

Heritage Lifecare (BPA) Limited - Redroofs Rest Home

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 (BPA) Limited

Premises audited: Redroofs Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 5 July 2023 End date: 5 July 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: 45

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
Yellow	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
Red	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

Redroofs Lifecare provides rest home and respite services for up to 50 people. It is owned and operated by Heritage Lifecare Limited. There have been no significant changes to the service and facilities since the previous audit.

This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora - Health New Zealand Southern (Te Whatu Ora Southern). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau, managers, and staff.

A full-time care home manager (CHM) is supported by a clinical services manager (CSM) who is a registered nurse, and reports to the regional manager. Significant changes are occurring within the facility leadership team. The care home manager (CHM) who commenced in the role four weeks before the audit has resigned, and the clinical services manager (CSM) has also resigned and was due to leave the following week. Recruitment processes were underway, and interim plans were in place to ensure ongoing registered nurse coverage.

Four areas requiring improvement were identified during the audit process, relating to residents' care plans and assessments, staff completion of annual competency and training requirements, and incomplete records showing staff orientations had been completed. The six areas of improvement identified at the last audit were reviewed and have all been closed.

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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Organisational and facility-based systems are in place to ensure Māori and Pasifika world views of health in service delivery would be supported for any Māori or Pasifika residents and their whānau. A goal of the service is to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. There is a commitment to recruit and retain a Māori health workforce across all levels of the organisation.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse. Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed.

Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Information on how to make a complaint is readily available and all concerns raised have been responded to promptly and in an appropriate manner. There is an established process in place to record and track complaints to ensure these are managed in line with required and expected timeframes.

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 low risk.
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The service is governed by Heritage Lifecare. The directors work with senior managers to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Workforce planning is fair, equitable, and respects input from staff. The existing management team have resigned, and the recruitment process is underway to recruit people with the

required skills and experience into these roles. Health care assistants are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. The facility had two health care assistant vacancies at the time of the audit. Staff are suitably skilled and experienced and staff performance is reviewed.

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>
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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Three of the files reviewed did not have short term care plans in place for specific clinical issues, and one of these that also had complex clinical needs was awaiting referral for a possible change in level of care.

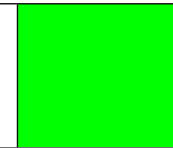
Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents with special cultural needs catered for when requested or required. Food is safely managed and there is a current food control plan.

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

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



Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There is a current building warrant of fitness displayed.

Fire and emergency procedures are documented, and trial evacuations completed in line with requirements. Emergency supplies are available and staff are trained in the management of emergencies. Security is maintained and hazards identified.

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

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

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced.

The clinical manager leads the IP and AMS programme. The clinical manager is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

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

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

The environment supports prevention and transmission of infections. Waste and hazardous substances are professionally managed with support from external contactors. There are safe and effective laundry services with towels and linen being washed by an external provider and residents' personal laundry being managed within the facility.

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.
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The governance group is committed to eliminating the need for restraint, which is supported by organisational policies and procedures. There were no restraint interventions in place on the day of audit. The restraint coordinator is an experienced registered nurse and is supported by the regional manager and clinical advisor. Restraint is discussed as a set agenda item at quality meetings which occur quarterly.

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	20	0	2	1	0	0
Criteria	0	59	0	3	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Redroofs Lifecare (Redroofs) has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan is in place to ensure care planning for Māori incorporates cultural needs and engagement in te ao Māori. The service utilises Te Whare Tapa Whā model of care.</p> <p>The governance group is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. On the day of the audit there were staff who identified as Māori employed at Redroofs, and there were staff who identify as Māori employed at other levels of the organisation.</p> <p>Redroofs is aware of the requirement to developed meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau and are working towards this. They have access to cultural advice and support, through the regional manager, the organisation’s cultural advisor, and access to support from cultural advisors through Te Whatu Ora Southern.</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>	<p>FA</p>	<p>Redroofs has a Pacific health plan in place to guide staff to equitably meet the care needs and cultural considerations of Pacific peoples. The plan was designed in partnership with Pacific communities and outlines Pacific models of care.</p> <p>On the day of audit, there were residents who identified as Pasifika. The care home manager said they are guided by the residents and their whānau around the cultural requirements for care planning, activities and meals.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed throughout the facility There was also a range of signage in te reo Māori.</p> <p>On the day of the audit there were no residents that identified as Māori, however, discussion with the clinical manager about previous Māori residents confirmed an understanding of ensuring that Māori residents 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>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents, including people with disabilities, were seen to receive services in a manner that had regard for their dignity, gender, privacy, sexuality, spirituality, and choices. Staff were seen to support privacy and respect residents throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori are supported within the service through the provision of literature and learning opportunities in te</p>

