

Heritage Lifecare Limited - Princes Court Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Heritage Lifecare Limited	
Premises audited:	Princes Court Lifecare	
Services audited:	Dementia care	
Dates of audit:	Start date: 16 February 2023	End date: 17 February 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:	34	

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

Heritage Lifecare Limited (HLL) owns and operates Princes Court. The facility provides rest home and dementia level care for up to 34 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 general practitioner.

Strengths of the service include respect shown to the residents, the caring staff, the home-like clean and tidy environment, and each of the two wings having their own living, activity, dining, outdoor and garden areas.

Three areas of improvement relating to informed consent documentation, staff training and care plans were 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.		Some subsections applicable to this service partially attained and of low risk.
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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 verbal and written format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Hunga mahi me te hanganga | Workforce and structure

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

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

Subsections applicable to this service fully attained.

When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident, their legal representative and their whānau.

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

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

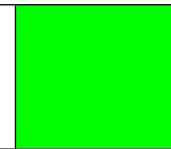
Medicines are safely managed and administered by staff who are competent to do so.

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

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

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

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



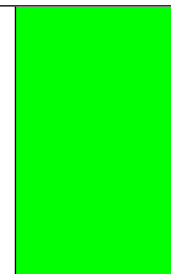
Subsections applicable to this service fully attained.

Princes Court 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 at a national level for the organisation.

Princes Court has a facility infection control coordinator, who is a registered nurse. They are 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	24	0	2	1	0	0
Criteria	0	158	0	2	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>	<p>FA</p>	<p>Heritage Lifecare (HLL) has a Māori Health Plan which guides care delivery for Māori using the 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 in 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 state 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 in 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 is 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> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal</p>	FA	<p>Heritage Lifecare Ltd 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 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</p>

requirements.		(Advocacy Service) and were provided with opportunities to discuss and clarify their rights.
<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>Princes Court 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 cultural identity, dignity, gender, privacy, sexual orientation, spirituality, and choices. However, this is not always reflected in documentation. Refer criterion 3.2.3.</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, however the service could not provide evidence all staff have completed this training. Refer to corrective action raised under criterion 2.3.2. 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. No residents identified as Māori at the time of audit, but staff described ways to enable participation in te ao Māori should the need arise.</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. Whānau and EPOA interviewed reported that residents' 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 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.</p>

		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>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 easy to understand verbal and written formats, and staff described the use of pictures for residents with dementia. Changes to residents' health status were communicated to relatives/whānau in a timely manner.</p> <p>The general 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>	PA Low	<p>Residents and their legal representative are provided with the information necessary to make informed decisions. Those whānau and EPOA 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 residents and whānau in the process. However, documentation of informed consent did not meet organisational policy. Refer criterion 1.7.5.</p> <p>Tikanga guidelines are available to support staff when working with Māori residents and whānau; these were on display and known to staff.</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. Thirty-two of the thirty-four 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. Actions have been taken to ensure a welfare guardian is appointed for the remaining two residents.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the</p>

<p>am taken seriously and receive a timely response. 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. 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>requirements of the Code. 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 relating to complaints is stored electronically and showed that complainants had been informed of findings following investigation. Three complaints had been received in the past year, and these had been investigated and closed. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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>Heritage Lifecare Ltd (HLL) is the governing body for more than 40 aged care facilities across New Zealand. A three-member board of directors is 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. 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, 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</p>

	<p>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 Princes Court, 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 Princes Court'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) taken. 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 have appointed a suitably qualified and experienced person to manage the facility with authority, accountability, and responsibility for service provision. Heritage Lifecare Limited uses interview panels when recruiting and selecting senior managers. Recruiting and retaining people is a focus for HLL. They look for the</p>
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		<p>'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 whānau 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 Waitaha for rest home level dementia care and long-term chronic health conditions. Thirty-four residents were receiving services under the contracts on the day of the audit. There were twenty residents in the Longbeach wing and fourteen residents in the Hakatere wing. Thirty-two residents were receiving rest home dementia care, and two residents were receiving services under long-term health conditions.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes 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 CHM.</p> <p>The 2023 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. Where required, corrective action plans are developed and evidence of these were sighted. Each corrective action plan includes the area of focus, the improvement action required, the timeframe and the person responsible. Once the corrective action plan has been fully completed it is signed off by the</p>

