

Heritage Lifecare Limited - Chiswick Park 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: Chiswick Park Lifecare

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

Dates of audit: Start date: 17 July 2023 End date: 18 July 2023

Proposed changes to current services (if any): Request to HealthCert for an increase of one dual purpose (rest home or hospital) room, changing the bed numbers in the service from 51 to 52 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 48

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 haumaruru | 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

Chiswick Park Lifecare (Chiswick Park) is certified to provide rest home, hospital, and residential disability services for up to 51 residents. There were 48 residents receiving services on the day of the audit. The service is owned and operated by Heritage Lifecare Limited. The service has requested an increase in the number of rooms available in the facility from 51 to 52. The extra room is to be a dual-purpose room appropriate for either rest home or hospital level care residents. The increase in room numbers has been approved by Te Whatu Ora - Health New Zealand Te Pae Hauora O Ruahine o Tararua MidCentral (Te Whatu Ora MidCentral), and its appropriateness has been assessed as part of this audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts with Te Whatu Ora MidCentral. It included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and family/whānau, a governance representative, staff, and a general practitioner. The facility is managed by a manager experienced in the health and disability sector, supported by a clinical services manager who has clinical oversight of the facility. Residents and family/whānau were complimentary about the care provided.

Improvements were identified during the audit process to address deficits related to the quality system, care planning, recreation services, and the restraint process.

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.

Chiswick Park Lifecare provides an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori and Pasifika.

Chiswick Park Lifecare worked collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents and staff interviewed. Pacific peoples were provided with services that recognise their worldviews and were culturally safe.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse, they received services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and family/whānau.

There was evidence that residents and their family/whānau were kept well informed. They confirmed that they received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Family/whānau and legal representatives were involved in decision making that complies with the law. Advance directives were followed wherever possible.

Concerns and complaints were managed promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
---	--	---

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi 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/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that leads to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staffing is sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery.

Residents' information is accurately recorded, securely stored, was not on public display, or accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

When residents were admitted to Chiswick Park Lifecare, a person-centred and family/whānau-centred approach was adopted. Relevant information was provided to the potential resident and their family/whānau.

The service worked in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans were individualised and included a range of information. Observations, documentation, and interviews demonstrated that the care provided met the needs of residents and their family/whānau and was evaluated on a regular and timely basis.

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

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

Residents were transitioned or transferred to other health services as required.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
--	--	---

The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people within the service, including tāngata whaikaha (people with disabilities) and younger people.

Chiswick Park Lifecare has requested an increase in their room numbers from 51 to 52. The additional room is to be utilised to provide a dual purpose (rest home or hospital) care room. The additional room is of sufficient size for the level of care requested and has a call bell system already in place.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Security is maintained.

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

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

The governing body ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It was adequately resourced. An experienced infection prevention nurse led the programme and participated in procurement processes.

A suite of infection prevention and control and antimicrobial policies and procedures were in place. Chiswick Park Lifecare had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and family/whānau were familiar with the pandemic/infectious diseases response plan.

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

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Some subsections applicable to this service partially attained and of low risk.
--	--	---

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit, but restraint has been used within the last year. There are processes in place for restraint consent.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	2	0	0
Criteria	0	167	0	5	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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 Limited (HLL) has a Māori health plan which guides care delivery for Māori using the whare tapa whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Input from Māori is supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard 2021 (Ngā Paerewa), and its Te Tiriti o Waitangi 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 (RNs), and other care workers. The group provides information through the clinical governance structure (the clinical advisory group) to the board. The service can access support through Te Whatu Ora - Health New Zealand Te Pae Hauora O Ruahine o Tararua MidCentral (Te Whatu Ora MidCentral), and through local Māori health providers: Te</p>

