

Heritage Lifecare Limited - Puriri Court Rest Home and Hospital

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: Puriri Court Rest Home and Hospital

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

Dates of audit: Start date: 18 September 2023 End date: 19 September 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: 69

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

General overview of the audit

Puriri Court Lifecare provides rest home and hospital care services for up to 71 residents. It is owned and operated by Heritage Lifecare Limited. There have been no significant changes to the service since the previous audit.

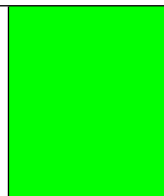
This certification audit was conducted against the Nga Paerewa – Health and Disability Services Standard NZS 8134:2021 and the service’s agreement with Te Whatu Ora – Health New Zealand Te Tai Tokerau (Te Whatu Ora Te Tai Tokerau). The audit process included review of policies and procedures, residents’ and staff records, observations and interviews with residents, family/whānau members, managers and staff and the general practitioner. All those interviewed were positive about the care provided.

The care home manager, a registered nurse, is supported by the clinical service manager and reports to the regional manager.

Two areas of continuous improvement were identified relating to our rights, and pathways to wellbeing. No areas were identified requiring improvement during the audit process

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

The service works collaboratively with staff, residents and the local community to support and encourage a Māori world view of health in all aspects of service delivery. There are staff and residents who identify as Māori. Te reo Māori and tikanga Māori are incorporated into daily practices. Education is provided on cultural safety and Te Tiriti o Waitangi.

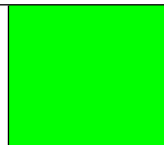
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were being upheld. Personal identity, independence, privacy, and dignity were respected and supported. Processes were in place to protect residents from abuse.

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

Complaints are resolved promptly and effectively in collaboration with all parties involved.

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 management team and governing body assumes accountability for delivering all services. This includes supporting meaningful representation of Māori on governing groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and tāngata whaikaha (people with disabilities).

Planning ensures the purpose, values, direction, scope and objectives for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

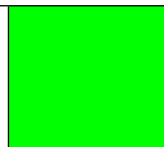
Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

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

Residents' information is recorded, securely stored and is 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.

Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team 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. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

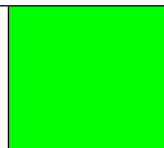
The service uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary preferences with special cultural needs catered for. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

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 was a current building warrant of fitness and an approved fire evacuation plan. Electrical equipment has been tested as required. Calibration records were current.

External areas are accessible, safe and provide shade and seating and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and family/whānau understood emergency arrangements. Residents reported a timely response to call bells. Security systems are in place and signage was visible.

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

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

Subsections applicable to this service fully attained.

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

The infection control coordinator, who is the senior registered nurse, is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan. Aged-care specific infection surveillance is undertaken with follow-up action taken as required. There have been infection outbreaks of COVID-19 reported since the last audit.

The environment supports both the prevention of infections and mitigation of their transmission. Waste and hazardous substances were being well managed. Cleaning and linen services were safe and 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.

The service aims for a restraint-free environment. This is supported by the management team and policies and procedures. There were no residents using restraints at the time of the audit. An assessment, approval, and monitoring process with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practices, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	166	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 is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>HLL have introduced a Head of Cultural Partnerships (HCP) who is part of the executive team and identifies as Māori/Pasifika. The function of the HCP is to assist with the implementation of Ngā Paerewa and inform the HLL models of care and service delivery.</p> <p>This is allied to a Māori network komiti, a group of Māori employees. The komiti is in the formative stage with a mandate to further assist the organisation in relation to its Te Tiriti obligations. The Māori network komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site</p>

		<p>managers, registered nurses, and other care workers. The group provides information through the clinical governance structure to the board. The HCP is also assisting site managers in the facilities to connect to their local Māori/Pasifika/tāngata whaikaha communities. A continuous improvement has been attained for the cultural connectiveness and partnership that Puriri Court Lifecare has established with a local trust that offers support for employers and provides an advocacy service for residents and whānau (refer to 1.1.5).</p> <p>The staff recruitment policy reviewed July 2021 is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The policy does not specifically say that the organisation will actively recruit Māori and Pasifika in line with the requirements of Ngā Paerewa. There is a diversity and inclusion policy in place reviewed July 2022 that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support HLL's drive for staff to have a beneficial experience when working in the service. Training on Te Tiriti is part of the HLL training programme. The training is geared to assist staff to understand the key elements of service provision for Māori, Pasifika and tāngata whaikaha, including self-determination (mana motuhake) and providing equity in care services.</p> <p>At Puriri Court Lifecare there are both residents who identify as Māori and an equal number of staff who identify as Māori.</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>	<p>FA</p>	<p>The HLL response to Pasifika works on the same principles as Māori. A culturally safe care policy and procedure has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. Engagements with Pasifika communities are being assisted at site level.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>HLL understand the equity issues faced by Pacific peoples and is able to access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team identify as Pasifika and assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) and the diversional therapist to identify any requirements.</p> <p>Puriri Court Lifecare has a care plan that includes Pacific models of care.</p> <p>There were no residents who identified as Pasifika on the day of audit, however staff ethnicities documented in the staff register verified that there are staff members who identify as Pasifika.</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) interviewed, 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 care plan.</p> <p>The CSM 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 two residents 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 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 reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional</p>

