

Heritage Lifecare (GHG) Limited - Hoon Hay

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 (GHG) Limited
Premises audited:	Hoon Hay
Services audited:	Dementia care; Residential disability services - Psychiatric
Dates of audit:	Start date: 30 August 2023 End date: 31 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:	58

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

Hoon Hay House and Rest Home are certified to provide rest home level dementia care for up to 60 people in three secure twenty-bed units, and psychiatric residential disability services for twenty residents, in the mental health unit.

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 Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance representatives, staff, two general practitioners, and an independent resident advocate.

The facility is managed by a facility manager experienced in the health and disability sector, supported by a clinical services manager and a unit coordinator, who are both registered nurses. Residents and whānau were complementary about the care provided.

No areas requiring improvement were identified during the audit. Strengths of the service include:

- the respect, care and support provided to the residents.
- the quality of the activities and diversional therapy programmes.
- the leadership from both the facility manager and the manager of the mental health unit.

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.

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

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

Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse. Residents and whānau receive information in an easy-to-understand format and 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.

Information on how to make a complaint is readily available and all concerns raised have been responded to promptly and in an appropriate manner.

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 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. Actual and potential risks are identified and mitigated.

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

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

Residents' information is accurately recorded, securely stored 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.

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 and is evaluated on a regular and timely basis.

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

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

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

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

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

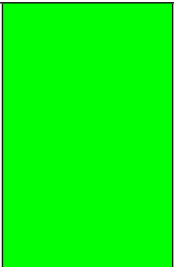
Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities and with dementia in the secure dementia units.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Security is maintained, including in the secure dementia units.

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.
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The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme. The infection control coordinator is fully conversant with the role requirements as detailed in a role description.

Education in relation to infection prevention is ongoing and staff demonstrated good principles and practice. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan and the required actions in the event of such an event.

Aged care specific infection surveillance is undertaken at facility, regional and organisational levels, with follow-up action taken as required.

The environment is clean, well maintained and supports prevention and transmission of infections. With support from external contractors, waste and hazardous substances are well managed. Laundry services are effective.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The 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. 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	27	0	0	0	0	0
Criteria	0	177	0	0	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 (HLL) has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Heritage Lifecare (HLL) have 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 Māori Network Komiti has a kaupapa Māori structure and 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, and the HLL cultural advisor attends board meetings.</p> <p>Hoon Hay House and Rest Home (Hoon Hay) has links to the Nga Hau e Wha National Marae, through a kaumātua who independently chairs the residents’ meetings. The independent advocate can assist residents who identify as Māori to access te ao Māori, traditional</p>

		<p>medicines, and tikanga. Linkages have also been with a number of community organisations, including working with the school kapa haka group, and mental health organisations. A variety of cultural activities and resources were available to strengthen and embed tikanga, led by the facility manager and the diversional therapy team. Hoon Hay had residents in the facility who identify as Māori during the audit, and worked with their whānau to ensure their cultural needs were being met.</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 services.</p> <p>In the mental health service, the staff opened formal meetings with karakia and were observed to be using te reo Māori when greeting residents. This service completes a cultural assessment on entry which is aimed at identifying the need for connection to cultural support and encourages staff to use te reo Māori in the interview. There were tangata whaiora who identified as Māori and their care plan included support linkages. Te Tiriti was displayed in the mental health unit.</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</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</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>facility during the audit.</p> <p>HLL understand 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 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 across differing levels of the organisation. There were staff employed at Hoon Hay who identified as Pasifika at the time of audit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level.</p> <p>Hoon Hay has links to the local Pasifika community through local Pacific churches, the Pacific Health Centre and a Pacific dance group. The mental health unit reported their linkages with these groups and support for residents to access Pacific organisations.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters in Māori and English around the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are available in both languages.</p> <p>Interviews with visitors, the GP and two allied health staff that visit the facility staff, are respectful and considerate of residents' rights in line with the Code. Residents interviewed and family members that were spoken to confirmed that consumer rights were explained as part of the initial admission process.</p> <p>Regular resident meetings allow for the opportunity for residents to express their preferences with respect to areas such as food, activities and where they prefer to spend their time within the facility. Whānau engagement is supported and encouraged both with respect to visits to the facility and where possible taking family members out for short periods. Residents who identified as Māori in the mental</p>