	<p>CHM to document that the issue has been resolved.</p> <p>The service ensures staff can deliver high quality health care for Māori through, for example, training including cultural safety training, 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. An example of this is the goal that has been set to reduce the number of falls this year. Baseline data has been gathered and a detailed strategy on how falls will be reduced through education and interventions over the coming year has been developed.</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 for implementing 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>Heritage Lifecare Limited reporting practices follow the National Adverse Event Reporting Policy for internal and external reporting with the aim of reducing preventable harm by supporting systems learnings.</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</p>
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		<p>incident or issue that arose. Six Section 31 reports had been completed over the past year for a variety of reasons, including two relating to staff shortage, one relating to the change in CHM and the remainder relating to incidents involving residents.</p> <p>There have not been any police investigations, coroner's inquests, health and disability complaints, or issues-based audits since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<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 standardised roster, with staff working set days and shifts over a two-week roster cycle. A review of the facility's rosters for both wings confirmed adequate staff cover is provided, with staff replaced in any unplanned absence.</p> <p>Seven days a week, across the facility's two wings, there are a total of five caregivers rostered on both during the day and in the evening, and four caregivers rostered on each night. There are two diversional therapists/activities staff present on each weekday, one in each of the facility's wings. During the day there are also two cleaners, one laundry worker, a cook and a receptionist working. A part time maintenance person is also employed.</p> <p>Over the past year there have been some recruitment challenges for Princes Court, with no CHM in place and a number of unfilled staff vacancies. At the end of 2022, a number of new staff were employed, with only one part-time position now vacant. Over the past three months as an interim measure a manager from HLL has been covering the CHM role at Princes Court. A new CHM manager who is both an experienced HLL manager and registered nurse has now started at Princes Court.</p> <p>Gaps in the roster had been covered by casual staff, or staff working additional shifts. 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 one staff member on duty has a current first aid certificate.</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 that not all staff had completed the required training relevant to their role. Challenges around recruitment, including the CHM position being vacant, have impacted on the ability to deliver training sessions and to release staff for training. The recent appointment of the CHM, and the filling of staff vacancies, has seen an increase in training being delivered to staff. A number of staff have not yet received or are overdue for training requirements specific to their roles, including cultural safety, manual handling, infection prevention, health and safety, medication administration, code of rights and privacy. Care staff have completed a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whata Ora. Staff working in the dementia care area have either completed or are enrolled in the required dementia training.</p> <p>Staff reported feeling well-supported and safe in the workplace. They were happy that additional staff had been recruited and had started their roles, and they were looking forward to working with the new HCM who had just commenced working at the facility.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of seven 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 health professional associated with the facility. This included the registered nurses, physiotherapist, pharmacists, dietitians, and general practitioners. All were within the expiry date.</p> <p>Staff orientation and induction includes all necessary components</p>

		<p>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 cabinet.</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 that 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>	PA Low	<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. However, care plans were noted to be generic and in two cases contained information relating to another resident.</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> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>Residents 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. Information was made available to them on admission. Files reviewed met contractual requirements.</p> <p>Enquiries are documented and where a prospective resident is declined entry there are processes for communicating the decision, although this rarely occurs. Processes are in place for data, including ethnicity, to be documented and analysed at organisational level. However, Princes Court have yet to start collecting ethnicity data when enquiries are made.</p>

<p>communicated to the person and whānau.</p>		<p>There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. Princes Court Lifecare is in the process of developing 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 registered nurse position is vacant and the care home manager who is a registered nurse has been fulfilling the RN duties. The care home manager and the general practitioners supporting Princes Court Lifecare work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by the registered nurse following comprehensive nursing and medical assessment, including consideration of the resident's lived experience.</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. However, cultural, and spiritual needs were not always fully assessed, and care planning was not in place to meet these needs in all patient files reviewed, refer criterion 3.2.3.</p> <p>Timeframes for the initial assessment, medical assessment, and initial care plan meet contractual requirements. Historical data shows some deficits in meeting the required timeframes for interRAI assessment, long-term care plan and review. However, a corrective action has been taken and at the time of audit all interRAI assessments had been completed and care planning had occurred. 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 and wound care. These are reviewed weekly or earlier if clinically indicated. The stop and watch tool is used to document when a</p>