		reo Māori for staff and through activities with residents. Training is given to new staff on Te Tiriti o Waitangi and residents that identify as Māori and wish to use te āo Māori are supported by staff appropriately.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understand the service's policy on abuse and neglect, including what to do should there be any signs of abuse or neglect. Residents spoken to reported that their property is respected, and professional boundaries are maintained. Staff were observed to speak and communicate with all residents in a respectful and considerate manner. Residents are encouraged to continue to express their own cultural identity, for example through song, activities, or through their religious faith. Māori residents are supported to express what is important to them in their own cultural context with an aim to protect the individual's ability to make their own choices about their health and wellbeing from a strengths-based perspective.</p> <p>The staff at the facility are multicultural and those spoken to understand the concept of institutionalised racism, and a determination by staff to address racism should it arise was expressed by those interviewed.</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. 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. 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</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively take part in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. Tikanga guidelines are followed with respect to obtaining informed consent from residents.</p>

<p>exercise independence, choice, and control.</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 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 regarding the complaints process and advocacy services, on entry.</p> <p>Information regarding the complaints process is displayed and is available in te reo Māori, and there are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion.</p> <p>Residents and family/whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>A complaint register is maintained and showed that there have been four complaints received over the past year. Two of these complaints were received by the service through Te Whatu Ora Southern, and two complaints from within the service. Regardless of the origin of the complaint, records confirmed that complaints were managed in line with Right 10 of the Code, and that complaints had been acknowledged, investigated and closed within the organisation's expected timeframes.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Redroofs is governed by the board of directors of Heritage Lifecare. The board assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi, defining a governance and leadership structure (including for clinical governance) that is appropriate to the size and complexity of the organisation, and in appointing an experienced and suitably qualified person to manage the service. The care home manager (CHM) confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. Members of the board have completed education on Te Tiriti, health equity, and cultural safety.</p> <p>The corrective action identified at the previous certification audit</p>

		<p>(HDSS 2008 Criterion 1.2.1.1 (mapping to Nga Paerewa 2.1.2)) was reviewed and has been addressed. The governance body have systems in place which allow them to monitor review and evaluate the performance and direction of the organisation.</p> <p>The service holds contracts with Te Whatu Ora Southern for aged-related residential care (ARRC) rest home care and respite care. Forty-five (45) residents were receiving services on the day of audit. Forty-four (44) residents were receiving rest home services, including five residents under the respite contract. One resident was funded through the Accident Compensation Corporation (ACC).</p> <p>There was no evidence of any barriers to equitable service delivery for Māori, Pasifika, and tāngata whaikaha. This was supported by interviews with staff, residents and their whānau.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The board, through its policy, is responsible for identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies. The corrective action identified at the previous certification audit (HDSS 2008 Criterion 1.2.3.4 (mapping to Nga Paerewa 2.2.2)) regarding the implementation of a risk based quality framework, was reviewed and has been addressed.</p> <p>Heritage Lifecare's (HLL) commitment to quality and risk management is evident in quality and risk documentation and management reports sighted. Ethnicity data is being consistently gathered for residents and staff. Equitable service delivery and positive outcomes for Māori are incorporated into the organisation's practices and the quality framework.</p> <p>Residents, whānau and staff contribute to quality improvement through participation at resident and staff meetings, and quality and</p>

		<p>health and safety meetings.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, and resident and whānau satisfaction surveys, all of which are analysed to identify and manage issues and trends. The quality data analysis includes benchmarking against other HLL sites. A sample of quality and risk and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. The service complies with the national adverse event reporting policy and statutory regulatory reporting obligations.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility 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 whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. The clinical services manager (CSM) oversees any clinical health requirements that residents have. For a period of three months this year, the care home manager (CHM) role was vacant. The CSM covered this role until the new CHM commenced employment, with support from the regional manager. A section 31 notification was completed and sent to the Ministry of Health to notify them of the change of CHM, as per certification requirements. On the day of audit, the CHM, the CSM and one of the activities staff had each resigned, with plans underway to recruit people into these roles.</p> <p>A review of the facility's roster showed all shifts were covered. Redroofs employs healthcare assistants to provide support and care for residents. They are overseen by the CSM, who provides oversight of residents' clinical health requirements, and provides after hours support as required. On the day of the audit there were two health care assistant vacancies, and a small number of casual staff were employed. Staff generally pick up additional shifts to cover any gaps in the roster, and occasionally agency staff are used. In addition, Redroofs employs activities, cook and kitchen</p>