		<p>health service were offered choice about diet and connection with local Māori cultural support. The mental health unit also have regular resident meetings which are led by a consumer advocate. Notes of the meetings included discussion about rights with a recent review of the organisation's 'Rights and Responsibilities' policy reviewed and approved by this forum.</p> <p>Māori mana motuhake or self-governance is acknowledged and supported by the facility by fully engaging with Māori residents, whānau and any Māori health workers involved both on admission and during their time at the facility. Any Māori residents at the facility are able to express their personal cultural identity.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The facility supports residents in a way that is inclusive and respects residents' identity and experiences. Residents and family/whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>All staff working at Hoon Hay are educated in Te Tiriti o Waitangi and cultural safety and when discussed with the clinical manager, staff understood what Te Tiriti o Waitangi means to their practice. Residents identifying as Māori are offered choices to connect with local iwi groups, and a recent request for a Tohunga visit was being progressed. Staff are encouraged to use simple Māori words and phrases with residents wherever possible.</p> <p>Examination of the clinical notes indicated that staff are aware of how to act on residents' advance directives, personal wishes and also how to maximise independence wherever possible. Residents verified that they are supported to do what is important to them, and this was observed during the audit and during the document review where care plans are individualised. Residents have personalised activities that they can enjoy in the privacy of their own rooms, including music. In the mental health unit, activities chosen by residents included long independent walks, and attendance at twice-weekly off-site activities. Observations of staff interactions in the mental health unit were of respectful attitudes with staff reinforcing</p>

		<p>their view that this environment was the residents' own home and resident choices needed to be respected. Te reo was used in meetings and in greeting residents.</p> <p>Staff maintain and respect residents' privacy. All residents have a private room and staff knocked and waited for a response before entering.</p> <p>Over the course of this audit, a culture of kindness, patience, inclusivity and understanding towards all residents was clear in all the interactions between staff and the residents.</p>
<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>	<p>FA</p>	<p>Employment practices at Hoon Hay House and Rest Home included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers follow a code of conduct. There was no evidence of any form of abuse having occurred at this facility.</p> <p>A holistic model of health is promoted at the facility with an individualised approach that aims to achieve the best outcomes for the residents. Staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. All four staff interviewed could define abuse, and neglect and processes they would follow to report any concerns.</p> <p>Policies and procedures are in place that focus on abolishing institutional racism, and there is a determination to address racism should it arise. The facility has a multicultural workforce, and those staff interviewed felt comfortable approaching the facility manager with any concerns with respect to racism or bullying.</p> <p>Those family members interviewed expressed satisfaction with the services provided by Hoon Hay House and Rest Home and stated that staff were respectful at all times. This included views from the relative of a resident reviewed in the mental health unit.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>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>	<p>FA</p>	<p>The activated enduring power of attorney (EPOA) for health and welfare spoke on behalf of the residents with a diagnosis of dementia where appropriate, and reported that communication is open and effective, and they feel listened to. All family interviewed said that they are comfortable raising concerns with staff and management and stated that any issues were addressed to their satisfaction.</p> <p>Information is provided in an easy-to-understand format including a newsletter, which is emailed to family and residents.</p> <p>Changes to residents' health status were communicated to residents and their families/whānau in a timely manner. Incident reports evidence family/whānau were informed of any events or incidents. Documentation supported family/whānau or EPOA contact and that contact with outside agencies has occurred when needed. Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</p> <p>Examples were discussed within the mental health services of inter-service team work to stabilise an acute episode, demonstrating clear communication with those affected by comprehension challenges and support for all to understand treatment and support plans. Hoon Hay House and Rest Home has access to interpreter services and cultural advisors/advocates if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to</p>	<p>FA</p>	<p>Residents and/or their legal representatives are provided with the information necessary to make informed decisions. Residents and whānau feel empowered to actively participate in decision-making and they are provided with the necessary information on which to base their decisions. The nursing and care staff observed understand the principles and practice of informed consent and of individual preference, whether it be how they take their medications, where they eat their meals or the timing and extent of personal cares. Documentation sighted in the files reviewed in the dementia wings confirmed that the correct processes had been followed with respect to obtaining informed consent from the residents and from the activated EPOA for Health and Welfare when appropriate.</p>