		<p>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 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> <p>Residents' property is labelled on admission and respected.</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>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 or 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 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</p>

		<p>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> <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>	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 treatment plans, and advance directives were signed by residents who are competent and able to consent, and a medical decision was made by the geriatrician, and GP for residents who were unable to provide consent. The CSM 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.</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>	FA	<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. Residents and family/whānau understood their rights to make a complaint and knew how to do so. Complaint forms are accessible at reception. The Code is available in te reo Māori and English. An advocacy service was available to</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>residents/family/whānau, and the contact number was accessible. In addition to this, a Māori advocate, a kaumatua and two kuia are available for the Māori residents and their whānau at this care home.</p> <p>Four complaints have been received and were followed through in the restraint register maintained by the CHM. Any complaints are reported to the regional manager who reports monthly to support office. If there are any trends identified quality improvements are initiated.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. HLL have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information gathered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). HLL utilise the skills of staff and senior managers and support them in making sure barriers to equitable service delivery are surmounted.</p> <p>HLL have a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. Ethnicity data is being collected, but it will take time to make sure that any information generated from the data is meaningful enough to</p>

		<p>effect change and support equity.</p> <p>Puriri Court Lifecare has developed a business plan for 2023 to 2024 with goals to work towards achieving for this year. The overarching goals/objectives of the organisation are also documented. Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collected (e.g., adverse events, complaints) are aggregated and corrective actions (at facility and organisation level as applicable) implemented. Feedback is to the clinical governance group and to the board. Changes are made to business and/or the 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. HLL uses interview panels for senior managers. Recruiting and retaining people is a focus for HLL. They look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also plan to use feedback from cultural advisers, including the Māori network komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>HLL support people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>The CHM is an RN who is responsible for the management of the facility, supported by the clinical manager and the unit coordinator (RN). Oversight is provided by the regional manager (RM) who was</p>
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		<p>present for the audit. The CHM has been in the role for eighteen months and is an experienced RN who has previously worked in Te Whatu Ora in management roles.</p> <p>Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the NZ Ministry of Health (MoH). The RM and CHM have completed relevant MoH online training and have completed both modules. The RM reported that staff identify and work to address barriers to equitable service delivery through the review of care plans, surveys and meetings.</p> <p>The servicer holds contracts with Te Whatu Ora Te Tai Tokerau for age-related residential care (ARRC), rest home, hospital level care, respite care, palliative care and younger persons with a disability (YPD), long-term support chronic health (LTS-CHC), and more recently Accident Compensation Corporation (ACC) respite care. The total beds are 71 and on the day of the audit 69 beds were occupied. Forty-four (44) hospital, 19 rest home level care, one respite (RH) level care and five ACC residents (respite care).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>The CHM interviewed is responsible for quality. A sample of quality and risk related meeting minutes were reviewed and confirmed there have been regular review and analysis of quality indicators, and that related information is reported and discussed. There are monthly quality and risk meetings, registered nurse meetings, and other meetings as per the meeting schedule reviewed. The clinical services manager and the care home manager report monthly to the regional manager who confirmed this does occur. A selection of reports were</p>

