

# Heritage Lifecare Limited - George Manning Lifecare

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Heritage Lifecare Limited

**Premises audited:** George Manning Lifecare

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

**Dates of audit:** Start date: 25 July 2023 End date: 25 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:** 79

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Heritage Lifecare Limited (HLL) owns and operates George Manning lifecare. The facility provides rest home and hospital services for up to 88 residents and is managed by a care home manager with support from a regional manager.

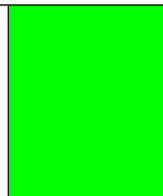
This unannounced surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family/whānau members, managers, staff, contracted allied providers and a general practitioner. Overall satisfaction with the care and support provided was expressed by residents and family/whānau.

The areas identified as requiring improvement during the last audit have all been addressed. This has resulted in improvements to policy and procedure management, medication management for residents who self-administer medications, completion of interRAI assessments, provision of activities for younger residents with a disability, review of restraint practices, cleaning and laundry processes for hoist equipment and the monitoring of hot water temperatures.

Four areas were identified as requiring improvement during this audit. These relate to the need for the organisation to develop connections with local Māori communities and health providers, assessment of resident's cultural needs, evaluation and update of resident care plans and the labelling of medications.

## 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.

A Māori plan and a Pacific people's plan are available.

George Manning Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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 and staff reported they feel comfortable to address racism should this occur.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

The complaint management system ensures residents are informed of their right to make a complaint and that feedback about concerns and complaints is provided.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

Performance is monitored and reviewed at planned intervals. The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and 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.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

## 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. Files reviewed demonstrated that care meets the needs of residents and whānau.

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

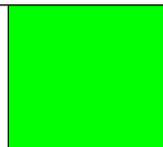
Medicines are safely managed and administered by staff who are competent to do so.

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

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

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

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



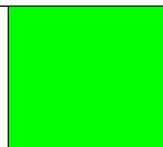
Subsections applicable to this service fully attained.

Equipment is safe and the facility is being well-maintained. There was a current building warrant of fitness on display. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

The facility evacuation plan has been approved by Fire and Emergency New Zealand and fire drills are being undertaken within required timeframes. There are security systems in place and security monitoring equipment is in use. Security is being 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, Heritage Lifecare Ltd, ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately

resourced. An experienced and trained infection control coordinator leads the programme at a national level for the organisation. George Manning Lifecare has a facility infection control coordinator, who is a registered nurse.

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

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

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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George Manning Lifecare provides a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using a restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## 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	19	0	2	1	0	0
Criteria	0	52	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>Heritage Lifecare (HLL) has a Māori health plan, which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake is respected. The plan has been developed with input from cultural advisers.</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, although it does not specifically state that the organisation will actively recruit Māori and Pasifika. There are several staff who identify as Māori at George Manning Lifecare. All HLL staff responsible for employing staff are now required to complete training that includes ensuring equity is upheld during employment processes.</p> <p>There is a diversity and inclusion policy in place reviewed July 2022 that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support HLL’s drive for staff to have a beneficial experience when working in the service.</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>The HLL response to Pasifika works on the same principles as Māori. A culturally safe care policy and procedure, and a Pacific people's plan, have been developed with input from cultural advisers. These document care requirements for Pacific people to ensure culturally appropriate services using the Fonafale Pacific framework for health. The Pacific plan is consistent with the Ola Manuia Pacific Health and Wellbeing Action Plan 2020 - 2025.</p> <p>Heritage Lifecare Ltd understands the equity issues faced by Pacific peoples and managers can access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team identify as Pasifika and can assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Heritage Lifecare Ltd and George Manning Lifecare are aware of their responsibilities under the Code or the Health and Disability Services Consumers' Rights (the Code) and recognise the principles of Māori mana motuhake. Staff interviewed understood that all residents and whānau had the right to self-determination and a cultural policy is available to guide staff.</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>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Te reo Māori is promoted through the resident activities programme, bilingual signage has been introduced and key resident information, such as the Code of Rights, is displayed in te reo Māori. Tikanga guidelines are available. All staff have completed training on Te Tiriti o Waitangi.</p> <p>The service responds to the needs of individual residents, including those with disabilities, and ways to enable participation in te ao Māori</p>