<p>exercise independence, choice, and control.</p>		<p>Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support in line with tikanga guidelines when a resident had a choice of treatment options available to them. All five reviewed files in the mental health unit had signed consent, and agreements regarding care, approval for disclosing information and if under a formal order, up-to-date mental health and power of attorney documentation.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements, and processes for residents unable to consent were documented, as relevant, in the residents' records reviewed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted for eleven complaints received in the last 12 months showed that the complaints had been addressed and the complainants informed of the outcome of the complaint. The facility manager maintains a spreadsheet to record complaints received, acknowledgment dates and the date of closure. Documentation in relation to each complaint was reviewed, including any investigation undertaken and the response letter, which show a comprehensive and timely complaints process is in place. There were no open complaints on the day of the audit. There have been no complaints received from any external sources, including funders, over the past year.</p> <p>The mental health unit had no complaints over the past 12 months, but described occasions where they were able to respond and resolve issues that arose at the lowest possible level. Staff reported attending regular education sessions by the consumer advisor, one recently on 'citizenship' which was about the rights of residents. Staff also were able to describe how to gain cultural support if a resident who identified as Māori needed support to lodge a complaint.</p>

		<p>All complaints are recorded in the HLL quality reporting, which includes analysis and benchmarking with other HLL facilities. Ethnicity data is recorded as part of the complaint reporting process to ensure the equity of the complaint management process.</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 Hoon Hay House and Rest Home are part of the Golden Healthcare Group (GHG), which were purchased by Heritage Lifecare Limited (HLL) in 2019. The GHG are a separate business entity, which maintain their branding and business structure, while being governed by the HLL board. The GHG general manager reports to the HLL chief executive, who reports to the board. 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. 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.</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). Heritage Lifecare utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted. The 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>As with other GHG and HLL facilities, the corporate team have 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</p>

		<p>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 relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Hoon Hay's service, and these are reviewed quarterly. 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 commit to quality and risk management via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. Internal data collection (e.g. adverse events, complaints, internal audit activities) are aggregated and corrective actions (at facility and organisation level as applicable) implemented. Feedback is provided to the clinical governance group and to the board. Changes are made to the business and strategic plans as required.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. 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 cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>The service holds contracts with Te Whatu Ora Waitaha Canterbury for mental health, respite, and rest home level dementia care. Fifty-eight residents were receiving services under the contracts on the day of the audit. This included 38 residents receiving rest home level dementia care, including one person receiving respite, and 20 people residing in the mental health unit.</p>
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<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. The GHG employs a quality assurance manager who oversees the quality framework across the GHG facilities, and reports on this through to the HLL quality team. This includes the management of hazards, accidents and incidents (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.</p> <p>Quality group meetings are held bi-monthly, which includes representatives from all roles and areas of the facility, except for the mental health unit. The mental health unit have their own quality framework which meets the contractual requirements of the service and their funders. This includes a quality committee, bi-monthly meetings, and all of the aspects of the quality system described in the previous paragraph. Progress against quality outcomes is evaluated.</p> <p>The facility manager and the quality assurance manager understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received education in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Heritage Lifecare and Hoon Hay support people to contribute to quality improvement and participate locally through resident meetings, meetings with the independent advocate, and through resident/whānau surveys. Results from the residents'/whānau satisfaction survey show a high level of satisfaction with the services provided. The staff satisfaction survey had been completed at the time of the audit, but the results were not yet available from the external contractor who undertook this work. Feedback from interviews with staff, was that they felt well supported to provide a high standard of care and support to the residents. They were involved in the quality management system and were kept informed</p>
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		<p>of quality initiatives, and quality improvements. Results from the internal audit programme and the satisfaction surveys were used to improve services outcomes.</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.</p> <p>The facility manager understood and complied with essential notification reporting requirements. There had been five section 31 notifications completed in the last 12 months, four for RN shortages in 2022, and one for the appointment of the new facility manager in October 2022.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>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). There is a first aid qualified staff member on duty 24/7.</p> <p>The service is managed by an experienced facility manager who has been in the role at Hoon Hay since last year. The facility manager is currently being supported by a unit coordinator and the registered nurses working in the facility.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents, and in response to occupancy levels. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Access to high-quality Māori health information is available to staff through care planning, policies and procedures and the education and competency programme.</p> <p>Position descriptions reflected the role of the respective position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Continuing education is planned on an annual basis and outlines</p>

