance indicators, for example wounds, falls and infections. Strategies have been put in place to improve performance indicators with positive outcomes. An example of this is the reduction in the number of falls reported, through education and interventions introduced.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility operates using a six-week roster, with staff working a four day on, four day off roster cycle, and the registered nurses working a four day on and two day off roster. A review of the facility's rosters for both the rest home and the dementia unit confirmed adequate staff cover is provided, with staff replaced in any unplanned absence.</p> <p>Seven days a week, there is one RN on during the day, along with six caregivers between both the rest home and dementia unit both during the day and in the evening. There are two caregivers on each night, along with a third caregiver who in addition to their caregiver role also has some cleaning responsibilities. There are two diversional therapists on each day, one in the dementia service and the other in the rest home. During the day there are two cleaners on, along with the cook and kitchen staff. There is a part time cook on each evening.</p> <p>On the day of the audit there were nine staff vacancies across the facility, with a number of these positions already filled, with confirmed start dates for the new employees. Gaps in the roster had been covered by casual staff, or staff working additional shifts, and by the CNM, CHM and other staff working in hands on roles. The facility does not use agency staff to fill gaps in the roster. Care staff reported there were sufficient staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least</p>

		<p>one staff member on duty has a current first aid certificate.</p> <p>The manager described the recruitment process includes referee checks, police vetting, and validation of qualifications and annual practicing certificates (APCs). The APCs of health professionals employed by or used by the facility were sighted.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery including medication, chemicals, code of rights, cultural safety, infection prevention and fire evacuation. Records reviewed demonstrated completion of the required training including manual handling, infection prevention, health and safety, medication administration, code of rights and privacy. Training is provided to staff on Te Tiriti, Māori values and cultural safety to educate staff about Māori health outcomes and health equity issues. Care staff have completed a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the Te Whata Ora. Staff working in the dementia care area have either completed or are enrolled in the required national certificate in diversional therapy certificate (level 4).</p> <p>Staff reported feeling well supported and safe in the workplace. They spoke highly of both the CHM and the CNM, who were both supportive and available to them if they need to discuss anything.</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</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of eight staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed at regular intervals.</p> <p>Documented position descriptions include accountability and responsibility and were sighted.</p> <p>Current annual practising certificates were sighted for the registered nurses, the physiotherapist, pharmacists, dietitians, general</p>

culturally safe, respectful, quality care and services.		<p>practitioners, and the diversional therapists. All were within the expiry date.</p> <p>Staff orientation and induction includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Topics include the Code of Health and Disability Services Consumers' Rights (the Code), communication, complaints, health and safety, infection prevention and restraint.</p> <p>Staff files are confidential and are stored securely in a locked cupboard.</p> <p>The organisation collects ethnicity data as part of the recruitment process, which is used in line with health information standards.</p> <p>Staff reported they have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p>
<p>Subsection 2.5: Information</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>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.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for NHI registration.</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>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Residents and whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>Enquiries are documented and where a prospective resident is</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>declined entry, there are processes for communicating the decision, although this rarely occurs. Related data, including ethnicity, is documented, and analysed at organisational level.</p> <p>There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. Waterlea Lifecare has developed links with local Māori providers to enable this to occur when needed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Waterlea Lifecare work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by a registered nurse following comprehensive nursing and medical assessment, including consideration of the resident's lived experience, cultural needs, values, and beliefs and considers wider service integration where required.</p> <p>Clinical assessments including for mobility, falls risk, pain, pressure injury risk, continence, and nutritional needs inform care planning. An initial care plan guides care during the assessment process. interRAI assessments are completed within three weeks of admission and at a minimum of six monthly thereafter. Long term care planning details strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. Cultural needs are identified for residents during the assessment process and supports to meet these needs are documented.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the nurse practitioner and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Short term care plans are developed, if necessary, and examples were sighted for infections</p>

		<p>and wound care. These are reviewed weekly or earlier if clinically indicated. Where progress is different to that expected, or new needs are identified, changes are made to the care plan.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals. Multidisciplinary review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensure they have access to information. For residents in the dementia unit the EPOA or welfare guardian is involved at every step of the assessment, care planning and review process. Those interviewed confirmed active involvement in the assessment, care planning and review process, including residents with a disability.</p> <p>Residents are supported to maintain their independence, residents described care staff encouraging them to complete their own personal cares.</p> <p>The nurse practitioner interviewed confirmed care is of a high standard, and they are called appropriately when needed.</p> <p>Two resident files were reviewed in detail using tracer methodology, one each from the rest home and dementia unit.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Two trained diversional therapists, and two activities coordinators provide an activities programme that supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Social profiles and recreation/activities assessments identify the resident's individual interests and consider the person's identity. Diversional therapy plans identify resident goals. 24-hour DT plans are developed for residents in the dementia unit.</p> <p>Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities such as church services.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are included in the programme with special events occurred at Matariki,</p>