		<p>Wahahuia Manawatū Trust, Te Waka Huia a Manawatū Trust, and Whakapai Hauora (a local general practitioner (GP) service), and its local iwi (Te Hotu Manawa o Rangitane o Manawatū Marae in Awapuni).</p> <p>The staff recruitment policy reviewed July 2021 is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Staff who identified as Māori are employed at all levels of the organisation, including in leadership and training roles. Training on Te Tiriti o Waitangi 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 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>Heritage Lifecare understood 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>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. Chiswick Park has access to local Pasifika communities through its staff and through the Papaioea Pasifika Community Trust. Staff have received education on care of Pasifika as part of the 2023 education programme.</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-</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on te reo Māori, English and New Zealand Sign Language (NZSL) posters around the facility. Brochures on the Nationwide Health and Disability Advocacy Service were available in</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>the reception area in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and were seen supporting residents of Chiswick Park in accordance with their wishes. Staff were seen to be respectful and considerate of residents' rights.</p> <p>Chiswick Park had a range of cultural diversity in their staff mix, and staff could assist if interpreter assistance was required. The service also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with the local Te Whatu Ora MidCentral Māori Health Unit, Te Wahahuia Manawatu Trust, Te Waka Huia a Manawatū Trust, and Te Hotu Manawatu Marae. A local Māori health provider, Whakapai Hauora, was available to provide health services to residents who identified as Māori. Support for Pasifika people was available through Papaioea Pasifika Company Trust. Four staff employed at Chiswick Park identified as Māori and two as Pasifika. Evidence verified Chiswick Park provided services that recognised mana motuhake.</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. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff at Chiswick Park supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their family/whānau, including people with disabilities and younger people within the service (under 65 years of age), confirmed that they received services in a manner that had regard for their culture, dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Chiswick Park were educated in Te Tiriti o Waitangi and cultural safety. The staff were assisted to speak and learn te reo Māori, with the assistance of staff members who identified as Māori, access to an electronic application that taught te reo Māori, and residents who identified as Māori. Documentation in the care plans of residents who identified as Māori acknowledged the resident's cultural</p>

		<p>identity and individuality.</p> <p>Residents were assisted to have an advance care plan in place and staff were aware of how to act on residents' advance directives to maximise independence. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Chiswick Park responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on cultural safety, maintaining professional boundaries, the aging process, diversity and inclusion, intimacy and sexuality, included training relevant to support for tāngata whaikaha.</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>	<p>FA</p>	<p>Employment practices at Chiswick Park included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health at Chiswick Park was being promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Eleven residents and seven family/whānau members interviewed expressed overall satisfaction with the services provided at Chiswick Park.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p>	<p>FA</p>	<p>Residents and family/whānau at Chiswick Park reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day</p>

<p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>		<p>greetings, documentation, and signage throughout the facility. Residents' meetings were held monthly, and meeting minutes verified satisfaction with services provided. Feedback from the resident's advocate who met with residents and their family/whānau every three months, identified several areas for improvement. Areas identified included a lack of information being provided to family/whānau around facility issues, and the porridge in the morning was not always hot. These areas have been addressed.</p> <p>The Care Home Manager (CHM) is a registered nurse (RN) and had an open-door policy. Evidence was sighted of residents communicating with all staff, including the CHM and Clinical Services Manager (CSM). Residents, family/whānau, and staff reported the CHM and CSM responded promptly to any suggestions or concerns. The organisation has a company-wide newsletter that provides all its sites with updates on all its facilities. Copies of the newsletter were available at reception.</p> <p>Changes to residents' health status was communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</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</p>	<p>FA</p>	<p>Residents at Chiswick Park and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being</p>

<p>their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p> <p>A phone interview with the residents' independent advocate identified familiarity with the role and a willingness to function as an advocate for the residents. Familiarity with the Nationwide Advocacy Service was not known, and the advocate was directed to the services brochures held at the facility.</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>	<p>FA</p>	<p>A fair, transparent, and equitable system was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. The CHM advised there was a process in place to manage complaints from Māori by the use of hui, appropriate tikanga, and/or te reo Māori as applicable. Complaints forms were available in English and te reo Māori. Residents and family/whānau interviewed reported that they understood their right to make a complaint and knew how to do so.</p> <p>There had been one formal complaint received by the service since the last audit. The complaint had documentation to evidence that the complaint had been fully investigated and the complainant advised of the outcome of their complaint. The advice given to the complainant also included options for further action if they were not satisfied with the outcome of their complaint. Minor concerns arising from residents or independent advocate meetings, and in the minor concerns book were addressed; these related to visiting and communication during an outbreak, the quality of photographs taken during an event, a dirty toilet seat, and cold meals in some areas.</p> <p>There had been no complaints received from external sources since the previous audit but there is one coroner's enquiry currently open related to an unexpected death at the facility.</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</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata</p>