	<p>mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora Waitaha Canterbury. Staff in the dementia units have either completed or have commenced the appropriate New Zealand Qualification Authority (NZQA) recognised education qualifications to allow them to work in the secure units.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff also have access to a confidential employee assistance programme (EAP) should they require it, and staff interviewed reported that they felt supported and were aware of their access to the service.</p> <p>A consumer advisor who has had lived experience of similar services is a key member of the team. A role description for the consumer advisor is detailed within a terms of reference document, which was viewed. During interview the advisor described the quarterly meetings with residents in Hoon Hay House mental health services and these were confirmed in meeting minutes sighted. Reports of the proactivity of managers and staff in Hoon Hay House, in response to discussions with the consumer advisor, were confirmed. During the audit, a visiting District Inspector confirmed the residents at Hoon Hay House are aware of their role and described how they have been involved with residents and managers at Hoon Hay House.</p> <p>Service users are involved in a range of activities, including contributing to choices of colours and ornaments during improvement of the unit and garden, for example. Residents have been involved in a project of changing the old style 'House Rules' to a set of 'Residents' rights and responsibilities', which as a group they have just approved. Results of separate resident and next of kin surveys within quality system documentation showed suggestions were being followed through. A policy and procedure on whānau participation follows the expectation of the standard, and although implementation</p>
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		<p>of this is in its infancy, whānau are encouraged to be actively involved with their whānau member, especially in the wider community. Hoon Hay House continues to work alongside the Residential Options Group (ROG) in ensuring the residents' broader needs are met. Staff reported their awareness of the need to ensure equity for Māori. The mental health unit has referrals from a standardised collective ROG referral system and data is recorded by the ROG on all referrals. The provider maintains records including of ethnicity and relevant needs (cultural assessment on entry).</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 and include recruitment, selection, orientation, and staff training and development. There are position descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Role descriptions for the restraint coordinator (RC) and infection prevention coordinator (IPC) are in place and signed.</p> <p>A sample of 14 staff records were reviewed, and these evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting and completed induction and orientation processes.</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), 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. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</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</p>

		<p>the opportunity for debrief and support, including the use of the employee assistance programme (EAP) that is available to them.</p> <p>Staff in the mental health unit reported that the staff shift resources were sufficient and felt safe at work. Staff and clinical leads and managers were observed to have a supportive, respectful and collegial relationship, with each of the roles separately describing their colleagues' relationships positively. Staff in the mental health unit have ongoing relevant education and training. There are up-to-date records of all training including a 'competency register' of completed annual core training for all staff. Five reviewed human resource records in the mental health area were complete with records of applications, interview, individual employment agreements (IEA), police checks, qualifications and completed orientation records and training. Staff reported that they had all received orientation of at least two weeks and that they had opportunity to 'debrief' after events. Performance appraisals were completed.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Hoon Hay House and Rest Home maintains records that comply with relevant legislation, health information standards and professional guidelines. Residents' notes and documentation are stored in paper files in a secure cupboard within a locked room in all areas of the facility. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the 10 residents' files sampled for review in the dementia wings of the facility. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection including ethnicity data.</p> <p>The mental health wing had 20 residents on the day of the site audit. Five files were sampled, and all had complete and up to date securely stored information. Ethnicity information is maintained as well as a cultural assessment on admission which is used to consider equity of health service access and status. Each resident had a single integrated file recording individualised care in hard copy. The</p>

		<p>organisation has a long-term goal to move to an electronic filing system but no plans with any timeframes to date.</p> <p>Hoon Hay is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, 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>Residents are welcomed into Hoon Hay House and Rest Home when they have been assessed and their level of care requirements confirmed by the local Needs Assessment and Service Coordination (NASC) service. The accepting or declining of residents is based on availability of appropriate rooms at the service level required and clinical safety. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements.</p> <p>The facility has processes in place to identify admission and decline rates for Māori and non-Māori. Although a resident is rarely declined entry, there are processes in place for communicating the decision to the person and/or whānau.</p> <p>The facility has two separate wings with respect to the dementia unit and these each have distinct characteristics in terms of their layout and size, with room availability allowing potential residents and their whānau a choice of location depending on personal preference. Both have access to well-maintained and secure gardens.</p> <p>Referrals to the mental health unit are managed by an independent entity, a collective of providers with a lead coordinating role. This is the 'Residential Options Group'. This coordinated system of allocation of referrals also completes needs assessments which accompany residents placed in this service. There were two placements with the mental health unit over the past twelve months. The Residential Options Group determines entry to the mental health service. There have been no declines of entry by the mental health unit in the past 12 months.</p> <p>The mental health unit collects ethnicity data to inform them about the needs of Māori and equity for those people placed in their</p>