		<p>Waitangi Day and during Māori Language week.</p> <p>Staff are not currently involved in community activities for Māori and are considering how the workforce can become involved.</p> <p>Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit, including the recording of allergies and sensitivities. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medicines are stored safely, including those requiring refrigeration and all medicines were stored within the recommended temperature range. However not all medicines were within current used by dates and not all medication was correctly labelled refer 3.4.1.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur. This had been confirmed in an audit conducted by the contracted pharmacist who completes the six-monthly physical checks.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP or NP review was consistently recorded on the medicine chart. Standing orders are not used.</p>

		<p>No residents were self-administering medication at the time of audit and the registered nurse was able to describe the processes to safely facilitate resident self-administration when required. The registered nurse stated self-administration did not occur in the dementia unit.</p> <p>Residents and their EPOA/whānau, are supported to understand their medications. The registered nurse discussed including whānau in decision making. Partnerships with local Māori providers are in place to support Māori residents who wish to access traditional Māori medicines if requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to 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>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional profile and a nutritional assessment on admission to the facility and this is updated as their needs change. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Snacks and hot or cold drinks are available 24 hours a day in the dementia unit.</p> <p>Foods culturally specific to Māori have been provided as part of celebrations of Māori cultural events such as Matariki and the cook stated foods can be provided at other times when requested. Cultural protocols around food are followed including the laundering of kitchen and food related items separately.</p> <p>Residents interviewed were very happy with the food.</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 Waterlea Lifecare is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified. Escorts are provided as needed.</p> <p>Whānau reported being kept well informed during the transfer of their relative. Documentation evidenced EPOA and whānau were kept informed during transfer.</p> <p>The nurse practitioner interviewed confirmed the level of communication with staff was excellent.</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. A current building warrant of fitness dated 30 June 2022 and valid for 12 months is publicly displayed. Biomedical equipment checks had been completed and were not due again until 2024. Tagging and testing is current as confirmed in records, interview with the CHM and observation. Testing is due to be redone by July 2023. Hot water testing is carried out monthly as part of the maintenance schedule.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Spaces are culturally inclusive and suited the needs of the resident groups. Communal areas are available for residents to engage in activities. The dining and lounge areas in each area are spacious and enable easy access for residents and staff. Furniture is appropriate to the setting and the residents' needs. Outdoor garden areas were well developed, presented, and maintained, offering a variety of outdoor spaces for</p>

		<p>people to utilise and enjoy. The dementia unit is secure and spacious and allows for safe walking inside and outside. The unit is separate from the rest home and has its own outdoor garden area.</p> <p>All rest home bedrooms have a full ensuite, while rooms in the dementia unit have hand basins in them, with residents using shared toilet and bathroom facilities. The number of toilet and bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote resident's independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Premium rest home rooms are large, providing plenty of space for resident's personal effects, and to entertain. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, and wheelchairs. Staff and residents reported the adequacy of bedrooms.</p> <p>The CHM described the process for planned and routine maintenance, and the maintenance process was observed, and confirmed at staff interview. Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>The provider has plans to consult and involve residents and whānau in the design of any new buildings.</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</p>	FA	<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</p>

<p>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>emergency. The fire evacuation plan has been approved by the New Zealand Fire Service and takes into consideration the support needs of residents with dementia in an emergency. Trial evacuations are carried out every six months with documentation showing the last one was completed on the 29 August 2022.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. This includes emergency supplies of food, water, medical supplies, and access to gas barbeques.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</p> <p>Residents were familiar with emergency and security arrangements.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Heritage Lifecare has IP and AMS outlined in its policy documents. This is now being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora – Nelson Marlborough. IP and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board have been collecting data on infections and antibiotic use and is now adding ethnicity to its data. Over time the data will add meaningful information to allow HLL to have the ability to analyse the</p>