<p>serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>whaikaha. Heritage Lifecare have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the Ministry of Health.</p> <p>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 Rights, infection prevention and control). The service utilises the skills of staff, the Māori Network Komiti, and senior managers and support them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare have a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. Ethnicity data is being collected to support equity; a process is in place to utilise the data to support meaningful change.</p> <p>Chiswick has its own business plan for its particular services. 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, infections, and complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. The exception to this is in relation to internal audits (refer criterion 2.2.3). Feedback to the board is reported through the clinical advisory group. Changes are made to business and/or the strategic plans, and policies and procedures 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 uses interview panels for senior managers. Recruiting and retaining people is a focus for HLL. They look for the ‘right people in the right place’ and aim to keep them in place for a longer period to</p>
---	---

		<p>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. The CHM and CSM confirmed knowledge of the sector, regulatory and reporting requirements, and both maintain currency within the field.</p> <p>The service supports people to participate locally through resident meetings, meetings with the independent advocate, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results are used to improve services.</p> <p>The service holds contracts with Te Whatu Ora MidCentral for aged-related residential care (ARRC) services at rest home and hospital level, long-term support-chronic health conditions (LTS-CHC), and short-term (respite) care. It also has a day care contract and contracts with the Ministry of Health (MoH) for Whaikaha services, and with the Accident Compensation Corporation (ACC).</p> <p>Forty-eight (48) residents were receiving services at the time of audit. Twenty-four (24) residents were receiving rest home care, 19 hospital level care (including one person under the MoH Whaikaha contact), one (under 65) under the LTS-CHC contract, one under the respite contract (rest home level care), and three under the ACC contract (one rest home and two hospital level care). There were no day care residents in the facility during the audit.</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</p>	<p>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, and policies and procedures. Ethnicity data is collected and analysed across the quality data collected to aid in measuring equity in service delivery. Relevant corrective actions have been developed and implemented to address any shortfalls across these areas with progress against quality outcomes evaluated. The exception to this is in relation to internal</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>audits (refer criterion 2.2.3).</p> <p>Quality data is communicated and discussed, and this was confirmed by staff at interview. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The CHVM and CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received education/training in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents have meetings, one facilitated by an independent advocate and others through the activities programme. The independent advocate gives confidential feedback to the service following meetings; the service has documented its response to the feedback and corrective actions had been integrated. Residents' satisfaction surveys and general resident meetings showed a high level of satisfaction with the services provided and residents and family/whānau interviewed reported a very high level of satisfaction when interviewed.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>The CHVM and CSM understood and have complied with essential notification reporting requirements. There have been 22 section 31 notifications completed in the last 12 months, 15 of these related to RN shortage, one due to an unexpected death (refer subsection 1.8), one to the recent change of CSM, two for pressure injury, one related to a behaviour which challenged, one due to a resident absconding, and one due to an unplanned power outage.</p>
<p>Subsection 2.3: Service management</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe</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>care, 24 hours a day, seven days a week (24/7). The service is managed by the CHM who is an RN and has worked at this facility for 13 years; the CHM was formerly the CSM for the service. The CHM is supported by an experienced RN who works as the CSM, both work Monday to Friday and share on-call. There are RNs on duty 24 hours per day/seven days per week (24/7) and there is a first aid certified staff member on duty 24/7.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with the Te Whatu Ora MidCentral. The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and family/whānau engagement and through staff education.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of seven staff records were reviewed. The records evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for RNs and associated health contractors, including general practitioners (GPs), a podiatrist, pharmacists, and a dietitian.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief is available to them, including independent counselling support.</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>	<p>FA</p>	<p>Chiswick Park maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated electronic and hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Chiswick Park is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	<p>FA</p>	<p>Residents were welcomed into Chiswick Park when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service, as requiring the levels of care Chiswick</p>