		are promoted and supported by staff. Residents and whānau interviewed, including those with age-related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.
<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>The staff at George Manning Lifecare is multicultural and those interviewed stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic, encompassing the pillars of Te Whare Tapa Whā, and is based on the identified needs of the residents. Wellbeing outcomes, including those for Māori residents, are evaluated as part of the review and care planning process six-monthly to ensure the needs of residents are met.</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 exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and whānau interviewed stated they received enough information and felt empowered to actively participate in decision-making.</p> <p>Nursing staff interviewed understood the principles and practice of informed consent and described allowing time for discussion and involving whānau in the process.</p> <p>Tikanga guidelines are available to guide staff when working with Māori and their whānau.</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. Te Tiriti: Māori and whānau are at the centre of the health and</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. Copies of the Code and of the complaint process are provided to new residents and their whānau at the time of admission. These are available in te reo Māori. The care home and village manager or the clinical manager advises</p>

<p>disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>about the complaint process during discussion about the admission agreement. An independent advocate visits every three months to talk about the Code with residents. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation and that whānau were involved throughout the follow-up process.</p> <p>There have been no complaints received from external sources since the current care home and village manager was appointed.</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>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 whaikaha. HLL have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure.</p> <p>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). HLL utilise the skills of staff and senior managers and support them in making sure barriers to equitable service delivery are surmounted. George Manning Lifecare also demonstrates its commitment to tāngata whaikaha by meeting the contractual requirements for three people on the Younger People with Lifelong Disabilities contract.</p> <p>Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the NZ Ministry of</p>

		<p>Health.</p> <p>On the day of audit, there were 79 residents at George Manning Lifecare; 35 were receiving hospital level care and 44 rest home care. One of the hospital level care residents was funded via contracts with Accident Compensation Corporation (ACC) and three hospital level care residents are under the Younger People with Lifelong Disabilities contract. The remainder of 75 residents (31 hospital care and 44 rest home care) are under the Age-Related Residential Care Services Agreement.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of key performance indicators, policies and procedures and clinical incidents including infections, falls and restraint use. The residents' satisfaction survey was undertaken in May 2023; however, results were still not available. Data and outcomes from quality and risk-related activities are critically analysed at both the service provider level and organisational level via support office. Results are shared at the respective levels. Further work has yet to be done to ensure this information is also used for improving health equity.</p> <p>Quality and risk activities are reported via a series of regular meetings that are minuted; including health and safety, registered nurse and combined quality, staff and infection prevention and control meetings.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements. Records sighted confirmed these were</p>

		<p>current. A document control system is in place and documents missing at the last audit are now available. These actions address two related corrective actions raised at the last audit.</p> <p>The care home and village manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, potential cultural safety concerns, and development of mitigation strategies. These are being implemented as required and results shared with support office. A hazard and risk register is being regularly reviewed.</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 actions followed up in a timely manner. Essential notification reporting is occurring when relevant with the clinical manager accepting responsibility for those of a clinical nature and the care home and village manager for the remainder.</p> <p>There are not currently any residents at George Manning Lifecare who have chosen to pursue Māori cultural practices and use cultural frameworks; however, organisational systems in place have the potential to enable the service provider to measure the level of health care being delivered for Māori should a person make this decision.</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</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 care, 24 hours a day, seven days a week (24/7). Three previous, plus the current week of roster were reviewed. The facility adjusts staffing levels to meet the changing needs of residents, and staff are being allocated according to a safe staffing framework. Care staff reported that there were some challenging shifts during and following the COVID-19 pandemic, but there were now adequate staff to complete</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>the work allocated to them. Agency staff are called in when necessary. Residents interviewed were happy overall with staffing levels but admitted some days staff are very busy. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse coverage in the hospital.</p> <p>Continuing education that includes mandatory requirements, and competency assessment sessions are planned on an annual basis. The related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement. Records reviewed demonstrated the required training and competency assessments are being completed and a quiz and toolbox talk system being implemented to catch up with some that are overdue is clearly working. There is evidence of consultation with Māori cultural expertise, which is resulting in an increase in the collection and sharing of Māori health information. Progress is underway to develop health equity expertise within the wider organisation staff groups and at facility level.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including the validation of professional qualifications, evidence of registration, and scope of practice prior to employment/contract commencement. Records of induction and an orientation programme having been completed were evident in the staff files reviewed.</p> <p>Information held about health care and support workers is relevant and being stored securely. Only authorised personnel have access to these records.</p>