		data at a deeper level than is available to them at present.
<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 clinical nurse manager is the infection prevention and control resource nurse and is responsible for overseeing and implementing the IP programme with reporting lines to senior management and to the Heritage Lifecare Ltd regional quality manager. The IP resource nurse has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the Heritage Lifecare Ltd regional quality manager has been sought when making decisions around procurement relevant to care delivery, and policies. There have been no facility changes or design of any new building, policy confirms IPC advice would be sought should this occur.</p> <p>The infection prevention and antimicrobial stewardship policies reflected the requirements of the standard and are based on current accepted good practice. Policies include procedures related to the decontamination and disinfection of reusable devices and shared medical equipment and monitoring of compliance is included in the IP audit schedule. Staff were aware which items were designated single use, and these are not reused.</p> <p>There is a Pandemic Plan in place which has been tested. The service has sufficient stores of personal protective equipment available (PPE) and staff have been trained in the use.</p> <p>Cultural advice is accessed where appropriate. Waterlea Lifecare has established links to the local Māori community and cultural advice and resources are available to ensure culturally safe practice for Māori.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly.</p>

		Residents and their whānau are educated about infection prevention in a manner that meets their needs, this was confirmed in resident interviews.
<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>	FA	<p>An antimicrobial policy is in place, this is appropriate to the size and scope of the service has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The quality and quantity of antimicrobial prescribing is monitored through the infection surveillance programme and is reported through to governance.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data, including ethnicity data, is collated, and analysed to identify any trends, possible causative factors and required actions.</p> <p>Benchmarking with other facilities in the group occurs. Results of the surveillance programme are reported to management and shared with staff. Documentation from a recent COVID-19 outbreak was reviewed and demonstrated a thorough process for monitoring and follow up. Learnings from the event have now been incorporated into practice.</p> <p>There are clear processes for communication between staff and residents. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare acquired infection.</p>
Subsection 5.5: Environment	FA	A clean and hygienic environment at Waterlea supports the

<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 antimicrobialresistant organisms.</p>		<p>prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Personal protective equipment is available to staff when handling hazardous waste and chemicals. Cleaning and laundry staff interviewed described when this would be used. Laundry and cleaning processes are monitored for effectiveness. Staff involved in cleaning or handling of dirty laundry have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the facility is kept clean and tidy. This was confirmed by the results of internal audits of the environment and observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Heritage Lifecare Ltd is committed to a restraint free environment in all its facilities. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of low/low beds). There is a goal for all HLL facilities to be restraint free by the end of 2023.</p> <p>The board clinical governance committee is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation.</p> <p>Documentation confirmed that restraint is discussed at board clinical governance level and presented to the board.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>All of HLL CHM's, attend a monthly restraint meeting, which is led by</p>

		<p>one of the regional managers. Minutes of these meeting were sighted with the most recent meeting being on the 14 December 2022.</p> <p>Waterlea Lifecare does not use any form of restraint, and the CHM reported that this has been the case for a number of years. This was confirmed in discussions with support staff, and through auditor observations. As Waterlea Lifecare are currently restraint free it is not possible to collect and analyse their restraint data, or to assess the equity of restraint use from a cultural perspective., The manager is aware of these requirements should restraint be required by a resident in the future.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. Medications are supplied to the facility from a contracted pharmacy and resupply can be ordered via the electronic system. Medicines are stored safely and there are processes in place for safe disposal of medications no longer required. However, not all aspects of medication storage met the required standards:</p> <ul style="list-style-type: none"> <li>not all medicines were within current used by dates. This included anti-inflammatory gel and clonazepam drops.</li> <li>eye drops and ointments were labelled with the date of opening. However, it was noted they had not been disposed of 28 days after opening as required by the pharmacist's instructions.</li> <li>not all prescribed medication contained a legible label with the required information including the resident's</li> </ul>	<p>Not all elements of the medication management system implemented meet the expected standard to enable safe administration of medications.</p>	<p>The service will ensure all medication storage meets the required standard.</p> <p>90 days</p>

		<p>name and prescription details. This included three inhalers where the label was absent, and one eye drop bottle where the label was worn and illegible and the resident's name and administration instructions were not identifiable.</p> <ul style="list-style-type: none"> <li>• Two medications remained available for use when no longer prescribed to be administered to the resident.</li> <li>• individually packaged medication for a resident remained available while also being packed in the robotic roll prepared by the pharmacist.</li> </ul>		
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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, 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
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End of the report.