<p>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>		<p>Park provides and when they have chosen Chiswick Park to provide the services they require. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements.</p> <p>Chiswick Park collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and their family/whānau.</p> <p>Chiswick Park had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility is able to access support from Māori health practitioners, traditional healers, and other organisations by contacting the Te Whatu Ora MidCentral Māori health unit, Te Wahahuia Manawatū Trust, Te Waka Huia a Manawatū Trust, and Whakapai Hauora, or through its local iwi (Te Hotu Manawa o Rangitane o Manawatū Marae in Awapuni). Assistance for Pasifika people could be accessed from the Papaioea Pasifika Company Trust. Whilst most residents at Chiswick Park chose the main medical provider who visited weekly, several residents had requested another provider to manage their medical needs, and this had been facilitated.</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>PA Moderate</p>	<p>The multidisciplinary team at Chiswick Park worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Fourteen residents' files were reviewed, nine hospital files and five rest home files. Files reviewed included residents who were receiving care under a MoH Whaikaha contract, residents receiving respite care, residents receiving care funded by ACC, residents with a wound, residents who identified as Māori, residents who identified as Pasifika, residents who had previously used restraint, and residents with several complex co-morbidities.</p> <p>Files reviewed verified that a care plan had been developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were</p>

		<p>based on a range of clinical assessments and included the resident and family/whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. However, care plans did not always document all the resident's needs and this is an area requiring attention (refer criterion 3.2.3).</p> <p>Policies and processes were in place to ensure tāngata whaikaha and their family/whānau participate in Chiswick Park's service development, deliver services that gave choice and control, and removed barriers that prevented access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and their whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or their family/whānau. Residents and family/whānau confirmed active involvement in the process, including young residents with a disability.</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>PA Low</p>	<p>The activities coordinator (AC) at Chiswick Park provided an activities programme that covered five days a week. The provision of the programme at Chiswick Park has, however, been sporadic. There were no activities being offered on the two days of audit. This is an area requiring attention and is in the process of being addressed (refer criterion 3.3.1).</p> <p>Files reviewed identified activity assessments and plans were in place. They identified individual interests and considered the person's identity. Individual and group activities, when available, reflected residents' goals and interests and their ordinary patterns of life. Visiting entertainers entertained the residents in June 2023. Opportunities for Māori and whānau to participate in te ao Māori was facilitated during</p>

		<p>the week leading up to Matariki in 2023. The sessions included flax and wool work, learning a waiata, te reo Māori crosswords, and the use of simple te reo Māori greetings. The menu for the day included a boil up.</p> <p>The facility had a van, however, there had been only one outing in the past two months, to a community entertainment session.</p> <p>Residents and family/whānau participated in evaluating and improving the activities programme. A satisfaction survey (prior to the previous AC leaving the service) evidenced residents and their families/whānau were satisfied with the activities provided at Chiswick Park. Residents and their family/whānau interviewed at the time of audit, mentioned a marked reduction in activities being provided at the present time.</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 policies and procedures were current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Chiswick Park.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the</p>

		prescriber as part of the person's medication.
<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 provided at Chiswick Park was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 26 April 2023. The menu includes cultural options available. Recommendations made at that time had been implemented. All aspects of food management complied with current legislation and guidelines.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken for Chiswick Park. No areas requiring corrective action were identified, and the plan was verified for 18 months. The plan is due for re-audit in January 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. During Matariki, the kitchen prepared a boil up for residents who identified as Māori, and another option for residents should they prefer it. Residents' and their family/whānau can supply selected foods for residents and the kitchen will prepare them.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days. The residents' meal satisfaction survey showed that all residents were satisfied with the meals provided.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from Chiswick Park was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their family/whānau. Family/whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, these were sighted and were all within normal limits.</p> <p>The building has a building warrant of fitness which expires on 7 July 2024. There are currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged. There is a plan in place to remodel a small lounge area to a dual purpose (rest home or hospital care) room. The room is of a good size with plenty of space to manage mobility equipment if this is required. There is a small kitchenette area that can be utilised for residents who are more independent, or who may have palliative needs with visitors attending. The room is heated through an electric heater, has storage space already in place for clothing, and a bed and bedside furniture has been purchased. There is already a call bell in place; it is an appropriate position near to the head of the bed and is connected to the facility's call bell system. The room has plenty of light from windows looking to the outside. There are other lounge areas available for resident use.</p> <p>The environment was comfortable and accessible. Corridors have</p>