		Ethnicity data is being collected for all new employees. Such information is progressively being collected for longer-standing staff.
<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>	PA Low	<p>Residents are admitted to George Manning Lifecare when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service. Enquiries are documented and it is rare to decline a resident entry. However, the service was unable to provide evidence of analysis of entry and decline rates, including for Māori.</p> <p>Connections with Māori have occurred at national level and guidelines are available to support staff. However, the facility staff are yet to develop meaningful partnerships with local Māori communities and could not describe how Māori health practitioners or traditional healers could be accessed to benefit Māori residents.</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>The registered nurses and a general practitioner (GP) work in partnership with the residents and whānau to support wellbeing. A care plan is developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments including for falls risk, pressure injury risk, pain, continence, and nutritional needs inform care planning. A social profile called About Me and a life history document each resident's interests and personal history. An interim care plan is completed on admission and guides care during the assessment process. InterRAI assessments are completed within three weeks of admission and at a minimum of six-monthly thereafter. This was verified in the five files reviewed and in interRAI reports. The corrective action raised at the last audit is now closed.</p>

		<p>Long-term care planning detailed strategies required to meet physical needs, and to maintain and promote independence and wellbeing. Care plans included interventions to manage behaviours that challenge, if needed. However, the individual resident's cultural needs were not documented in the files reviewed; refer criterion 3.2.3.</p> <p>Short-term care plans are developed if necessary, and examples detailing care for infections and wounds were sighted. These are reviewed weekly or earlier if clinically indicated and closed when the short-term need is resolved. Management of any specific medical conditions were well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>Evaluation of care occurs daily and is documented in progress notes. Formal evaluation occurs through six-monthly interRAI assessment. However, the degree of achievement towards resident goals is not recorded and where progress was different to that expected or new needs were identified, changes were not always made to the care plan; refer criterion 3.2.5.</p> <p>Timeframes for the initial assessment, medical assessment, interim care plan, long-term care plan and review timeframes met contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Residents and whānau are given choices and staff ensure they have access to information. Staff understood the need for residents and whānau, including Māori, to have input into their care and residents and whānau interviewed confirmed involvement in the assessment, care planning and review process; interviews included residents with a disability.</p>
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		<p>Sufficient equipment was available and was suitable to meet the needs of residents at George Manning Lifecare, including pressure relieving equipment and equipment to support mobility.</p> <p>The GP interviewed reported the care was of a reasonable standard, that nurses identified when a resident's needs changed, and the GP was called appropriately.</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>	FA	<p>An activities programme is provided that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. A personal profile 'About Me' and a life history are recorded for all residents, including younger residents with a physical disability. A leisure plan documents their interests and goals, and a pastoral care plan includes any spiritual needs. When interviewed, the diversional therapist was able to describe the individual interests of each of the younger residents and what plans were in place to meet their needs. The activities planned included options suitable to their interests and abilities and this was verified in interviews with residents. The corrective action raised at the last audit is now closed.</p> <p>Cultural and spiritual activities were included and opportunities for Māori and whānau to participate in te ao Māori were evident; this included celebrations of Matariki and Waitangi Day and the example of assisting a Māori resident to connect with information about their iwi was discussed. Karakia and waiata are available and te reo Māori is included in quizzes and games.</p> <p>Residents are supported to attend community activities, including church services. Staff and the activities team are working to establish connections with Māori groups in the community.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	PA Low	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on</p>

