

Heritage Lifecare Limited - Cantabria Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Heritage Lifecare Limited
Premises audited:	Cantabria Lifecare
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 1 May 2023 End date: 2 May 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:	142

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

Cantabria Lifecare is certified to provide rest home, hospital, dementia and residential disability services for up to 236 residents. The service is owned and operated by Heritage Lifecare Limited.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Lakes. It included review of policies and procedures, review of residents' and staff files, observations, interviews with residents and whānau, governance representatives, staff, allied health providers, and a general practitioner.

Areas requiring improvement were identified during the audit related to the quality system, statutory and regulatory reporting obligations, registered nurse cover, care planning, medication management, and the physical environment.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Cantabria Lifecare collaborates with staff to support residents in all aspects of service delivery. All staff receive in-service education on Te Whare Tapa Whā, pronunciation of te reo Māori, cultural safety and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identify as Māori are treated equitably and confirmed that their mana motuhake is supported. Te reo Māori and tikanga Māori are incorporated in daily practices. There were residents who identified as Māori and Pasifika in the service.

Residents and their relatives/whānau confirmed that they were treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body of Heritage Lifecare Ltd (Heritage Lifecare) assumes accountability for service delivery. Heritage Lifecare works with the facility's care home and village manager to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals.

There is a quality and risk management system which includes processes to meet health and safety requirements. Quality data, including infections and adverse events, are analysed to identify and manage trends.

The care home and village manager has the required skills and experience for the level of care provided and is supported by the assistant care home manager and the clinical services manager, both of whom are registered nurses. Staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Staff are suitably skilled and experienced, and competencies are defined and monitored. 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.		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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Cantabria Lifecare conducts routine analysis of entry rates, this included specific data for entry rates for Māori.

The activity programme offers a diverse range of activities and incorporates the cultural requirements of the residents. All activity plans are completed in consultation with the resident and their whānau. Residents and their whānau expressed satisfaction with the activities programme in place.

Medicines are administered by staff who are competent to do so. All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau have menu options that are culturally specific to te ao Māori.

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

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

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

A current building warrant of fitness was displayed. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised. Spaces are culturally inclusive, suited to the needs of the resident groups, and reflected cultural preferences.

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

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.

Cantabria Lifecare 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. The programme is coordinated by the clinical manager. There is a pandemic plan in place which is assessed periodically.

Surveillance of infections is undertaken, and results are monitored and shared with all staff. Action plans are implemented as and when required.

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 has implemented policies and procedures that support the elimination of restraint. No restraint has been used at the facility since 2019, no restraint was in use at the time of audit. Should restraint be required, there is a comprehensive assessment, approval and monitoring process for restraint requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is the clinical services manager who has a defined role providing support and oversight for restraint management. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions, and the restraint processes.

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	17	0	0	5	0	0
Criteria	0	50	0	1	7	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	Heritage Lifecare have policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. They are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There were residents and staff at Cantabria Lifecare (Cantabria) who identify as Māori. Staff were employed across several organisational roles, including leadership roles.
<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</p>	FA	A Māori and Pacific health plan is in place which utilises the fonofale model of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services are delivered. The plan has been developed with input from cultural advisers. There were residents and staff at Cantabria who identify as Pasifika.

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. Residents who identified as Māori were seen to have their mana motuhake recognised and respected. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents who identify as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Staff at Cantabria have had training on Te Tiriti o Waitangi, and this was reflected in their practice. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures. Residents and their whānau reported that their values, beliefs, and language is respected. The service responded to tāngata whaikaha (people with disability) needs. There had been engagement with tāngata whaikaha to enable their participation in te ao Māori if residents require this.</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>Policies and procedures outlined Cantabria's commitment to promoting an environment that does not support institutional and systemic racism. Cultural training includes discussion on institutional and systemic racism, and the ability to question its existence at Cantabria if it was thought to exist.</p> <p>The care home and village manager (CHVM), the assistant care home manager (ACHM) and clinical services manager (CSM) reported that any observed or reported racism, abuse, or exploitation at Cantabria would be addressed promptly and that they are guided</p>