		<p>assistants, cleaning and laundry staff and a maintenance person. Staff interviewed felt there were sufficient staff to meet the needs of residents, but said recent resignations were putting pressure on other staff. Residents and whānau interviewed reported that staff were attentive to their needs and that call bells were answered within a reasonable time.</p> <p>Continuing education is planned on an annual basis and includes a calendar of mandatory training topics. In addition, there is a list of competencies that staff are required to complete annually. From the review of staff files, it was not evident that staff had completed the competency and training requirements specific to their role and required by the organisation. Care staff are supported to complete qualifications through the New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with their funders.</p> <p>Heritage Lifecare (HLL) has systems in place to collect high-quality Māori health information, and share this information across the organisation to ensure the organisation's policy and procedures, the care planning process, and communication with the whānau of residents, all meet the requirements of Māori. Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, employment documentation and an orientation process. A sample of staff records reviewed confirmed that each part of the employment process had been completed, with the exception of the orientation process. Not all staff records had evidence that they had completed an orientation process in line with the organisation's policy.</p> <p>Records are kept confirming that all regulated staff and contracted providers have proof of current membership with their regulatory body. Staff performance is reviewed and discussed annually. Personnel records are accurate and stored in ways that are secure</p>

		and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO).
<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>Residents are welcomed into Redroofs Lifecare (Redroofs) when they have been assessed and their level of care requirements is confirmed by the local Needs Assessment and Service Coordination (NASC) service as being at rest home level of care. The accepting or declining of residents is based on availability of appropriate rooms at the service level required, and clinical safety.</p> <p>There were no residents identifying as Māori at the time of the audit. However, the facility has processes in place to identify admission and decline rates for Māori and non-Māori. Furthermore, the facility has processes in place both at an organisational level and a local level, to support Māori tikanga.</p> <p>When a consumer is declined admission to the facility, the decision is based on clinical safety and the availability of a room at rest home level of care, and there are processes in place for communicating the decision to the person and/or 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 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>	PA Moderate	<p>Six clinical files were reviewed including one using tracer methodology.</p> <p>The facility GP visits regularly and is also on call. The GP was away on leave for the week of the audit and was not available for interview. A nurse practitioner (NP) covers for the GP when necessary but was not available for interview on the day of the audit. When the NP or GP is not at the facility, issues can be discussed by telephone or email and medications can be changed or added remotely using the electronic medication management</p>

		<p>system.</p> <p>A care plan is developed by an RN following an assessment, including consideration of the person’s lived experience and their individual cultural needs, values, and beliefs. Written consents where necessary were appropriately documented. The care plan also considers wider service integration, such as physiotherapy, occupational therapy, or dietician input where required. Assessments are based on a range of clinical assessments and include resident and their family/whānau input. Timeframes for the initial assessment, GP, or NP input, initial care plan and long-term care plan, met contractual requirements in the files reviewed. However, three of the clinical files reviewed (including the person reviewed using the tracer process outlined below) did not have short-term care plans in place for clinical issues that had been identified in the nursing documentation.</p> <p>Māori residents and whānau contribute to the development and review of care plans in a way that reflects their own cultural identity. This is clearly documented in care plans. The support of tāngata whaikaha and their whānau is embedded in policies at an organisational level and further support for Māori residents can be obtained through Māori Health workers at Te Whatu Ora Southern. Information in te reo Māori is available when required.</p> <p>A corrective action from the previous certification audit (HDSS 2008 Criterion 1.3.3.3 (mapping to Nga Paerewa 3.2.1)) related to long-term care plans. The sample of clinical files reviewed showed that these had been completed as required and that the issues identified have been addressed.</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</p>	<p>FA</p>	<p>A diversional therapist works at the facility and provides activities and entertainment for the residents. The programmes supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Where able, residents were enabled to attend community activities of their choice and participate in</p>