		<p>service. The Residential Options Group is the point of reception of all referrals in this area and holds all relevant data about access rates for the population, but this is an external service. Staff reported their education and training about ideas such as 'mana motuhake' and the need to respect self-determination and choice about care. The service is continuing to develop approaches to care, such as use of Te Whare Tapa Whā model, to guide their care planning and coordination and including access to cultural support if requested. In the mental health unit, one file had authorisation for placement in the facility and provision personal care under the Protection of Personal and Property Rights Act 1988.</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>Fifteen clinical files were reviewed from throughout the facility, including one review using tracer methodology under dementia rest home level of care and one in the mental health wing.</p> <p>Entry to the dementia wing occurs following sign off by the older persons mental health specialist service and with the approval of the activated EPOA. A care plan is developed by an RN following an assessment, including consideration of the person's lived experience and their individual cultural needs, values, and beliefs. The care plan also considers wider service integration, such as physiotherapy, occupational therapy, or dietician input where required. Assessments are based on a range of clinical assessments and include resident and family/whānau input. Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, and review/evaluation time frames met contractual requirements in the files reviewed.</p> <p>Tāngata whaikaha, develop policies and procedures that ensure residents whaikaha and whānau participate in service development and that their choices are respected.</p> <p>Short-term care plans were instigated within an appropriate time frame and were followed and updated by care staff, and then closed or transferred onto the long-term care plan as required.</p> <p>Individualised behavioural management plans are in place which allow for the safe de-escalation of potentially challenging behaviours.</p> <p>Hoon Hay House and Rest Home is supported by two GPs. Both</p>

		<p>GPs visit the facility on a weekly basis and more regularly for residents of clinical concern. They are available at other times via phone or email and will make medication changes remotely as necessary using the electronic medication system that is in use at the facility. After hours support is available either through the GPs or via the local primary health service which the GPs work under. The facility staff can also access support for clinically complex residents from the Te Whatu Ora Waitaha Canterbury Gerontology Nurse Specialist Team or Te Whatu Ora's Older Persons Mental Health Team.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>In the dementia rest home, two diversional therapists work five days a week and a further two work two days a week so that there is diversional therapy input seven days a week in all areas of the rest home. The programmes supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Where able, residents were enabled to participate in activities that are of interest to them. These activities included a regular hangi and boil up for all residents and the celebration of Matariki.</p> <p>The activities programme also includes weekly drives and visits outside of the facility for small groups in the minibuses that are driven by the diversional therapists with additional staff to support.</p> <p>During the audit, residents participated in a baking activity, and in addition the majority of the residents took part in the morning music and exercise sessions which were very interactive and engaging. The residents were also seen to be actively engaged when the time-tabled musicians visited. There were also quieter but meaningful activities for those residents that may prefer a less stimulating environment.</p> <p>In the care plans there was evidence of interventions and activities 24 hours a day, seven days a week (24/7), so that those residents that may wake up at night have something meaningful to settle them</p>

		<p>and help them get back to sleep again, including the availability of snacks and hot drinks.</p> <p>In the mental health unit, there were many daily activities during the site audit visit, with table games, own individual activities and off-site community access for many residents. Off-site activities included regularly scheduled shopping, and meetings with case workers. There is a timetable with a range of meaningful activities, including visiting musicians (monthly), community access to library, and other amenities. Residents are encouraged to use public transport. Offered community contact and activities include input from the Pasifika community organisations for those residents identifying as from the pacific.</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>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded during the review of 26 medication charts across the whole facility.</p> <p>There is space for documenting residents' allergies and sensitivities on the medication chart and in the resident's record and these were all completed appropriately in the charts reviewed. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored weekly. Medications are stored securely in a locked room in accordance with requirements.</p> <p>Controlled drugs are also stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of the</p>