		<p>handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment in hospital level rooms. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Electric heating is provided in the facility which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and their family/whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. All RNs and some other staff have current first aid certification and there is a first aid certified staff member on duty 24/7. The AC has not, until recently had first aid certification and this has curtailed activities outside of the facility in recent times (refer criterion 3.3.1). Information on emergency and security arrangements is provided to residents and their family/whānau on entry to the service. All staff were noted to be wearing name badges and uniforms during the audit.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 15 March 2004 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, the most recent drill was on 14 April 2023. Adequate</p>

		<p>supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Heritage Lifecare Limited (HLL) has infection prevention (IP) and antimicrobial stewardship (AMS) outlined in its policy documents. The IP and AMS programmes were appropriate to the size and complexity of the service. It has been approved by the governing body, is linked to the quality improvement system, and is being reviewed and reported on annually.</p> <p>Infection prevention (IP) and AMS is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at facility level, and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora MidCentral. Infection prevention and AMS information is discussed at facility level, at clinical advisory group meetings, and reported to the board at board meetings; significant events are reported to the clinical advisory group immediately. The board have been collecting data on infections and antibiotic use and is now adding ethnicity to its data to support IP and AMS programmes.</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</p>	FA	<p>The infection control nurse (ICN) at Chiswick Park was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the CHM. The IP and AMS programmes were linked to the quality improvement programmes that were reviewed and reported annually. The ICN had appropriate skills and knowledge for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes (including the proposed change in increased room capacity at Chiswick Park), and</p>

<p>scope of our services.</p>		<p>policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard are provided by an external advisory company. Cultural advice at Chiswick Park was accessed through the staff who identified as Māori, the organisation’s cultural komiti, and the local cultural advisor. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identify as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing service. There were no educational resources available in te reo Māori available for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use. Residents and their family/whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Chiswick Park was committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials was promoted. An AMS programme was in place, and its effectiveness was being evaluated through monitoring of antimicrobial use and identification of areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	<p>FA</p>	<p>Chiswick Park undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the IC programme. Chiswick Park used</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>		<p>standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to the Board and shared with staff. Surveillance data included ethnicity data. Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.</p> <p>There were two outbreaks at Chiswick Park in June 2023 (one COVID-19 and one Norovirus). Residents affected were isolated in their rooms and visiting was restricted. The Regional Public Health Unit (RPH) and Te Whatu Ora MidCentral were informed of the outbreak. Debrief on the management of the outbreaks was completed following the events.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at Chiswick Park. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and cleansing gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Laundry and cleaning processes were monitored for effectiveness. All laundry was laundered on-site including residents' personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Residents and their family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was</p>

		confirmed through observation.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Heritage Lifecare is committed to a restraint free environment in all its facilities and Chiswick Park was restraint free on the days of audit. Restraint has not been used in the facility since May 2023. The service has strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., through the use of 'intentional rounding' (scheduled resident checks), high/low beds, and sensor equipment). The boards clinical advisory group is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at advisory group meetings and then reported to the board.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN 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. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring as part of the 2023 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency) and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC in consultation with the Chiswick Park multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process, however, for restraint used earlier in the year, there was no documentation of interventions and de-escalation strategies for two residents who had been using restraint (lap belts) at that time (refer criterion 6.2.1).</p> <p>The restraint committee continues to maintain a restraint register, the</p>