		<p>sighted.</p> <p>Any risks are reported, including health and safety risks, and development of mitigation strategies are documented. Documented risks include falls, infection prevention and any cross infection, oxygen cylinders and potential inequalities. Organisational risks are managed through the support office. Staff document any adverse and near miss events and these are reviewed by the CHM weekly. A sample of incident forms were reviewed electronically and demonstrated these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Resident-related incidents are being disclosed with the designated next of kin.</p> <p>The CHM is not required to follow external reporting, if any, under the National Adverse Events Policy.</p> <p>The service is well set up to manage any risks associated with residents under the younger persons with disabilities (YPD) agreement and has access to necessary aids and equipment to meet respective personal needs.</p> <p>The CHM fully understood and has complied with essential notification reporting requirements. Section 31 notification forms were reviewed that had been sent to HealthCERT. Notifications pertained to the registered nurse coverage and one resident incident.</p> <p>Policies and procedures are sent out to the facility from support office for consultation by the HLL clinical quality team. The general manager compliance and quality signs off and dates the documents when reviewed, or any new policies or procedures, as needed.</p> <p>Residents, family and caregivers contribute to quality improvement</p>
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		<p>through meetings and surveys. Resident meetings minutes were reviewed. Survey results reviewed demonstrated that there was an 80% response rate from the resident/family survey undertaken August this year (results were not available at the time of the audit), and a 100% response rate for the staff satisfaction survey with positive feedback received. This information was fed back to the staff at the staff/quality meetings.</p> <p>Staff are supported to deliver high quality health care should any residents identify as Māori through, for example, training including cultural training, cultural assessments, care planning and communicating with the resident and family/whānau. Staff reported that some are learning te reo Māori and gave examples of tikanga.</p> <p>The 2023 to 2024 HLL audit schedule was sighted. Completed audits included, for example, infection prevention and control 24 March 2023, hand hygiene (26 January 2023) 98% plus a corrective action request (CAR), care planning 31 January 93.62%, promotion of continence 24 March 2023 88% plus a CAR, restraint elimination 23 March 2023 (annual audit) 100%, clinical records audit 26 May 2023 (2 CARS). All CARS were followed up with corrective action plans. The continence promotion for example was repeated 29 August 2023 and the service gained 100%.</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-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staff levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week across all shifts (24/7). A safe rostering tool is used. The facility adjusts staffing in any unplanned absence. The physical environment is considered due to the diversity of the residents and care provided. Residents and family interviewed confirmed there were sufficient staff.</p> <p>The CHM and CM reported that at least one staff member on each duty has a current first aid certificate. An afterhours on-call system is</p>

		<p>in place with the CHM and CSM and unit coordinator sharing the role.</p> <p>The CHM described the recruitment process, which includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) when required. A project has been underway to value and educate the registered nurses with enhanced education being provided inclusive of effective communication and decision making.</p> <p>The competency policy guides the service to ensure competencies are assessed and support equitable service provision. A sample of competencies reviewed, included cultural training, fire emergency knowledge, infection prevention and control, interRAI, and restraint management confirmed the training. Medication competencies are completed by all staff who administer medicines. Seven of nine registered nurses are interRAI competent.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. The registered nurses are also under the Te Whatu Ora Te Tai Tokerau professional development programme. Māori health education has been provided in four sessions for all staff and presented by the service kuaia. Education and attendance records are maintained by the unit coordinator for each individual staff member. The CHM reported, and senior care givers confirmed, that staff hold level three and level four New Zealand Qualifications Authority (NZQA) education qualifications except for more recently employed care staff. The CSM and CHM have completed relevant online education for their roles and for maintaining their annual practising certificates.</p> <p>The staff reported feeling well supported and safe in the workplace. The CHM reported that where health equity is not available, external agencies are contracted, for example, the Te Whatu Ora wound care and gerontology nurse specialists who also provided education</p>
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		sessions as needed.
<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>	FA	<p>Human resource management policies and procedures are based on good employment practices and relevant legislation. A sample of nine staff records reviewed confirmed the organisation's policies and procedures are being consistently implemented. Position descriptions are documented and were sighted in the records reviewed. Professional qualifications, where required, are sourced prior to employment and annually thereafter.</p> <p>The CHM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for the nine registered nurses, pharmacist, dietitian, general practitioner, physiotherapist and the podiatrist. All were current.</p> <p>Staff orientation includes all necessary components relevant to the role. Caregivers reported that the orientation process prepared them well for their role. New care staff described their orientation and that they are 'buddied' with an experienced caregiver for up to two to three weeks if required. Orientation workbooks are completed and recorded when completed.</p> <p>RNs and caregivers confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper-based staff records are kept secure in a locked filing cabinet and confidentiality is maintained. Ethnicity data is recorded and used in line with health information standards.</p> <p>The caregivers reported that incident reports are discussed, and they</p>

		are provided with the opportunity to be involved in a debrief and discussion and receive support following any significant incident to ensure wellbeing.
<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>	FA	<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 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 support 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 an 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</p>	FA	<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, long term support-chronic health conditions (LTS-CHC)/young people with disabilities (YPD), and respite 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</p>

<p>communicated to the person and whānau.</p>		<p>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 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 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 Tai Tokerau 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</p>

		<p>members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CSM 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 nursing team 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 levels 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. Te Tiriti: Service providers support Māori community initiatives and</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by a diversional therapist (DT) assisted by an activities coordinator. The programme runs from Monday to Saturday</p>