	<p>required weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders are not used and no residents in the dementia wing were self-administering their medications.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage; current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Family members interviewed of those residents in the dementia wing stated that medication reviews and changes are discussed with them and with either the GP or the RN on duty. Interviews with RNs confirmed that where over the counter or alternative medications are being used, they are added to the medication chart by the GP following discussion with the resident and/or their whānau.</p> <p>In the mental health unit, all medications are prescribed, dispensed and checked using an electronic system. Standing orders are not used and medicine reconciliation occurs on entry following a review within 24-48 hours by a visiting general practitioner. All medications are self-administered using 'blister packs' by the local pharmacy. There is a record of checking receipt of medication in blister packs, matching to prescribed medication. Medication is securely stored in a locked cupboard in a locked room. There are up-to-date records of self-administration, and allergies and adverse reactions in the electronic system. The recent electronic system implementation was preceded by a review of all medication for all residents and there have been no medication-related incidents in the past 12 months. A medication self-administration was observed during the audit site visit. Annual competency training is provided by the registered nurses who supervise care, and training records were up to date. There were no controlled drugs in the mental health wing. For residents who identify as Māori, alternative / additional access to treatment, for instance te rongoā, has been offered and a Tohunga can be arranged to provide consultative input to treatment, as</p>
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		discussed with staff.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Winter and summer menus are used to guide meal preparation at Hoon Hay House and the Hoon Hay rest home. The winter menu was in place at the time of audit. Both menus were last reviewed by a registered dietitian in September 2022, to ensure options are consistent with the nutritional needs of older people. There was food available for residents to access 24/7, in each of the dementia units and in the mental health unit.</p> <p>Residents, in particular those in Hoon Hay House, are involved in aspects of food preparation, such as making their own lunches. Food preparation, especially baking, is also integrated into the activity programme.</p> <p>A nutritional assessment, which covers personal food preferences, any food intolerances, and specific dietary or modified food texture requirements, is completed with all new residents and their whānau at the time of admission. These are regularly reviewed. The kitchen retains records of the assessments, and examples of how these are followed through were discussed with kitchen staff and residents.</p> <p>Interviews, observations, and documentation such as food satisfaction surveys, verified there is overall satisfaction with the meals provided. During the audit, residents were observed to be given sufficient time to eat their meals, and those requiring assistance had this provided by staff in a respectful and supportive way. Fluids are regularly provided for residents both in the residents’ lounges and in their rooms.</p> <p>All aspects of food procurement, preparation and general management comply with current legislation and guidelines related to food safety. The service operates with a Ministry of Primary Industry (MPI) approved food control plan and registration (sighted). A verification audit of the food control plan was last undertaken at the facility on 20 December 2022.</p> <p>Culturally specific food choices are provided by the kitchen when appropriate. Families are also supported to supply these as they</p>

		<p>choose and there were examples of the kitchen using recipes supplied by family members to meet ethnic food preferences. Menu options that are culturally specific to te ao Māori had been discussed with a dietitian and examples provided were hangi, 'boil-ups' and a traditional Māori dessert. Cookie cutters of Māori symbols are used for biscuits and waffles. A resident who identifies as Māori was interviewed and was fully satisfied with the food.</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 the facility is planned and managed safely to cover current needs and to mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and their family/whānau. This included the transfer of documentation such as interRAI assessments and clinical information as appropriate whilst maintaining resident confidentiality and privacy. Whānau reported being kept well informed during the transfer of their relatives.</p> <p>When transfer to hospital is required, a locally agreed standardised handover document is utilised which aids the clear dissemination of the salient clinical information and the level and type of support required for the resident.</p> <p>In the mental health wing, transfers are rare. In the past 12 months there were two transfers / discharges. Both residents were transferred to psychiatric inpatient units in a planned and coordinated manner. One transfer was due to a deterioration in mental state with the person requiring acute inpatient care, and the other transfer was for someone who experienced significant and acute medical issues. The transfer was planned with involvement from whānau, and the receiving service, as well as the residential options group who determine placement.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	<p>FA</p>	<p>Hoon Hay House is a 40-bed facility that is configured as two separate services, a twenty-bed mental health unit and a twenty-bed secure dementia unit. Hoon Hay Rest Home is also a 40-bed facility</p>

