

Heritage Lifecare Limited - Ellerslie Gardens Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare Limited

Premises audited: Ellerslie Gardens Lifecare

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

Dates of audit: Start date: 28 August 2023 End date: 29 August 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: 81

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

Heritage Lifecare Limited - Ellerslie Gardens Lifecare (Ellerslie Gardens) is certified to provide rest home and hospital care services for up to 97 residents.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the

contracts with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance representatives, staff, managers, a general practitioner, and the contracted physiotherapist.

The facility is managed by a care home manager experienced in the disability sector, supported by a clinical services manager who is a registered nurse. Residents and whānau were complementary about the care provided. There is a new management team with the care home manager and clinical services manager employed in April 2023 and June 2023 respectively.

One area for improvement was identified in relation to staff orientation records.

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.

Ellerslie Gardens provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. The Māori health plan guides staff practices to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. Staff understood the principles of Te Tiriti o Waitangi and Māori mana motuhake.

Policies, procedures and a model of care guide staff in the provision of culturally appropriate services for Pasifika residents, along with residents from other cultures.

Services provide support for personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. The residents confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies, including external Māori cultural entities who are mana whenua.

Processes are in place to resolve complaints promptly and effectively with all parties involved.

Resident records are integrated and secure.

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 governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in

governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning

ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at

planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback

and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies

trends that lead to improvements. A range of quality improvement data is benchmarked with other aged-related residential care facilities. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are recruited, appointed, and managed using current good employment practices. Staffing is sufficient to provide clinically and culturally

appropriate care. Education is planned and implemented to assist staff in delivering safe and equitable services.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with whānau and residents, noting their activities of interest. In interviews, residents and whānau expressed satisfaction with the activities programme provided.

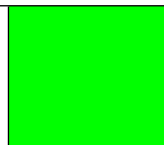
There is a medicine management system in place. The general practitioner (GP) is responsible for medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary preferences of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

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.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Clinical 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 vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. A fire drill is conducted six-monthly. Staff, residents and family/whānau understood emergency and security arrangements. The call bell system has been replaced. Residents reported a timely staff response to call bells. Appropriate security is maintained.

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

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

Subsections applicable to this service fully attained.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been infection outbreaks reported since the last audit that were managed effectively.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using

restraint at the time of audit, and none since October 2022. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques,

alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	167	0	1	0	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 Ltd (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 and can be used for residents who identify as Māori.</p> <p>Heritage Lifecare Limited has introduced a Māori Network Komiti, a group of Māori employees with a mandate to assist the organisation in relation to its Te Tiriti o Waitangi obligations. The Komiti involves people from the clinical leadership group, clinical service managers, site managers, registered nurses, and other care workers. The group provides information through the clinical governance structure to the board.</p> <p>Ellerslie Gardens has links with community Māori services via the activities programme. Ellerslie Gardens had residents in the facility who</p>

		<p>identify as Māori during the audit. Staff identifying as Māori are employed.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. There is a diversity and inclusion policy in place 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. Education on Te Tiriti o Waitangi, Māori health and wellbeing, tikanga practices and te reo Māori is part of the HLL education programme and has been delivered in 2023. The education is geared to assist staff to understand the key elements of service provision for Māori, including mana motuhake and providing equity in care.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The HLL response to Pasifika people works on the same principles as for Māori. A Pacific people's health plan, and policy and procedure around culturally safe care, diversity and inclusion has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. The Fonofale model of care is utilised for Pasifika residents. There were residents who identified as Pasifika in the facility during the audit.</p> <p>The independent advocate that visits Ellerslie Gardens at least three-monthly identifies as Pasifika and is available to support staff and residents as required ensuring cultural needs of Pasifika residents are met. The independent advocate is available to residents in between meetings.</p> <p>The management team understood the equity issues faced by Pacific peoples and are able to access guidance from people within the organisation around appropriate care and service for Pasifika. Members of the executive team identify as Pasifika, and they are in leadership/educational roles. They assist the board to meet their Ngā</p>