		<p>by a code of conduct.</p> <p>Residents expressed that they had not witnessed any abuse or neglect, they are treated fairly, and that they feel safe and protected from abuse and neglect.</p> <p>During interview with the CHVM, ACSM and CSM they stated that a holistic model of health at Cantabria is promoted, that encompasses an individualised approach and that ensures best outcomes for all.</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>Appropriate best practice tikanga guidelines around informed consent were in place at Cantabria to guide staff. Thirty-four staff members who identified as Māori, and residents' whānau assist staff to support residents with informed consent. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff had received training on cultural safety and tikanga best practice.</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 consumer rights legislation. All residents and their whānau are provided with information on entry regarding the complaints process and advocacy services. Information regarding the complaints process is displayed in the facility along with advocacy information.</p> <p>There are policies and processes in place to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p>

		<p>Thirteen (13) complaints have been received by the service in the last 12 months. Of these, nine were from residents or their whānau, two from the Nationwide Advocacy Service, and one via Te Whatu Ora Lakes. All except one which was received on 23 April 2023 have been addressed and closed.</p> <p>There is currently a WorkSafe investigation at Cantabria which is ongoing following an unexpected resident death. The coroner has also been involved in the process. Information requested in respect of the incident has been provided and the investigation remains open.</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>Cantabria is governed by Heritage Lifecare which assumes accountability for delivering services, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. There is a health plan in place that guides care for Māori. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. This was supported by interviews with residents and their whānau, and with staff.</p> <p>The directors and executive team at Heritage Lifecare have completed education on Te Tiriti o Waitangi, health equity, and cultural safety. There is a policy in place around enabling good lives directed at tāngata whaikaha.</p> <p>The service holds contracts with Te Whatu Ora Lakes for aged-related rest home services, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), and secure dementia care, and with the Ministry of Health for residential disability – intellectual and residential disability – physical. The service also holds contracts with the Accident Compensation Corporation (ACC). On the day of audit, 62 residents were receiving rest home services, 61 hospital level services, five secure dementia services, five under the LTS-CHC contract (four at rest home level and on hospital), six</p>

		under the residential disability – physical contract (all under 65 years of age, two at rest home level and four at hospital level), and three on ACC contracts.
<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>	PA Moderate	<p>Heritage Lifecare has a quality and risk system that reflects the principles of continuous quality improvement. There is a documented quality and risk management system which includes processes to meet health and safety requirements. This includes the management of infections and outbreak events, incidents/accidents, complaints and compliments, and internal audit activities. Corrective actions are developed to address any shortfalls but not all of these are carried through to completion (refer criterion 2.2.2).</p> <p>Leadership commitment to quality and risk management was evident in quality and risk documentation and board reporting documents. Ethnicity data is being gathered for residents and staff to promote equitable service delivery. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. Information to support high-quality care for Māori is embedded in organisational policies but not carried through to practice (refer criterion 3.2.3).</p> <p>Statutory and regulatory reporting obligations are carried out through the Heritage Lifecare support team. Cantabria have forwarded 58 section 31 notifications to the support office, 27 related to resident care and 31 related to RN shortage in the facility. During the audit, corroboration that these have been sent to the Ministry of Health and Te Whatu Ora Lakes could not be ascertained (refer criterion 2.2.6).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	PA Moderate	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, twenty-four hours per day/seven days per week (24/7). The facility adjusts staffing levels to meet the changing needs of residents based on acuity. Caregiving staff reported there were adequate staff to complete the work allocated to them though this has been stretched when there was COVID-19 in the facility. At least one staff member on duty has a current first aid certificate. While there has</p>