<p>and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>and is configured as two separate twenty-bed dementia units. The Hoon Hay House and Rest Home buildings are owned by Centuria New Zealand, who lease them to Heritage Lifecare Limited. The terms of the commercial lease outline the maintenance and repair responsibilities of Hoon Hay as the tenant. Golden Healthcare Group employ gardening and property management teams to maintain their facilities in the Christchurch area, including Hoon Hay House and Rest Home.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A maintenance book is used to communicate maintenance requests with the maintenance team. Tasks are prioritised and staff confirm they are addressed promptly. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p> <p>The building had a current warrant of fitness, which was on display at the entrances to both Hoon Hay House and Hoon Hay Rest Home. The warrant of fitness expires on 1 May 2024. There were no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. Each 20-bed unit had their own outdoor area which was planted and landscaped, and there are areas external to the building for residents to enjoy with appropriate seating and shade. There is a shared dining room and lounge in each unit with smaller spaces for privacy. Lounge areas are used for activities for the residents. Each resident's room has its own ensuite bathroom containing a toilet and shower. There are separate toilets available for staff and visitors.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster, pandemic, and civil defence plans and policies direct the facility in their preparation for dealing with such challenges. These described the procedures to be followed as well as the duties required by staff (e.g. as fire wardens). Support arrangements for both the dementia and mental health residents groups have been incorporated into the emergency plans to ensure resident wellbeing. Staff have been trained in fire and emergency management and those interviewed knew what to do in an emergency.</p> <p>The fire evacuation plan was in place, which was approved by Fire and Emergency New Zealand (FENZ). The plan requires cell evacuation and six-monthly fire evacuation drills. Separate fire evacuation drills had been held in July 2023 for both Hoon Hay House and Hoon Hay Rest Home. Emergency folders guide staff in the event of an emergency, and adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. In the event of a power outage there are barbecues and a gas hob for cooking. In addition to bottled water, water stored in header tanks is available from designated taps. A comprehensive civil defence kit is maintained on site. Emergency management is included in staff orientation and as part of the ongoing education plan. A minimum of one person certified in first aid is on shift 24/7 in both Hoon Hay House, and Hoon Hay Rest Home.</p>

		<p>Call bells alert staff to residents requiring assistance; these are present in all rooms, bathrooms, and communal facilities. Call bells are checked as part of the facility's internal audit programme. Residents and whānau interviewed reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place, including in the secure dementia area. Access into, and egress from, the secure unit is through a pin pad. The building is secured after hours and staff complete security checks at night. Residents were familiar with emergency and security 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>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>FA</p>	<p>The infection prevention and antimicrobial stewardship programmes are led by the unit coordinator (UC) at Hoon Hay House and Rest Home. They report monthly to the facility manager, regional manager and both Golden Healthcare Group and Heritage Life. Both the infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service.</p> <p>The UC monitors all clinical issues, including infections, and ensures that infection prevention and antimicrobial stewardship programmes are appropriately managed at facility level. The infection prevention and antimicrobial stewardship plan is reviewed six-monthly, and staff interviewed were aware of where to locate the relevant policies. Support is available as required at an organisational level.</p> <p>Infection, prevention and control (IP & C) feedback is given regularly to the RNs and education sessions are provided to all staff when required. Hand hygiene and the correct method of donning and doffing of PPE are an established part of induction for all new staff.</p> <p>Infections such as urinary tract infections, chest infections and COVID-19 are recorded, and trends identified both at facility and at a wider group level. Ethnicity data is also available.</p> <p>The facility is supported by clinically competent specialist personnel</p>