		<p>Paerewa obligations to Pacific peoples.</p> <p>The recruitment and selection policy for the service supports the recruitment and retention of Pasifika and increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. There were staff at Ellerslie Gardens who identified as Pasifika at the time of audit including in management roles. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level.</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>All staff interviewed at Heritage Lifecare (HLL) understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, and New Zealand Sign Language. Staff training on the Code was conducted and evidence of this was sighted.</p> <p>The clinical services manager (CSM), and unit coordinator (UC), reported that the service recognises Māori mana motuhake (self-determination) of residents, whānau, or their representatives in its updated cultural safety policy. The assessment process includes the residents' wishes and support needs.</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>Residents are supported in a way that is inclusive and respects their identity and experiences. Whānau and residents, including younger people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their</p>

		<p>care plan.</p> <p>The CSM and UC reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility. There is a documented privacy policy that references current legislation requirements. All residents have an individual room, although some rooms can be used for the care of 'couples' if required. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on the doors before entering.</p> <p>All staff had completed cultural training as part of orientation and annually through the education programme, along with Te Tiriti o Waitangi, te reo Māori and tikanga practices. The CSM and UC reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually.</p> <p>Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The CSM and UC reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the CSM and UC</p>

		who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau and Māori health organisations and practitioners (as applicable).
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>In interviews conducted, residents and whānau reported that communication was open and effective, and they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. The CSM and UC reported that anticipatory conversations relating to the impending death of residents on palliative care is conducted on an ongoing basis with the resident, and EPOA/whānau /family. This was further reiterated by the GP who stated that the nursing team is always proactive in ascertaining a resident's preferences and choices regarding interventions and place of care.</p> <p>The nursing team, care, and activities staff reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required, is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	FA	<p>The staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>treatment plans were signed by residents who are competent and able to consent, and a medical decision was made by the geriatrician, or GP for residents who were unable to provide consent. The nursing team reported that the GP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's whānau. This was verified in interviews with residents, their whānau, and the GP. Staff were observed to gain consent for daily cares. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the residents' records that were reviewed</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved with the resident's consent. Information about the nominated resident's representative of choice, next of kin, or EPOA is provided on admission. Communication records verified the inclusion of residents where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</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 complaint management system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. They informed they feel free and comfortable about raising any issue of concern.</p> <p>There have been five complaints received in 2023 to date. Documentation showed the five sampled complaints have been acknowledged, investigated, and followed up in a timely manner. There were no open complaints at audit. Since the last audit one complaint has been received via the Health and Disability Commissioner's office (HDC) in May 2021 and one complaint via the independent advocacy service (July 2023). Both are closed, with the HDC complaint being closed in</p>

		<p>October 2022. The CHM and regional manager detailed how the HDC complaint feedback was being managed and processes to enhance communication with residents and whānau.</p> <p>The care home manager (CHM) is responsible for complaints management, with the support of the regional manager (RM) and HLL senior leadership team for significant complaints. In the event of a complaint from a Māori resident or whānau member, the CHM advised they will ask how the resident/ whānau wanted the complaint investigation and follow-up process to occur and would seek the assistance of a te reo Māori interpreter if this is required or an external Māori health service if applicable. The complaints form is available in English and te reo Māori along with a drop box.</p> <p>The number and theme of complaints is reviewed monthly across HLL.</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 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. Heritage Lifecare 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. The CHM and CSM were aware of legislative requirements relevant to their role.</p> <p>The CHM started at Ellerslie Gardens in April 2023 and has over 20 years aged sector and village experience. The CHM is a registered nurse, however, has focused on management roles and no longer maintains a current annual practicing certificate (APC). The CHM has completed over eight hours of education in the last 12 months as required by the provider’s contract with Te Whatu Ora Te Toka Tumai Auckland. The CSM was employed in June 2023 and is supported by the unit coordinator. Both are registered nurses with current APC’s. There</p>