services.		<p>been 24/7 RN coverage in the hospital area of the facility, RN shifts have been reduced or unable to be filled due to the nationwide shortage of RNs with the outcome that care planning activities have been curtailed (refer criteria 2.3.1, 3.2.4, and 3.2.5). There have been section 31 notifications made by Cantabria in relation to RN shortage (refer criterion 2.2.6). Care staff working in the secure dementia area have completed education appropriate to the service.</p> <p>The service also employs a diversional therapist (DT) and six activities assistants who, between them, provide the recreation programme for the facility. The facility had no activities staff rostered specifically to the secure dementia service to provide recreation activities on a regular basis (refer criterion 2.3.1).</p> <p>Domestic (cleaning and laundry) and food services are carried out by dedicated staff seven days per week. Support staff include administration, maintenance, and gardening staff.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training topics such as medication management, infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of emergencies and civil defence response, manual handling and safe transfer, resident cares, and residents' rights. The service has also embedded cultural values and competency in their training programmes, including information on cultural safety, Te Tiriti o Waitangi, and Māori and Pasifika models of care.</p> <p>Māori-related information is shared in the organisation through policy and procedure and through communication with residents and their families/whānau. All staff who administer medicines are regularly competency-assessed to ensure safe procedures in medicine management, but these are not always followed (refer criterion 3.4.3). Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Lakes. There are ten RNs in the facility who maintain interRAI competency.</p>
Subsection 2.4: Health care and support workers	FA	Human resources management policies and processes are based on

<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>good employment practice and relevant legislation. Records are kept confirming that all regulated staff and contracted providers have proof of current practising certification with their regulatory bodies (e.g., the Nursing Council of New Zealand, the Medical Council of New Zealand, and the Pharmacy, Physiotherapy, and Podiatry Boards).</p> <p>All new staff engage in a comprehensive orientation programme tailored for their specific role, which includes being 'buddied' with a peer. Staff interviewed confirmed that the orientation programme prepared them for their role.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Cantabria conducts routine analysis of entry data; this included specific data for entry and decline rates for Māori.</p> <p>Cantabria had developed meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. There was a local Māori health provider in the area that has been identified as a connection and offers access to traditional Māori healers and organisations to benefit Māori and whānau.</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</p>	PA Moderate	<p>The multidisciplinary team at Cantabria worked in partnership with the resident and their whānau to support the resident's wellbeing. Sixteen (16) residents' files were reviewed. Nine from the hospital, five from the rest home and two from the secure unit. Files included</p>

<p>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>residents under 65 years on a residential disability physical contract, residents on an ACC contract, residents on an LTS-CHC contract, residents receiving respite care and residents being cared for under the Aged Related Residential Care (ARRC) contract. Files reviewed included residents who identified as Māori, residents with a pressure injury, residents with behaviours that challenge, residents with insulin dependent diabetes, residents who swam in the village's swimming pool, residents with a disability, and residents with weight loss. Files reviewed verified a care plan is developed on admission by an RN following a comprehensive assessment, including consideration of the person's lived experience.</p> <p>Assessment was based on a range of clinical assessments and included resident and their whānau input (as applicable). Timeframes for the initial assessment, initial medical assessment, initial care plan, and short-term care plans met contractual requirements. However, the timeframes for the implementation, update, and review of the long-term plans, including residents' cultural needs to ensure they are reflective of residents' needs, requires corrective action (refer criteria 3.2.3 and 3.2.4). In addition, it was not possible to establish from the system relating to general practitioner (GP) visits that residents have been reviewed by the GP within the required timeframes (refer criterion 3.2.4) and this also requires attention. This was verified through sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Management of any specific medical conditions was not well documented; however, evidence was sighted of systematic monitoring. Where progress was different to that expected, changes were made to the care provided. Change in care was passed on by verbal handover, and not documented in the care plan. Wound care management plans, and photographs to evidence responses and assessments were well managed, and documented. Behaviour management plans for residents in the secure dementia unit were not documented. Residents and whānau confirmed involvement in the process, including residents with a disability.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. 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>	FA	<p>One diversional therapist and six activities staff provided a diverse activities programme at Cantabria five days a week. The programme supports residents to maintain and develop their interests and aspirations. The service encouraged their workforce to support community initiatives that meet the health needs and aspirations of whānau.</p> <p>Cantabria has allocated Te Ohaka room as a cultural space for residents, and their whānau to meet. Every Monday and Friday morning there is a karakia in this room and anyone who chooses can attend. A kaumātua group meets in the room twice a month.</p> <p>Opportunities for Māori, staff and whānau to participate in te ao Māori were facilitated. Matariki, Māori Language Week and Waitangi Day had been celebrated. Activities included baking Māori bread, making poi, singing, and teaching te reo Māori. One of the activities staff offers mirimiri to the residents. Additional traditional practices were offered by Ngati Pikiao, a local Māori health provider.</p> <p>Residents who participate in local community activities were enabled to go out and participate in these. Van outings enable those less able residents to get out on a regular basis.</p> <p>Residents in the secure dementia unit did not have regular activities staff allocated to provide activities. On the first day of audit, activities were provided by an activities staff member for one and a half hours. On the second day of audit, no activities were scheduled in the unit; the caregiver staff member on duty provided an activity (refer criterion 2.3.1).</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	PA Moderate	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines in the rest home and hospital were</p>