		<p>resident's condition changes. 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 to identify their own goals. Nursing and medical review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensure they have access to information. 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 and care plans described the degree to which residents can complete their own personal care.</p> <p>The general practitioner confirmed care was of an acceptable standard and they are called upon appropriately when needed. A visiting palliative care nurse specialist was interviewed and reported that carer giver knowledge was good, and end of life care provided was of a high standard.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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>	<p>FA</p>	<p>Two full-time activities coordinators and two part-time (8 hours per week each) coordinators provide an activities programme that supports residents to maintain and develop their interests. One of the activities coordinators has begun training to become a diversional therapist and the programme was suitable for the resident's 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. Twenty-four-hour DT plans are developed for all residents and activity plans identify generic resident goals. The activities coordinators are working to make these more individualised to reflect the resident's personal goals. Refer criterion 3.2.3.</p> <p>Individual and group activities reflected residents' goals and interests, their ordinary patterns of life and included activities such as newspaper reading, gardening, exercises, and crafts. Van outings</p>

		<p>occur once a week in the facility van.</p> <p>There were no residents who identified as Māori at the time of audit. Opportunities for Māori and whānau to participate in te ao Māori should the need arise were discussed. The current activities programme included special events related to Matariki and Waitangi Day.</p> <p>Staff are not currently involved in community initiatives that benefit Māori and are considering how the workforce can become involved.</p> <p>Residents were observed to be involved in the programme and Whānau/EPOA interviewed confirmed they find the programme meets their relatives' 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>FA</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. All medications sighted were within current use-by dates.</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 is supported 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 medication chart reviews were consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medications rarely occurs in the dementia facility. However, the care home manager who is a registered nurse was able to describe the processes to safely facilitate resident self-</p>

		<p>administration if required.</p> <p>Residents and their EPOA/whānau, are supported to understand their medications. The care home manager discussed including whānau in decision making.</p> <p>The regional manager can support staff to access appropriate supports for 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.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment and profile completed on admission to the facility; this includes any allergies, likes/dislikes, and any modified texture requirements. 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. Residents are able to be involved in food preparation as part of the activities programme if they wish.</p> <p>There are culturally specific food items, available on the menu, including to meet the needs of Māori should they be admitted. Nutritional snacks are available for residents over the 24 hour period.</p> <p>Cultural protocols around food are followed including the laundering of kitchen and food related items separately.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, and satisfaction surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know</p>	FA	<p>Transfer or discharge from Princes Court Lifecare is planned and managed safely with coordination between services and in</p>

<p>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>collaboration with the resident and whānau/EPOA.</p> <p>Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified. Whānau and EPOA interviewed reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Princes Court operates two separate wings, with twenty resident rooms in the Longbeach wing and fourteen resident rooms in the Hakatere wing. Each wing has its own lounge and dining room, outdoor garden areas and walkways. Kitchen and laundry area are located centrally and service both wings.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities internally and externally are fit for their purpose, well-maintained and that they meet legislative requirements. A current building warrant of fitness valid until 22 May 2023 is publicly displayed. Biomedical equipment checks were current, with testing completed in February 2022. Tagging and testing of general items is current and completed in September 2022. This was confirmed through records, interview with the CHM and observation. Hot water testing records were sighted which showed that regular hot water testing is completed as part of the maintenance schedule, and where variance occurs, corrective action is taken to address this.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Spaces are culturally inclusive and suit the needs of the resident groups. Communal areas are available for residents to engage in activities. The dining and lounge areas in each wing enable easy access for residents and staff. Furniture is appropriate to the setting and the residents' needs. Outdoor garden areas are well developed, presented, and maintained, offering alternative spaces for people to utilise and enjoy. Each wing is secure and spacious and allows for safe walking inside and outside.</p> <p>One resident room had its own toilet, and 10 rooms shared a joint</p>