		<p>has been some recent restructuring of some national roles.</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 (eg, information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare utilises the skills of staff and senior managers and support them in making sure barriers to equitable service delivery are surmounted. There is an active process to reduce and eliminate restraint use.</p> <p>As with other HLL facilities, the corporate team has worked at addressing barriers to equitable service delivery and in the recruitment of Māori and Pasifika staff. The needs of people with disabilities are reflected in the 'Enabling Good Lives: Care of younger people with disability' policy.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The HLL reporting structure facilitates that information from its strategic plan is used to inform the Ellerslie Gardens facility-specific business plan. The Ellerslie Gardens business plan supports the goals for Ellerslie Gardens service, and cultural safety is embedded in business and quality plans and in staff education. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. Internal data collection (eg, adverse events, complaints, internal audit activities) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p>
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		<p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Appropriate clinical governance systems are in place. Recruiting and retaining people is a focus for HLL. They look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also use feedback from the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Directors of HLL have undertaken the E-learning education on Te Tiriti o Waitangi, health equity, and cultural safety provided by the NZ Ministry of Health.</p> <p>The service has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora Te Toka Tumai Auckland for hospital level and rest home level of care as well as long-term care chronic health conditions (LTC-CHC). There is also a contract with Accident Compensation Corporation (ACC), and a contract with the Ministry of Health for residential care-non aged. On the first day of audit there are 81 residents receiving care. This included 29 residents receiving ARRC services at rest home level care and 45 at hospital level care. There are six other residents receiving services, that are funded under residential non aged contract, but they have been assessed as needing rest home (three residents) or hospital level care (three more residents). One other hospital level care resident is receiving long term care funded by ACC. There are no residents receiving respite care.</p> <p>There are 87 rooms, of which 10 rooms are suitable for twin occupancy. These are only used for 'couples' or as a large single occupancy room.</p>
Subsection 2.2: Quality and risk	FA	The organisation has a planned quality and risk system that reflects the

<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>principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against clinical indicators is reviewed monthly with outcomes evaluated and improvements planned and implemented.</p> <p>Quality data is communicated and discussed at monthly staff meetings and is displayed for staff and some aspects for residents and whānau in designated areas. This was confirmed by staff at interview. Policies and procedures are developed nationally. Those reviewed covered all necessary aspects of the service and contractual requirements and were current. Managers are provided with updates via summary newsletters and key changes discussed with staff, and a copy made available for staff to read.</p> <p>The CHM and CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. They are supported by the regional manager. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received education in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Heritage Lifecare and Eilerslie Gardens support people to contribute to quality improvement and participate locally through resident meetings, meetings with the independent advocate, and through satisfaction surveys. The results of the 2022 residents' satisfaction survey were displayed in the main entrance area and showed overall satisfaction with the services provided. The 2023 survey has been conducted but data yet to be analysed. Residents and whānau interviewed reported they were satisfied with services that are provided. The CHM has an 'open door' policy and residents and whānau observed stopping to talk to the CHM</p>
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		<p>about a variety of topics.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner. Neurological monitoring post unwitnessed falls were done well for the applicable sampled events and photographs of wounds utilised to monitor wound healing.</p> <p>The CHM and RCMs understood and have complied with essential notification reporting requirements. There have been section 31 notifications completed in 2023 related to residents absconding (three), COVID-19 outbreak (June 2023), and the change in care home manager and CNM. In 2022 notifications were made in relation to absconding resident, faulty call bell, power outage, and three in relation to the registered nurse (RN) shortage due to the nationwide shortage of nurses, and one other issue.</p> <p>The death of a resident in November 2020 has been reported to the coroner and Ellerslie Gardens were advised this was being investigated. There have been no updates to HLL on progress as per the managers interviewed including the regional manager.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	<p>FA</p>	<p>There is a policy and process for determining staffing and skill mix. Recent recruitment has been successful. There are no registered nurse (RN) or enrolled nurse (EN) vacancies. Support is being provided to the new RNs/ENs that are newly qualified or new to the sector. Two caregiver positions are being recruited. Four RNs (including the unit coordinator) have interRAI competency and two RNs are booked to undertake this training. There is a minimum of four caregivers, a registered nurse and an enrolled nurse on duty at night. Care staff are allocated areas to work each week. There are sufficient cleaning,</p>