current legislative requirements and safe practice guidelines.		<p>stored safely, including controlled drugs. The medication in the secure unit, however, was not stored in a safe manner, and this requires attention (refer criterion 3.4.3). The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>A process for self-administration of medication was in place to ensure that self-medication could be facilitated and managed safely. There were no residents at Cantabria on the days of audit who self-administered medications. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. Standing orders are not used at Cantabria.</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 menu options offered at Cantabria included a cultural option, which provided menu options culturally specific to te ao Māori. Options included boil ups, pork, watercress, hangi, and fried bread. These options were specifically available during Waitangi Day, Māori Language Week, and Matariki, and at other times if requested. The personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will address this.</p> <p>Whānau were welcome to bring culturally specific food for their relatives. The interviewed residents and whānau expressed satisfaction with the food options.</p> <p>Residents in the secure unit had access to food anytime, night or day.</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 the service was planned and managed safely using the interRAI transfer report, with coordination between</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>services and in collaboration with the resident and whānau. The resident and their whānau interviewed reported being kept well informed during a recent transfer of their relative to an acute facility.</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>PA Moderate</p>	<p>Observation of the facility evidenced that the buildings are in need of repair and/or refurbishment, especially the secure dementia area (refer criterion 4.1.4). The building warrant of fitness for the facility was current, expiring on 12 October 2023. Spaces promote independence and safe mobility and are culturally inclusive and suited the needs of the resident groups, with spaces (including the Te Ohaka room) for the use of residents and their visitors. Some residents and their whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance, while some, especially in the secure dementia area, expressed concerns about the physical environment (refer subsection 3.2).</p> <p>While there were no specific plans for further building projects at Cantabria, Heritage Lifecare is aware of the requirement to consult and co-design with Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand (FENZ) on 17 May 2018. Residents and staff were familiar with emergency and security arrangements. Staff wore identification badges on the days of audit. Appropriate security arrangements are in place. External doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building. The secure dementia unit has 'pin pad' access.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic preparedness plan was in place, and this is reviewed at regular intervals. The plan was evaluated following COVID-19 outbreaks in March, July September, and December 2022, and in April 2023. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>Cantabria had no educational resources available in te reo Māori at the time of audit, however staff who identified as Māori were able to provide support and advise on culturally safe IP practices. The organisation's Māori advisor also provided culturally safe IP advice.</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) at Cantabria was appropriate to that recommended for long term care facilities and was in line with priorities defined in the infection control programme. Surveillance data collected, included ethnicity data.</p> <p>There were culturally safe processes for communicating between service providers and people receiving services who develop an HAI.</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 is committed to a restraint free environment and the service has been restraint free since at least 2019. The restraint coordinator (RC) is a defined role undertaken by the CM who is an RN and who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Documentation confirmed that restraint is reported by the RC to Heritage Lifecare.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	Cantabria collects information on its services through an internal auditing system. Information is collected and the overall percentage compliance calculated. Where there are deficits, it is expected that corrective actions would be documented. Investigation of the internal audits completed in 2023 showed that not all deficits had corrective actions documented and, where they did, these were not being signed off as addressed.	Not all internal audits have corrective action documented. Where corrective action is documented, these are not being signed off as having been addressed.	<p>Provide evidence that deficits in internal audits have corrective actions documented and that these are signed off as completed once the corrective actions have been addressed.</p> <p>180 days</p>
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to</p>	PA Moderate	The process for the management of essential notification reporting at Heritage Lifecare is that Cantabria sends section 31 information to the Heritage Lifecare support office,	While there is a process within the Cantabria service for managing essential notifications, there is no process in place to confirm that these have been	Provide evidence that a process has been put in place to notify Cantabria when a section 31 notification has been sent to the Ministry of Health and Te