		<p>ensuite with the neighbouring room. Residents in the remaining rooms use shared toilet and bathroom facilities, with adequate numbers of these available. 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 residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. 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 is aware of their requirement to consult and involve residents and whānau in the design of any new building works when these are planned.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. 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. The fire evacuation plan allows for staged evacuations of the facility to occur, dependant on the location of the fire. Trial evacuations are carried out every six months with documentation showing the last one was completed on 15 September 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, personal protective equipment, and access to alternative means of cooking.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate</p>

		security arrangements are in place for the facility. Each wing provides a secure indoor and outdoor environment for residents during the day. External doors and access to outside areas are secured at predetermined times. Residents were familiar with emergency and security arrangements and are supported by staff as required.
<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. 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 were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Heritage Lifecare Limited 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 Waitaha. Infection Prevention 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 data at a deeper level than is available to them at present.</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. 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 care home manager who is a registered nurse 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 care home manager is newly appointed but has the support from the national IP lead. The IPC 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, procurement, and policies. There have been no facility changes or design of any new building and policy confirmed that IPC advice would be sought should this</p>

		<p>occur.</p> <p>The infection prevention and control 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. Single-use dressing packs were available; however, staff were observed to be cleaning and reusing single-use dressing forceps and scissors. Refer criterion 5.2.11.</p> <p>There is a Pandemic Plan in place which has been tested. The plan was put in place on the day of audit when Covid-19 was identified. The service has sufficient stores of personal protective equipment available (PPE) and staff have been trained in its use.</p> <p>The Heritage Lifecare Ltd regional manager who identifies as Māori can provide appropriate cultural advice when needed to ensure culturally safe practice for Māori. However, the facility did not have resources available in te reo Māori and could not describe how they would access these.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. However, the service could not evidence all staff have completed education. Refer to corrective action raised under criterion 2.3.2.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs, and this was confirmed in resident and whānau/EPOA interviews.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>An antimicrobial policy is in place which is appropriate to the size and scope of the service and has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>There are processes in place through Heritage Lifecare Ltd for the monitoring of the quality and quantity of antimicrobial prescribing although this is yet to occur at Princes Court.</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. Benchmarking with other facilities in the group occurs.</p> <p>Results of the surveillance programme are reported to management and shared with staff. Documentation from a 2022 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. Whānau/EPOA interviewed were happy with the communication from staff in relation to healthcare acquired infection.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>A clean and hygienic environment at Princes Court supports the 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 through 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>	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 beds). There is a goal for all HLL facilities</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>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 HLL CHM's attend a monthly restraint meeting, which is led by one of the regional managers. Minutes of these meetings were sighted with the most recent meeting being on 14 December 2022.</p> <p>Princes Court does not use any form of restraint, and this was confirmed in discussions with support staff, and through auditor observations. As Princes Court is 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 1.7.5</p> <p>I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.</p>	PA Low	<p>Informed consent is obtained for all residents using the organisation's informed consent documentation. However, in five out of six files sampled the consent documentation did not include the name of the facility, in four out of six files the consent was not witnessed or countersigned by a staff member, and no consent documentation was on file for one resident admitted in 2021.</p>	<p>Not all informed consent documentation meets the requirements of the standard and facility policy.</p>	<p>Ensure all informed consent documentation is fully completed.</p> <p>90 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the</p>	PA Moderate	<p>From the review of staff files, training records and from interviews with staff, they have received some aspects of their training as detailed in the organisation's training plan, but not all staff have received the specified core training specific to their roles. The new CHM is aware of the gaps in training, and prior to</p>	<p>Not all staff training required by the organisational training plan and contractual requirements is up to date. This includes first aid training, infection prevention education, and other core training requirements.</p>	<p>Develop and implement a plan of how each employee will complete the required training that is relevant to their role, including the timeframes for this to occur. Provide evidence that this training has occurred, and that each employee has completed their</p>

services being delivered.		this audit had developed a corrective action plan to address this issue. Arrangements have been made for staff who require first aid training to complete this in the coming weeks.		relevant training. 90 days
Criterion 2.5.1 Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.	PA Low	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. However, care plans were noted to be generic and in two resident care plans reviewed the resident was referred to by another resident's name.	Not all resident information recorded in the care plans referred to the correct resident by name with two care plans reviewed containing information related to another resident.	Ensure all care plans are individualised, refer to the correct resident and do not include the names of other residents. 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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.