<p>centred services.</p>		<p>laundry, kitchen, and maintenance staff available.</p> <p>There is an education programme in place that is relevant to the service setting and ARRC contract requirements. Staff are provided with relevant ongoing training applicable to their role and level of care provided on site (including non-aged), and records of attendance are maintained. This includes completion of relevant competencies. There is at least one staff member on duty at all times with a current first aid certificate.</p> <p>Twenty two staff working at Ellerslie Gardens have an industry-approved qualification (or equivalency based on time worked) at level four, seven staff at level three and two staff at level two.</p> <p>Staff have been provided with training on Te Tiriti, cultural safety, and equity. A cultural competency process is in place to assist staff to meet the needs of people equitably, including high-quality Māori health information, investing in the development of staff, and health equity expertise.</p> <p>There are a range of activities being undertaken to support staff wellbeing. These include team building activities incorporating the staff team, access to an employee assistance programme, having a cultural lunch for staff, and encouraging staff to take annual leave now that there are sufficient staff employed.</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</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Job descriptions for the restraint coordinator (RC) and infection prevention nurse (IPN) are in place and signed.</p>

<p>needs of Māori. 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>A sample of eight staff records were reviewed and these demonstrated the recruitment process including interview, reference checking, signing confidentiality agreements, signed employment contracts and COVID-19 vaccination status. Police vetting is facilitated nationally and any concerns communicated to the CHM.</p> <p>Staff advised that they are required to complete a role-specific induction and orientation programme. However, records are not consistently retained to demonstrate this or Niki T (syringe pump) competency. This is an area requiring improvement.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors (general practitioners (GPs), pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those who are authorised to use it.</p> <p>Debrief for staff is outlined in policy and staff interviewed confirmed the opportunity for debrief and support, including the use of the EAP that is available to them.</p>
<p>Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	<p>FA</p>	<p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>provider. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. Paper-based files are archived onsite and at the head office. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) numbers. All residents have a NHI number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, hospital, non-aged, and ACC level of care were sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CSM and UC reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The</p>

		<p>service is collecting and analysing entry and decline rates including specific data for entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau through Te Whatu Ora Te Toka Tumai Auckland and Komiti representatives.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>All files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff; interRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, EPOA and/or whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CSM and UC reported that sufficient and appropriate information is shared between the staff at each handover, and this was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve within three weeks. Any change in condition is reported to the</p>

		<p>UC and CSM, and this was evidenced in the records sampled.</p> <p>Interviews verified residents and EPOA/whānau are included and informed of all changes. Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</p> <p>The Māori health care plan in place reflected the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>Residents who were assessed as requiring residential non aged care had their needs identified and managed 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.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by two activities coordinators. The programme runs from Monday to Saturday with Sunday reserved for church services, movies, EPOA/whānau/family visits, and other activities are facilitated by the care staff. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated, and resident meetings are undertaken monthly. An activity profile detailing residents' life history is completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the activities coordinators in consultation with the care home manager, nursing staff, EPOAs, residents, and activities care staff. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, residential non-aged, and respite level of care. Residents assessed as requiring residential non-aged care are involved in activities of their</p>

		<p>choice and reported they have access to the WiFi which enables them to use their electronic gadgets.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Outings are conducted once a week in the company of staff, EPOA/whānau/family and friends except under COVID-19 national restrictions. Residents were observed walking outside the facility accompanied by staff, and family members.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals and Māori Language Week.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was being consistently documented.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication</p>