essential notification reporting.		and they forward these to the Ministry of Health and Te Whatu Ora Lakes as required. Cantabria have sent 58 section 31 forms (all sighted) to the Heritage Lifecare support office in the last 12 months, of these, 31 related to RN shortages in the facility and 27 to resident care. During the audit, Heritage Lifecare support office was only able to provide evidence to confirm that six section 31s had been sent to the Ministry of Health and Te Whatu Ora Lakes.	sent by the Heritage Lifecare support office on behalf of the service.	<p>Whatu Ora Lakes on their behalf by the Heritage Lifecare support office.</p> <p>60 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	<p>There is a shortage of registered nurses (RNs) in the service, and this is evidenced in the care planning backlog (refer criteria 3.2.4 and 3.2.5) and in the RN coverage for the facility. Four weeks of roster were reviewed. While Cantabria have managed to maintain at least one RN 24/7 in the hospital area, actual registered nurse shifts were below optimal levels based on resident acuity. Acuity within the facility requires that there are four RNs covering the facility in the morning supported by two RN unit coordinators (one of whom works four days per week and the other five) and the clinical services manager (who is also an RN and works four days per week), four RNs for the afternoon shift, and three during the night shift.</p>	<p>There are insufficient RNs rostered to provide clinically and culturally safe services. Residents in the secure dementia unit do not have an activities programme being provided.</p>	<p>The service considers the number of residents receiving care so that there is sufficient RN cover to provide safe clinical and cultural services, including timely care planning. Provide evidence that the roster for the activities staff has been reviewed to roster one member of the activities team to the dementia unit to provide activities to the residents in the area.</p> <p>90 days</p>

		<p>On the rosters reviewed, there are four RN shifts in the morning (with the two unit coordinators and the clinical services manager) but RN numbers had been reduced to three for the afternoon shift and two on the night shift. Added to this, over the four-week period, 57 RN shifts had been covered by an enrolled nurse (EN), medication competent caregiving staff, or not covered at all. On the morning shift, five shifts were covered by an EN, nine by a medication-competent caregiver, and seven were not covered. On the afternoon shift, four RN shifts were covered by a medication-competent caregiver and there was no cover for six shifts. During the night, 21 shifts were covered by a medication-competent caregiver (the RN on duty was based in the hospital area of the facility), and five were not covered.</p> <p>Added to this, activities staff were not regularly rostered to provide activities in the secure dementia unit. During the two days of audit, activities were delivered into the dementia unit for one and a half hours on only one of the audit days and none on the other.</p>		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or</p>	<p>PA</p> <p>Moderate</p>	<p>Seven of 16 files reviewed were of residents who identified as Māori. There was no acknowledgement in the care plan of the residents'</p>	<p>The cultural needs of residents who identified as Māori or Pasifika were not documented in the residents' long-term care</p>	<p>Provide evidence consideration is given to residents' cultural needs when planning the</p>