<p>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>activities that are of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals. The programme included flax weaving and plans were underway to celebrate Matariki. On the day of the audit, the residents had the opportunity to watch and listen to a concert of traditional Māori music and song, which was being played on the TV in the residents' lounge. They also completed individual posters of hopes, wishes and aspirations for the Māori new year. A school kapa haka group is planning to visit the facility soon.</p> <p>Independence is encouraged when appropriate and safe. Residents are taken on scenic drives around the local area using the facility minibus.</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>Twelve medication charts were reviewed. A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded in the medication charts reviewed.</p> <p>There is space for documenting residents' allergies and sensitivities on the medication chart and in the residents' records and these were all completed appropriately in the charts reviewed. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system is in place for returning expired or unwanted medication to</p>

	<p>the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored appropriately. Medications are stored securely in a locked room in accordance with requirements. Controlled drugs are also stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of the required weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. During the audit there was one resident that self-administered their medications. Appropriate assessments and documentation for self-administering are recorded in the resident's notes.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. Current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Medication support and advice is given to Māori residents when required through Maori support workers at Te Whatu Ora Southern or through the contracted pharmacy.</p> <p>The residents interviewed stated that medication reviews and changes are discussed with them and with either the GP, NP or the RN on duty. Interviews with the clinical manager confirmed that where over the counter or alternative medications are being used, they are added to the medication chart by the GP following</p>
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		<p>discussion with the resident and/or their whānau.</p> <p>A corrective action from the previous certification audit (HDSS 2008 Criterion 1.3.12.5 (mapping to Nga Paerewa 3.4.6)) related to self-administration of medication by residents. Records and systems reviewed during this audit indicated that this has been addressed and was now managed safely.</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>	<p>FA</p>	<p>The food service provided at Redroofs is in line with recognised nutritional guidelines for older people. The kitchen manager and the sighted menu verified that menu options available included options that are nutritional and varied and which can be adapted for specific cultural needs. When items on the menu are not available because of supply issues, they were replaced with options of a similar nutritional value.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with a Ministry of Primary Industry (MPI) approved multi-site food verification plan and registration (sighted). A verification audit of the food control plan was recently undertaken at the facility.</p> <p>Each resident has a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, food allergies and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will address this. The kitchen prepares culturally specific foods for those residents who request them. Residents and their families/whānau can supply selected foods for residents and the kitchen will prepare them. Food intolerances and specific diets are clearly documented so that all kitchen staff are aware and can prepare and deliver food in a safe and hygienic manner.</p>

		<p>Interviews, observations, and documentation verified residents are largely satisfied with the meals provided. This was supported on the day of the audit when residents responded favourably regarding 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 by staff in a respectful and supportive way that was not rushed. Fluids are regularly provided for residents both in the residents' lounges and in their rooms.</p> <p>Breakfast is provided in residents' rooms except on a Friday, when they are all invited to the dining room where they eat together and have a wider choice of breakfast menu.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Redroofs is planned and managed safely to cover current needs and to mitigate risk. Review of the clinical notes highlighted an appropriate transfer to hospital for assessment following a fall. The plan is developed with coordination between services and in collaboration with the resident and their family/whānau. This included the transfer of documentation such as interRAI assessments and clinical information as appropriate, whilst maintaining residents' confidentiality and privacy.</p> <p>Whānau interviewed reported being kept well informed during the transfer of their relatives.</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</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness expires on 2 March</p>

<p>around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>2024.</p> <p>Spaces promote independence and safe mobility and were culturally inclusive and suited the needs of the resident groups, with smaller spaces for the use of residents and their visitors. Residents and their whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>There were no plans for further building projects requiring consultation. The regional manager interviewed is aware of the requirement to consult with Māori if this is envisaged in the future.</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. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. 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, and signage identified the evacuation assembly area. The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand. A contractor is used to conduct trial evacuations, with records showing the last one was completed on 2 February 2023.</p> <p>Appropriate security arrangements are in place. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager is the infection prevention (IP) and control coordinator and is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group.</p> <p>The clinical manager has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support.</p> <p>The infection prevention and control policies reflected the</p>