		<p>management system.</p> <p>Medication competencies were current for all applicable staff except for syringe driver competency and associated records. This is included in the area for improvement raised in 2.4.4. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurses were observed administering medications safely and correctly in their respective wings. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards.</p> <p>There were residents self-administering medications. Appropriate processes were in place to ensure this was managed in a safe manner. The service facilitates young people with disabilities wishing to self-medicate safely. There were no standing orders in use.</p> <p>The medication policy clearly outlines that resident, including Māori residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the CSM, UC, registered nurses, and Māori residents.</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 kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 16 May 2024. The menu was reviewed by a registered dietitian on 11 November 2022. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights were monitored regularly, and supplements are provided to residents with</p>

		<p>identified weight loss issues. Snacks and drinks are available for residents when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained, and these are recorded as per policy requirements. All decanted food had records of 'use by' dates recorded on the containers and no expired items were sighted.</p> <p>Whānau/EPOA and residents interviewed indicated satisfaction with the food service.</p> <p>The chef reported that the service prepares food that is culturally specific to different cultures.</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>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CSM, and UC reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' files. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent geriatrician, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/family/whānau are involved in all exits or discharges to and from the service and there</p>

		was sufficient evidence in the residents' records to confirm this.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	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 preventative maintenance programme ensures the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes resident equipment checks, calibrations of weigh scales and clinical equipment. Electrical test and tagging of sampled electrical equipment has occurred. Work is being planned with contractors to fix the underfloor building piles in at least one wing. HLL is in the early stages of planning this work to ensure resident and staff safety and service continuity. Monthly hot water tests are completed for a rotating sample of resident areas. These were sighted and all temperatures were within normal limits. The rooms with an ensuite toilet only are reported to be the rooms used for rest home level care only.</p> <p>The building has a current building warrant of fitness expiry 9 March 2024. The facility vehicle has a hoist and has a current registration and warrant of fitness.</p> <p>The environment in the care home is comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents, including younger persons to meet their needs. Spaces were culturally inclusive and suited the needs of all the resident groups, and smaller spaces for resident/family/whānau/younger persons engagement were available. There are sufficient lounge and dining facilities which are also used for activities.</p> <p>No concerns have been raised about the cultural appropriateness of the previous or current care home facilities. A process to access cultural advice for the proposed renovations and reconfiguring of services is in</p>

		<p>place.</p> <p>External areas are planted and landscaped with appropriate seating and shade.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the care facility, with all rooms having an ensuite toilet and handbasin and rooms used for hospital level care with a full ensuite with toilet, handbasin and shower. There are separate toilet facilities for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells or can connect to sensor mats / motion sensing equipment.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident's preference. All rooms have an external window and most have a door that can be opened for ventilation. There is appropriate ventilation and heating throughout the facility.</p> <p>Corridors are wide enough for the safe use of mobility aids and there are handrails in place in the care facility. Residents were observed moving freely with mobility aids inside and outside the care home during the audit, with or without assistance.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Plans and policies are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency</p>

<p>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>recommendations for the region. This includes water. Staff have been provided with training on what to do in an emergency for all resident groups. There is at least one staff member on duty at all times with a current first aid certificate.</p> <p>The fire evacuation plan (EV-2013-028871-02) was approved by Fire and Emergency New Zealand on 5 November 2013. Fire evacuation drills occur six-monthly, with the most recent fire drill on 15 August 2023. A register is maintained by the administrator of all current residents and their location.</p> <p>Appropriate security arrangements are in place. This includes security cameras in use in external and public areas. There is external signage that alerts visitors that cameras are in use. Archived images are only accessible by designated managers. Staff described the security processes and checks undertaken. These are appropriate to the service setting.</p> <p>There are appropriate call bells systems in place that include the use of motion sensor devices. The call bell system was replaced at the end of 2022. These light outside the applicable room and alert to central ceiling panels.</p> <p>Residents and whānau are informed of relevant security and emergency arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Heritage Lifecare Ltd has IP and AMS outlined in its policy documents. This is now being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are</p>