<p>and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>the day of audit, including the recording of allergies and sensitivities. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medicines are stored safely, including those requiring refrigeration, and all medicines were stored within the recommended temperature range. All medications sighted were within current use-by dates. However, not all inhaler medication included the required pharmacy labelling; refer criterion 3.4.1.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP medication chart reviews were consistently recorded on the medicine chart. Standing orders are not used.</p> <p>The processes to safely facilitate resident self-administration was described by the registered nurse, including assessment and confirmation of the residents' ability to safely self-administer medications. One resident who was self-administering medication was interviewed and could describe the process in line with policy, and secure storage of medications in their room was verified. The corrective action raised at the last audit is now closed.</p> <p>Residents and their EPOA/whānau are supported to understand their medications. The care home manager discussed including whānau in decision making and providing support for Māori to access Rongoā if requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.  As service providers: We ensure people's nutrition and hydration</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional dietary profile completed on admission</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>to the facility and this is updated as their needs change. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The cook interviewed was aware of the requirements for each resident. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>There are culturally specific food items available on the menu, including to meet the needs of Māori should they be admitted. Cultural protocols around food are followed including the laundering of kitchen and food-related items separately.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, and satisfaction surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know 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 George Manning Lifecare is planned and managed safely with coordination between services and in collaboration with the resident and whānau/EPOA. Transfer and discharge planning includes open communication and handover of information between all services, including current needs and any risks identified.</p> <p>Residents interviewed reported being kept well informed during the transfer and were happy with the processes followed.</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</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. Safety checks are being undertaken for equipment and services including testing and tagging of electrical equipment, the calibration of medical and measuring equipment and heating system checks, for example. Hot water temperatures are checked monthly, and records reviewed confirmed these are at a safe level. The maintenance person described pro-activity when temperatures exceed 45 degrees</p>

<p>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>Celsius. A previously raised corrective action regarding hot water temperatures has been closed.</p> <p>The building warrant of fitness is current (expires 16 December 2023).</p> <p>Heritage Lifecare Limited has no plans to add any new buildings onto this facility. The organisation, the regional manager and the care home and village manager are all aware that should any additional building be added, there is a need for consultation and co-design of the environments to ensure they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>An evacuation plan was approved by Fire and Emergency New Zealand on 12 December 2018. Six-monthly evacuation trials are being completed, as required in the plan (last undertaken 1 March 2023).</p> <p>Appropriate security systems that include security equipment, safety checks and applicable information are in place. Residents are informed about these at residents’ meetings, and the business and care manager informed any questions in relation to security and safety are responded to in an open manner. Sign-in systems are a requirement for entry to the facility.</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</p>	<p>FA</p>	<p>The clinical services manager who is a registered nurse is responsible for overseeing and implementing the infection prevention (IP) programme. A suite of policies has been developed; this includes a pandemic plan and an outbreak management plan. The plan was found to meet the facility’s needs through the COVID-19 pandemic. There are sufficient resources available including personal protective equipment (PPE).</p> <p>Cultural resources and some IP resources such as hand hygiene</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>posters are available in te reo Māori, however the service is yet to access educational resources for residents and whānau; refer criterion 5.2.12.</p> <p>George Manning Lifecare is yet to develop partnerships with Māori for the protection of culturally safe IP practice; refer criterion 5.2.13.</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) at George Manning Lifecare was appropriate to that recommended for long-term care facilities and was in line with priorities defined in the Heritage Lifecare Ltd infection control programme. Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance now includes the collection of ethnicity data. Results of the surveillance programme are shared with staff.</p> <p>There were culturally safe processes for communicating between service providers and people receiving services who develop an HAI. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare-associated infections.</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>Maintaining a restraint free environment is the aim of the service. The governance group demonstrates commitment to this, and the care home and village manager informed there is a progressive reduction in the use of restraint throughout the organisation. At the time of audit, there were no restraints in use at George Manning Lifecare and this has been the case for approximately one year. The service has no intention of using restraint again unless all alternatives have been exhausted.</p> <p>The clinical manager is the restraint coordinator and responsible for restraint education. They are also responsible for reporting any restraint related issues, at-risk residents, or the management of challenging behaviours to the national restraint coordinator. Monthly</p>