		<p>criteria on the restraint register contains enough information to provide a record of restraint. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in meeting minutes. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	PA Low	<p>Documentation was available to staff at Chiswick Park to ensure that assessments for the use of restraint, monitoring and evaluation could be completed. The documentation included all requirements of the Standard. While no residents were using restraint at the time of the audit, two residents who were still resident in the facility had been using restraint (lap belts) in March 2023. No emergency restraint has been used since the last audit, therefore no debrief has been required.</p> <p>Both files of residents who had been using restraint earlier in the year were reviewed. Both records had a consent form signed by family/whānau along with competency assessments which allowed family to consent on behalf of the residents. Neither file had details of any de-escalation or other interventions attempted prior to the use of restraint (refer criterion 2.2.1). The assessment of the use of restraint as insufficient (refer criterion 6.2.4), there was no documentation regarding the cultural needs of the residents in monitoring activities (refer criterion 6.2.3), and monitoring processes were not documented in one file (refer criterion 6.2.2). Both residents used a restraint for a short period only, and did not have it is use long enough for formal evaluation of the restraint to be required prior to it being removed. Family/whānau interviewed were aware of the restraint in use and confirmed that they had been involved in the decision to commence, and then discontinue restraint.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body via the clinical advisory group. Any changes to policies, guidelines, education, and processes are implemented if indicated. The use of restraint has been reduced to nil since May 2023.</p>

As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.		
--	--	--

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 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>The organisation has a planned internal audit schedule that is updated on an annual basis. Forty-four audits were scheduled to occur between January and July 2023. Of these, nine were not completed and 15 did not have corrective actions appropriately documented and signed off.</p>	<p>Not all internal audits have been completed as per the audit schedule and not all audits have had corrective actions appropriately documented and signed off.</p>	<p>Ensure all internal audits have been completed as per the audit schedule, and that all audits have had corrective actions appropriately documented and signed off.</p> <p>180 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced</p>	<p>PA</p> <p>Moderate</p>	<p>Fourteen care plans were reviewed. Files reviewed verified that a care plan had been developed by an RN following a comprehensive assessment. Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and</p>	<p>The support required to achieve residents' strengths, goals, and aspirations were not clearly documented. Early warning signs and risks that may affect a person's wellbeing were not always recorded to enable early intervention and to minimise</p>	<p>Provide evidence the residents' care plans identify the support the resident requires to achieve their strengths, goals, and aspirations. Early warning signs and risks that may affect a person's wellbeing are to be recorded with a focus on early intervention to minimise</p>

<p>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>review/evaluation timeframes met contractual requirements. Three initial care plans, completed when the resident was admitted, identified the resident's problems, however, no required interventions were made to address those problems. One care plan had no documentation that identified the resident's diagnosis, in addition to no interventions. A resident admitted receiving palliative care, and although well at the time of admission, had no plan in place regarding the potential needs the resident may experience in the future. Two residents who had used restraint in the past, had no documentation in the care plan regarding when it had been used and the discontinuation of the restraint (refer criterion 6.2.4) The hospital level care plan did not identify the agreed strategies in place to enable the resident's ongoing ability to maintain control where possible, while optimising safety and minimising risk.</p>	<p>escalation.</p>	<p>escalation.</p> <p>90 days</p>
---	--	--	--------------------	-----------------------------------