<p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>being appropriately handled at facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Te Toka Tumai Auckland. Infection prevention and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings. The national HLL lead for IP services was present on-site during audit.</p> <p>The board has been collecting data on infections and antibiotic use and is including ethnicity in the data analysis.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The unit coordinator (UC) oversees and coordinates the implementation of the IPC programme. The infection control coordinator's role, responsibilities, and reporting requirements are defined in the infection control coordinator's job description. The UC has completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the quality team and is linked to the quality improvement programme. The IPC programme for 2022-2023 was in place. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources including personal protective equipment (PPE) were available on the days of the audit. The IPC resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about</p>

		<p>handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator liaises with the CSM, CHM, and regional clinical services manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te What Ora Te Toka Tumai Auckland. The UC stated that the regional clinical services manager will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and colour-coded towels are used for different parts of the body. These are some of the culturally safe practices in IP observed, and thus acknowledge the spirit of Te Tiriti.</p> <p>The UC and regional clinical services manager reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements. The service has educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is</p>	<p>FA</p>	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the regional clinical quality team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections</p>

<p>appropriate to the needs, size, and scope of our services.</p>		<p>and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed including cleaning, laundry, PPE donning and doffing and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister facilities and externally with similar organisations.</p> <p>Residents and whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau. There was a COVID-19 infection outbreak reported since the previous audit. That was managed in accordance with the pandemic plan with appropriate notification completed.</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</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry.</p>

<p>within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaners (housekeepers). Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The housekeepers have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>All laundry is washed on-site, or by family members if requested, in the well-equipped laundry which has a clear separation of clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident interviews confirmed satisfaction with cleaning and laundry processes.</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>Heritage Lifecare is committed to a restraint-free environment in all its facilities. Ellerslie Gardens has been restraint free since October 2022, with restraint being discontinued after discussions with the resident’s family. In 2022 this was the only resident using restraint. The resident had appropriate consent, holistic assessment, care plan, monitoring processes and regular reviews in place prior to restraint being discontinued. Restraint is now used in eight of the 42 HLL facilities and the RM responsible for the restraint portfolio is committed to further reduction and elimination over time as verified during interview.</p> <p>There are strategies in place to eliminate restraint, including an</p>

	<p>investment in equipment to support the removal of restraint (eg, use of low/low beds). The board clinical governance committee is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at board clinical governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Policies and procedures are in place which meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a designated RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education programme (which includes annual restraint competency) and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process. Restraint would be used only as a last resort and when all other strategies had been ineffective.</p> <p>The RC continues to maintain a restraint register. The criteria on the restraint register contained enough information to provide an auditable record of restraint should this be required. Registered nurses undertake review of all residents who may be at risk, and this is documented in the RN meeting minutes and in care planning. Strategies to be used to prevent restraint being required is documented in the residents' individualised care plan. Any changes to policies, guidelines, education,</p>
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		<p>and processes are implemented if indicated.</p> <p>Given there is no restraint currently being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Staff interviewed advised they are provided with a role-specific orientation workbook and buddied with senior staff for a period of time supernumerary. The orientation time varies based on the role and employee’s previous experience. Staff confirmed they felt well supported and the orientation suitably prepared them for their roles and responsibilities.</p> <p>Completed orientation records could not be located for five out of the eight applicable staff, and two staff including an enrolled nurse and the CSM are currently still working through the orientation requirements.</p> <p>New RNs are required to complete Niki T Syringe driver training. While two RNs</p>	<p>While staff advised they are provided with an orientation relevant to their role, records were not consistently available to demonstrate this. Records were not available to demonstrate nursing staff have current Nikki T syringe driver competency.</p>	<p>Ensure staff are provided with an orientation relevant to their role and records are retained to demonstrate this, including Niki T syringe driver competency where this is relevant to the role.</p> <p>90 days</p>

		advised they have a current competency, records were not available to demonstrate this. Other new RN staff are working through the Niki T theory component of the competency.		
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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.