<p>support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>cultural identity, needs, values, or beliefs. There was no documentation that described the required support to align with the residents' values or beliefs.</p>	<p>plans.</p>	<p>residents' care.</p> <p>60 days</p>
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<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>Sixteen files were reviewed. Nine of the 16 files had not had the long-term care plan reviewed in the past year. Five residents' files had no long-term care plans in place, despite being admitted more than six months prior. Two residents had care plans in place that had been updated. An interview with the RNs identified care provided to residents is as per a verbal update on the initial care plan, or latest long-term plan. Residents have not been reviewed by the GP within the required timeframes.</p>	<p>The documentation describing the care the residents require was not consistent with meeting the residents' assessed needs and GP reviews are not being completed as scheduled.</p>	<p>Provide evidence each resident has a long-term care plan in place that describes the care the resident requires to meet their assessed needs and that GP reviews are completed as required.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p>	<p>PA Moderate</p>	<p>A review of 16 resident files had no documentation in place to evidence that a planned review of the residents' care plan had been undertaken. Care was being assessed through the progress notes and whānau informed of any changes to the resident's condition.</p>	<p>No review of the care plans for 16 residents was evidenced to have been undertaken.</p>	<p>Provide evidence a planned review of the resident's care plan is documented in the care plan at defined intervals in collaboration with the person and their whānau.</p>

<p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				60 days
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA</p> <p>Moderate</p>	<p>The medication trolley that stored medications in the secure dementia unit was left unlocked, on both days of audit. The medication trolley was stored in an area of the unit behind a gated door. The gated door was not lockable, and the residents would potentially be able to access the trolley.</p>	<p>The medication in the secure dementia unit was not stored safely.</p>	<p>Provide evidence medication is stored safely in the secure dementia unit.</p> <p>7 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and</p>	<p>PA</p> <p>Moderate</p>	<p>Significant refurbishment is required across the hospital and rest home areas, particularly carpets in the</p>	<p>Observations and interviews confirmed that the facility was not being internally maintained</p>	<p>Provide evidence of a refurbishment programme to improve the internal cleaning</p>

<p>comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>hospital and furniture stored awaiting cleaning (including one with bodily fluids evident on it). Curtains in many areas were pulled away from the curtain rack leaving the areas looking unkempt.</p> <p>There was heavy rain on the days of audit and there were multiple leaks across the buildings of the facility. Most of the leaks were not new as the ceilings have been cut through in some areas to access the roof space on previous occasions. The secure dementia unit was of particular concern and a health and safety risk. There was evidence of ceilings and walls having been cut through to access leaks or wiring. There were three areas where the ceiling had been cut through for leakage and not repaired (one in a resident's bedroom area) and one area on the wall of a resident's room where the wall had been cut through and wires were evident.</p> <p>Two residents in the secure dementia unit were residing in rooms that looked into an enclosed courtyard which housed the thermal bore that provides heating for the facility; the rooms were dark and noisy. The unit only had five residents in a unit of 13 rooms. No attempt had been made to contact the whānau of these residents to offer them a room that was quieter and with a better aspect. Added to</p>	<p>to the required standard. There is a need for significant refurbishment across the facility. The dementia unit is not fit for purpose, and it poses health and safety risks for residents. Residents do not have easy access to external areas. Residents' wellbeing needs are not being considered in relation to external lighting and noise pollution in the two residents' rooms adjacent to the thermal bore.</p>	<p>and maintenance in the facility with particular attention to the secure dementia unit. Provide evidence of consideration for the move of two residents (in conjunction with their whānau) subjected to reduced light and noise pollution to a different room.</p> <p>60 days</p>
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		<p>this, doors to the garden in the secure dementia unit were found to be locked on both days of the audit. Staff did not know that access should be available to the garden area for residents, and there was no flat access into the garden area (therefore a trip risk).</p>		
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.