		<p>requirements of the standard and are based on current accepted good practice.</p> <p>Cultural advice is accessed where appropriate including resources available in te reo Māori when required. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> <p>There is a pandemic response plan in place which is tested and there is sufficient PPE available should it be required</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>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff to enhance learning and best practice.</p> <p>Data collected includes ethnicity.</p> <p>Residents and their whānau are advised appropriately when an HAI is under investigation and appropriate interventions are agreed in partnership with the resident.</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</p>	<p>FA</p>	<p>Two corrective actions identified at the previous certification audit (HDSS 2008 Criterion 1.4.1.6 (mapping to Nga Paerewa 5.5.2) and HDSS 2008 Criterion 1.4.6.2 (mapping to Nga Paerewa 5.5.3)) were reviewed and have been addressed. Documentation and observation confirmed that face shields and other protective equipment were now being sanitised correctly. In addition, there was documented evidence of daily cleaning schedules being completed as required.</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</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>	<p>FA</p>	<p>The service aims to provide a restraint free environment. The governance group are aware of their responsibilities in relation to restraint elimination, and this is outlined in policy and procedure. There is a national restraint manger role appointed for the Heritage Lifecare group. Restraint data for the organisation is aggregated and reported at board meetings.</p> <p>The restraint coordinator is a senior RN who has a defined job description outlining the role, providing support and oversight for any restraint management should this be required. A restraint register is in place. Policies and procedures are in place to guide staff in the safe use of restraint and staff were able to describe safety requirements.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>The organisation has an annual education plan in place which includes competencies that are required to be completed annually. From the review of staff training records, and the competency register for 2023, there are no records that staff have completed the required annual competencies relevant to their role. For example, the competency register records for the restraint, manual handling, fire, and infection prevention competencies were all blank. At interview some staff said they had completed their competencies, but this could not be evidenced from the documentation provided.</p>	<p>An annual education plan is in place which outlines the competency requirements of staff. There is no record in place to confirm that staff have completed the required competencies specific to their role.</p>	<p>For all staff complete the required competencies specific to their role, as outlined in the organisation’s training plan, and have these recorded onto the competency register.</p> <p>180 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall</p>	PA Low	<p>From the review of staff training records and the education register for 2023, not</p>	<p>An education plan is in place which outlines the</p>	<p>All staff complete the specified training requirements, specific to</p>

<p>ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>		<p>all staff have completed the mandatory training topics that the organisation requires them to complete annually, as specified in the annual education plan. Records showed that most care staff had completed training around medication, fire and emergency preparedness, manual handling and security. The education register did not contain records of staff completing the other training courses specific to their role, for example, abuse and neglect, code of rights, health and safety, and other training topics.</p>	<p>training requirements of staff. There is no record in place to confirm that all staff have completed the training requirements specific to their role.</p>	<p>their role, as outlined in the organisation's training plan.</p> <p>180 days</p>
<p>Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>The review of a sample of staff files showed that three of the six files did not contain a record that the employee had completed an orientation programme when they commenced employment. When interviewed staff confirmed they had completed an orientation process when they commenced in their role. No other information was provided to evidence that each staff member's orientation had been completed, in line with the organisation's expected orientation process.</p>	<p>Redrooms have a required orientation process in place, but not all staff files had records to evidence that the employee had completed the orientation process.</p>	<p>All staff to have completed the orientation process relevant to their role, in line with the organisation's requirements, and that a record of their orientation is held on each employee's file.</p> <p>90 days</p>
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau,</p>	<p>PA Moderate</p>	<p>Review of six clinical notes highlighted that three residents had not had short-term care plans commenced when clinically indicated. However, clinical interventions were in place according to documentation in the clinical notes and</p>	<p>Not all residents had short-term care plans in place when clinically indicated, and reassessment of one person's changing support needs, and their level of</p>	<p>All resident files are reviewed, and short-term care plans completed as appropriate. The resident with complex needs to have an updated interRAI assessment completed and a referral made to</p>

<p>together with wider service providers;</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>		<p>issues had been addressed appropriately. The other three files reviewed had short-term care plans in place as appropriate. The CM and staff were aware of the need to complete short-term care plans for residents with acute clinical concerns or a sudden change in needs.</p> <p>One of the residents without short-term care plans had also not been referred for assessment for possible change in level in care when clinical documentation indicated that this was appropriate. The increase in supports for this resident had been identified in the clinical notes over the course of several weeks and the updated interRAI assessment had been started, but it had not been completed or appropriate documentation submitted to NASC on the day of the audit. This was the only resident identified as possibly requiring an increase in level of care. Both the resident concerned and their whānau were happy with the care currently being provided.</p>	<p>care had not occurred.</p>	<p>the Needs Assessment and Service Coordination (NASC) service for level of care assessment.</p> <p>30 days</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, 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.