		<p>reports on restraint use, even when there are none, are made in the quality indicators/clinical key performance indicator report and sent to the regional clinical manager for review. The information is then forwarded to the support office and further analysed. Records of these were viewed and with no restraints being used in this facility, the previously raised corrective action in relation to the need for regular reviews of restraint use has been closed.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Those interviewed confirmed their attendance, were familiar with the requirements of the standard and were aware of strategies on how to keep themselves safe.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;</p> <p>(b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.</p>	PA Low	Heritage Lifecare Ltd has policy in place to guide staff when working with Māori residents and has developed relationships with Māori at a national level. George Manning Lifecare has not yet developed relationships with local Māori groups to benefit Māori residents.	The service has not yet developed meaningful partnerships with local Māori communities and organisations to benefit Māori residents and their whanau and does not have connections in place to access Māori health practitioners or traditional healers if requested.	<p>Develop meaningful partnerships with local Māori communities and organisations to benefit Māori residents and whanau, ensuring connections are in place to access Māori health practitioners and traditional healers.</p> <p>180 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the</p>	PA Low	Informed consent underpins all care at George Manning Lifecare. A registered nurse completes	Files reviewed did not evidence assessment of the residents' cultural needs had occurred and	Ensure assessment of the resident's cultural needs occurs and that this is

<p>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 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</p>		<p>assessments in collaboration with the residents and considers the resident's lived experience. The resident's goals are personalised and reflect what the resident wants to achieve. All staff complete cultural competency training. Spiritual needs are identified in the 'About Me' assessment and pastoral care plan. Ethnicity is recorded in the health file. However, cultural needs are not documented, and five of five files reviewed did not indicate if the resident had any cultural needs.</p>	<p>there was no documentation to show whether the resident had any cultural needs.</p>	<p>documented.</p> <p>180 days</p>
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integration as required.				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(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>PA Moderate</p>	<p>Evaluation of care occurs daily and is recorded in progress notes. Regular medical assessments were evident in all files reviewed. Formal nursing review occurs six-monthly using the interRAI assessment. However, in five of five files reviewed evaluation of care did not indicate the degree of achievement towards the resident's agreed goals.</p> <p>Care planning is updated following interRAI assessments and this was verified to occur. Where a resident is not required to have an interRAI assessment, for example younger persons with a physical disability, review of the care plan has not always occurred. When a resident's needs change outside the scheduled six-monthly review time, interRAI assessment has not always been completed and the care plan is not always reviewed and updated to reflect their changed needs; this included for a resident whose needs changed following hospital admission.</p>	<p>Review of the care plan has not always occurred six-monthly as required. Where review has occurred the degree of achievement towards the resident's agreed goals is not recorded.</p> <p>Evaluation has not always occurred when a resident's needs change and the care plan has not always been updated to reflect their changed needs.</p>	<p>Ensure review of the care plan occurs at a minimum six-monthly or when a resident's needs change, that the degree of achievement towards the residents agreed goals is documented, and that the care plan is updated to reflect the resident's current needs.</p> <p>90 days</p>
Criterion 3.4.1	PA Low	A safe system for medicine management using an electronic	Not all prescribed inhaler medication contained a legible	The service will implement processes to ensure all

<p>A medication management system shall be implemented appropriate to the scope of the service.</p>		<p>system was observed on the day of audit. Medications are supplied to the facility from a contracted pharmacy and resupply can be ordered via the electronic system. Medicines are stored safely and there are processes in place for safe disposal of medications no longer required. However, not all prescribed inhaler medication contained a legible label with the required information including the resident's name and prescription details.</p>	<p>label with the required information including the resident's name and prescription details.</p>	<p>prescribed medication is labelled correctly and includes the resident's name and prescription details.</p> <p>180 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
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End of the report.