		<p>and expertise, the GP, and local Te Whatu Ora infection control specialists. In addition, the pharmacy provides support and advice to the GP regarding appropriate antibiotic coverage and dosage when required.</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 at the facility is also the infection prevention and control coordinator. This person is responsible for overseeing and implementing the infection prevention and control programme with documented reporting lines through to senior management. The IP & C coordinator has the appropriate skills, qualifications and training and confirmed that they have access to the necessary support and training, including ongoing training. They also have input into policies and procedures with respect to IP & C The IP & C coordinator is also responsible for the procurement of appropriate equipment and material in line with current best practice. They also have access to shared clinical records and diagnostic results.</p> <p>The IP & C policies reflect the requirements of the standard and are based on current accepted good practice, and it has been developed at an organisational level by appropriately trained staff. Consultation with tāngata whenua has occurred at senior management and corporate levels to ensure that policies and procedures are culturally safe. Working in partnership on this area acknowledges the spirit of Te Tiriti o Waitangi.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow good practice during the course of the audit, including during the medication round. Residents and their whānau are educated about infection prevention in a manner which meets their needs. Infection prevention resources are available.</p> <p>Single-use items are disposed of appropriately and safely and are not reused. Reusable medical devices are appropriately decontaminated using approved sterilizing equipment, with manufacturer's instructions for its use clearly displayed. Internal audits of the decontamination of reusable medical equipment and the processes involved after decontamination, such as drying and</p>

		<p>storage, were sighted. Any corrective actions identified from the audits were appropriately followed up. This included staff education sessions.</p> <p>A pandemic/infectious disease response plan is documented and is regularly tested. There are sufficient resources and personal protective equipment available, and all staff are taught how to use them correctly, including at induction. There are separate 'bubbles' in the dementia area to reduce the risk of spread in a cohort were isolating in individual rooms is not appropriate. Any requirement for isolation is undertaken in a respectful manner which fully considers the individual's personal situation and family/supports.</p> <p>Education material and information is available either in printed form or through translation in order to support residents and to align with culturally safe practice and Te Tiriti o Waitangi.</p> <p>Education sessions relating to IP & C are provided to staff on induction and on a regular basis on specific areas that have been identified as being of importance.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The evidenced based antimicrobial stewardship programme guides the use of antimicrobials with the intention of optimising antimicrobial use and minimising harm. The programme is managed at an organisational level by a governance body and is appropriate for the size, scope and complexity of the service both at the facility and at an organisational level.</p> <p>Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment are maintained and shared with senior management, who escalate them through the organisation as required. Analysis of data allows for the identification of areas of improvement. Advice and support are available from Te Whatu Ora Waitaha Canterbury IP&C nurses when required.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of infections within the facility is appropriate for its size and complexity. It is in line with priorities recommended for long-term care facilities and is defined in the IP & C programme. Surveillance tools are used to collect data and standardised surveillance definitions are used.</p> <p>Monthly data is collated and analysed to identify trends and possible causes, and action plans are implemented as required. Recommended follow-up is shared with staff and additional education is provided when required. Infections being monitored include respiratory, including COVID-19, urinary tract infection, and skin infections.</p> <p>There are respectful and culturally safe processes in place at the facility for communicating between residents, whanau and service providers in the event of a HAI.</p> <p>Ethnicity data is also available in the analysis.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial-resistant organisms.</p> <p>Staff follow documented policies and procedures for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness by the facility manager and the infection control coordinator via an internal audit system and ongoing observation by management. Staff involved have completed the relevant training, described safe practices during interviews and were observed to carry out duties safely. Chemicals were stored securely. All housekeeping practices are described within readily available documentation.</p>

		<p>Laundry of personal items is carried out onsite with sheets and towels being done by an outside contractor. These are transported in a safe and hygienic manner through the facility and back from the outside contractors once cleaned. Residents and whānau reported that the laundry is well managed. The onsite laundry is kept clean and tidy which was confirmed through observation with well-demarcated clean and dirty areas.</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. Hoon Hay House and Rest Home has been restraint free for over ten years. 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 the unit coordinator 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. The facility manager has completed restraint education and all 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. Restraint use is identified as part of the quality programme and is an agenda item at the bi-monthly quality meetings. At these meetings, the RC, in consultation with the multidisciplinary team, would be responsible for discussing and deciding if a restraint request should be approved, or if it can be managed differently. 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</p>

		<p>would be used only as a last resort and when all other strategies had been ineffective. Plans are in place to include the voice of a person with lived experience on the restraint group, if the use of a restraint was to be approved.</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. Strategies to be used to prevent restraint being required is documented in the residents' individualised care plan. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>In the mental health wing, there is a 'no restraint' policy. Staff report they do not restrain any residents. Training records include planned restraint training for September with a focus on de-escalation and alternative interventions. There have been no restraint incidents in the past 12 months.</p> <p>Given there is no restraint 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.

No data to display

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.