<p>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>with Sundays 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 DT and activities coordinator 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 care, and respite care. Residents assessed as requiring residential non-aged care are involved in activities of their choice and reported they have access to the Wi-Fi 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>
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<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 was 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 management system.</p> <p>The medication incident process was 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 all residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the CSM, registered nurses, and Māori</p>
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		residents.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All foods and baking were being prepared and cooked on site. There was an approved food control plan which expires on 31 July 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 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 manager 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</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CSM 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</p>

<p>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>resident, family/whānau, and other external agencies. Risks are identified and managed as required. A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' files.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, was sighted in the files reviewed.</p> <p>Upon discharge, current and old notes are collated and scanned onto the residents' 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>Residents and EPOA/family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p> <p>A continuous improvement rating was awarded for the achievement beyond the expected full attainment for improving staff knowledge in dealing with residents who have died, and the support given to family members and residents.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness is publicly displayed. The expiry date was sighted as 9 December 2023. 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 maintenance manager interviewed described the maintenance schedule.</p> <p>Residents confirmed they know the processes they should follow if any repair or maintenance are required, and that any requests are appropriately actioned.</p> <p>Equipment tagging and testing was current as confirmed in the</p>

	<p>records reviewed, interviews with the CHM, maintenance manager and observation. Current calibrations of biomedical equipment records were clearly documented. An inventory was maintained by the maintenance manager. Records of environmental safety checks and hot water monitoring were completed and recorded. A hot water temperature audit was completed 05 August 2023 as part of the internal audit programme.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. The home is all on one level. Personalised equipment was available for residents with disabilities to meet their individual needs. There is room to accommodate mobility aides and wheelchairs. An additional storage area is now available for this purpose.</p> <p>Spaces were culturally and spiritually inclusive and suited to the needs of the resident groups. Furniture is appropriate to the setting and residents' needs.</p> <p>There are adequate bathrooms and toilets provided for the number of residents. All residents' rooms have a handbasin. There are two double rooms, one with a couple and the other with single occupancy presently. Approximately 16 residents' rooms have a shower and toilet, and all other rooms are in close proximity to facilities. There are separate toilets for staff and visitors. Appropriately secured and approved handrails are provided in the bathroom areas and other equipment is available to promote residents' independence. Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>Residents and family were pleased with the environment, including the gas heating and ventilation, privacy and maintenance. In addition to the gas heating, heat pumps are situated in the main lounges and</p>
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		<p>dining room providing heat in the winter and cooling in the summer.</p> <p>The CHM reported that a staff member who identifies as Māori is available to bless rooms if needed and would be involved if any changes occur to the building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 4 October 2016. A trial evacuation was last held 30 June 2023. A copy of the report was sent to FENZ. Fire drills are held six-monthly. Fire safety training was provided for all staff. Four sessions were held in July, August (two sessions) and September 2023 on fire equipment, including the use of extinguishers.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the needs of people with disabilities in an emergency. Emergency lighting is available. There is no generator onsite currently at this facility.</p> <p>The orientation programme includes fire and security training. Staff records evidenced training in emergency procedures. The CHM reported that all registered nurses, the diversional therapist and coordinators, maintenance manager, infection prevention and control nurse and managers have completed first aid training and certificates were reviewed in the staff records sampled.</p> <p>Call bells alert caregivers to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells.</p>

		<p>Adequate supplies for use in the event of a civil defence emergency, including food, medical supplies, PPE and a gas barbecue were sighted. Supplies were checked monthly. The facility is linked with Te Whatu Ora Te Tai Tokerau and the Northland civil emergency management group plan. Water resources are available that meet the local council requirements. There is a water tank onsite, bottled water and spare containers for water. All other resources are in a room within the facility that is accessible in an emergency.</p> <p>Closed-circuit security cameras have been installed throughout the grounds and specific internal areas. Residents and family/whānau members are fully informed, and their use does not compromise personal privacy. Security of the facility is managed by staff on the afternoon and evening shifts. Staff ensure doors and windows are closed and routine checks are made throughout the facility during these shifts. Residents are fully informed of the emergency and security arrangements on admission.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<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. HLL 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 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 Tai Tokerau. IP and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board has been collecting data on infections and antibiotic use and is now adding ethnicity to its data. Over time the data will add meaningful information to allow HLL to have the ability to analyse the</p>

		data at a deeper level than is available to them at present.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A senior registered nurse (SRN) 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 SRN 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 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 Whatu Ora Te Tai Tokerau. The SRN stated that the regional clinical services manager</p>