<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Low</p>	<p>The activities coordinator (AC) at Chiswick Park provided an activities programme five days a week up until their resignation in February 2023. The inability to recruit an AC at that time left Chiswick Park without an AC until May 2023, during which time care staff would enable activities when time permitted. A new AC was recruited in May 2023; however, they were new to the role. Attendance was sporadic and van outings could not proceed as the AC had no first aid certificate. This was addressed and a van outing took place early July, to a community event. The present AC has now resigned. A new AC has been employed and will commence employment 24 July 2023.</p>	<p>Meaningful activities are not being consistently provided at Chiswick Park to enable residents to maintain and develop their strengths, skills, and interests.</p>	<p>Provide evidence an AC is providing residents with an activities programme that meets their needs and enables access to community involvement.</p> <p>90 days</p>
<p>Criterion 6.2.1</p> <p>The decision to approve restraint for a person receiving services shall be made:</p> <p>(a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;</p> <p>(b) After adequate time has been given for cultural assessment;</p> <p>(c) Following assessment, planning, and preparation, which includes available</p>	<p>PA Low</p>	<p>Two residents, still in the service, were using lap belt restraints until May 2023. There was no documentation in either file that indicated that restraint has been used as a last resort, after all other interventions or de-escalation strategies have been tried or implemented, nor were there any cultural assessments in place. The RC was able to describe how consideration of restraint is to be handled and will make sure that appropriate de-escalation and interventions are considered prior to</p>	<p>Restraint approvals did not have documentation in place to ensure that restraint has been used as a last resort and after all other interventions or de-escalation strategies have been tried or implemented. Cultural assessments were not in place to ensure any cultural needs would be met.</p>	<p>Ensure that documentation is in place to ensure that restraint has been used as a last resort and after all other interventions or de-escalation strategies have been tried or implemented, and that cultural assessments have been completed prior to any restraint being initiated.</p> <p>90 days</p>

resources able to be put in place; (d) By the most appropriate health professional; (e) When the environment is appropriate and safe.		starting any restraint in the future.		
Criterion 6.2.2 The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.	PA Low	Monitoring was limited to the restraint being applied and removed. There was no documentation related to people's cultural, physical, psychological, and psychosocial needs, or wairuatanga in the resident's restraint records.	There was no documentation related to people's cultural, physical, psychological, and psychosocial needs, or wairuatanga in the resident's restraint records.	Ensure that people's cultural, physical, psychological, and psychosocial needs, and wairuatanga are documented in resident's restraint records. 90 days
Criterion 6.2.3 Monitoring restraint shall include people's cultural, physical, psychological, and psychosocial needs, and shall address wairuatanga.	PA Low	Monitoring was limited to the restraint being applied and removed. There was no documentation related to people's cultural, physical, psychological, and psychosocial needs, or wairuatanga in the resident's restraint records.	There was no documentation related to people's cultural, physical, psychological, and psychosocial needs, or wairuatanga in the resident's restraint records.	Ensure that people's cultural, physical, psychological, and psychosocial needs, and wairuatanga are documented in resident's restraint records. 90 days
Criterion 6.2.4 Each episode of restraint shall be documented on a restraint register and in people's records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include:	PA Low	There was a restraint register in place that documented restraint. The records of two residents using restraint did not document the decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint, details of any advocacy and support offered, provided, or facilitated, the outcome	There was no documentation in the resident's restraint records of decision-making process, details of de-escalation techniques and alternative interventions attempted or considered prior to the use of restraint, details of any advocacy and support offered, provided, or facilitated, the outcome of the restraint, or comments resulting from the	Ensure restraint records outline decision-making process prior to the use of restraint, details of any de-escalation techniques and alternative interventions attempted or considered prior to the use of restraint, details of any advocacy and support offered, provided, or facilitated, the outcome of the restraint used, and comments resulting from the

<p>(a) The type of restraint used;</p> <p>(b) Details of the reasons for initiating the restraint;</p> <p>(c) The decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint;</p> <p>(d) If required, details of any advocacy and support offered, provided, or facilitated; NOTE – An advocate may be: whānau, friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent advocate.</p> <p>(e) The outcome of the restraint;</p> <p>(f) Any impact, injury, and trauma on the person as a result of the use of restraint;</p> <p>(g) Observations and monitoring of the person during the restraint;</p> <p>(h) Comments resulting from the evaluation of the restraint;</p> <p>(i) If relevant to the service: a record of the person-centred debrief, including a debrief by someone with lived experience (if appropriate and agreed to by the</p>		<p>of the restraint, or comments resulting from the evaluation of the restraint.</p>	<p>evaluation of the restraint.</p>	<p>evaluation of the restraint.</p> <p>90 days</p>
---	--	--	-------------------------------------	--

person). This shall document any support offered after the restraint, particularly where trauma has occurred (for example, psychological or cultural trauma).				
---	--	--	--	--

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.