		<p>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 acknowledging the spirit of Te Tiriti.</p> <p>The SRN and CSM 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 appropriate to the needs, size, and scope of our services.</p>	FA	<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 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 were COVID-19 infection outbreaks in October 2022, December 2022, January 2023, and May 2023 reported since the previous audit. These were 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 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</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. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Sufficient PPE was available, which includes masks, gloves, goggles, and aprons. Staff</p>

<p>safe and easily accessible. 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>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 onsite, 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>HLL is committed to a restraint-free environment in all its facilities. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of low/low beds). Policies and procedures meet the requirements of the standard.</p> <p>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 presented to the board.</p> <p>Orientation and ongoing training included alternative cultural-specific interventions, the least restrictive practice, de-escalation techniques,</p>

		<p>restraint minimisation and safe practice, and management of challenging behaviours. The care staff confirmed they have received training.</p> <p>No restraints were in use on the day of the audit. No restraint has been used since June 2022. The register was maintained by the restraint coordinator who is the CSM. Training was provided to staff on 26 July 2023 and a presentation by the nurse practitioner for Te Whatu Ora Te Tai Tokerau provided the training and twenty-nine (29) staff attended this education session.</p> <p>Given that no restraint has been used 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	CI	<p>Although the organisation has its own Māori network in place, Puriri Court Lifecare has its own cultural connectiveness project. A local Māori church trust approached the service initially to discuss employment for young people within the trust (still work in progress) who needed work experience. However, since the initial meeting with the care home manager (CHM) and staff there have been five meetings to date. Meetings are held separately with residents. The service has partnered with the trust to establish a program that provides support for employers. An independent advocate is now available and has met with Māori residents. A hui for staff who identify as Māori was very successful. These hui with Māori staff have continued and are held monthly. The aim of the hui is to improve tikanga practice by all staff, and to increase understanding of the partnership. The programme</p>	<p>A continuous improvement rating is made in relation to an excellent partnership programme that has been developed within and beyond the health sector to allow for increased support, planning and integration to occur for Māori residents and their whānau. Puriri Court Lifecare has successfully worked in partnership with a local church trust to enhance the service delivery for the large number of Māori residents at this home. Management and all Māori staff have built up a unique collaborative partnership with this service provider in the local community. The increased partnership works effectively for both parties and for the benefit of the residents and has included an objective equity lens with goals in place to increase equitable outcomes for Māori residents, their whānau and staff.</p>

		has provided increased collaboration with Māori residents and their whānau. A kaumatua and two kuia visit the home regularly. Following a request from the Māori residents, the entire facility was blessed. All staff were involved at the time of the blessing. The programme continues and now involves staff of all cultures. The elders of the church were invited to a shared lunch which was very successful, increasing the unity of the partnership.	
<p>Criterion 3.6.1</p> <p>Service providers shall implement a process to support a safe, timely, seamless transition, transfer, or discharge.</p>	CI	<p>The service embarked on a project to improve staff knowledge on dealing with residents who have died at the facility and the support to be given to family members and residents. This was necessitated following a complaint by a family member who felt that staff lacked expertise in pre- and post-death management after their family member had died. The scope of the project included pre-death conversations, palliative care, cultural expectations, having a korero/discussion with various funeral directors, honouring staff beliefs, post-death immediate care and room management. A questionnaire was sent to 30 staff members to gauge their level of understanding about pre- and post-death management at the service. Furthermore, an opportunity for families to talk about their feelings and share their experiences and how they want to be supported pre and post death was facilitated.</p> <p>The reports reviewed showed that external guest speakers from three main funeral organisations in the community (funeral directors) were invited to speak to the family member representatives, residents, and staff members on pre- and post-death management, counselling, cremation, embalming, funeral insurance, natural burial, and cultural considerations. A survey that was completed established family, resident, and staff satisfaction</p>	<p>A continuous improvement rating was awarded for the achievement beyond the expected full attainment for improving staff knowledge in dealing with residents who have died, and the support given to family members and residents. The success of this initiative was measured through resident and family meetings, and a staff survey completed which had 100% positive feedback. The positive outcomes from the meetings and surveys included that family members and residents felt supported and understood the process around death, cultural and religious considerations, rituals, and ceremonies, that communication was open and honest, and the forum allowed them to share experiences with like-minded people.</p> <p>The management reiterated that it was essential to approach the management of death with empathy and respect, considering the unique needs and wishes of the deceased and their loved ones, to seek guidance from professionals, such as funeral directors and estate lawyers, to navigate the legal and administrative aspects of managing death, and to provide emotional support to those who were grieving. Future planning included teaching staff about death management as part of the orientation programme.</p>

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End of the report.