

Heritage Lifecare Limited - Te Wiremu House

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Heritage Lifecare Limited

Premises audited: Te Wiremu House

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

Dates of audit: Start date: 31 October 2023 End date: 1 November 2023

Proposed changes to current services (if any): The size of the secure dementia unit increased by 14 and the area for rest home and hospital level care beds reduced by this number following Cyclone Gabrielle. Heritage Lifecare Limited - Te Wiremu House accepted residents from another Heritage Lifecare Limited aged residential care facility in Wairoa that was damaged by the cyclone. The Te Wiremu House care home and village manager advised this happened as an emergency event during the night,

and Health New Zealand Te Whatu Ora Tairāwhiti and Te Matau a Māui Hawke's Bay were informed along with the Ministry of Health when communication systems enabled.

Total beds occupied across all premises included in the audit on the first day of the audit: 87

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

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

Key to the indicators

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

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

General overview of the audit

Heritage Lifecare Limited - Te Wiremu House, provides hospital services medical, hospital services geriatric, rest home and dementia level care for up to 97 residents. The number of secure dementia beds increased by 14 since the last audit and dual-purpose beds reduced by the same number following Cyclone Gabrielle which resulted in the need to urgently relocate residents from another Heritage Lifecare care home as part of the emergency response.

There have been no significant changes to the facility management team since the last audit.

The surveillance audit process included review of applicable policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, managers, staff, and a nurse practitioner. Residents and whānau/family members were satisfied with the services provided.

At the last audit improvements were required in relation to evaluating pro re nata medications and self-administration of medication process. These have been addressed. Four new areas for improvement have been identified related to staffing, staff competency

records, linking incident data consistently with care plans and reviews and monitoring the ambient temperature of the medication room. Risk management is an area of continuous improvement.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Organisation policy supports staff in providing care to residents in accordance with Te Tiriti o Waitangi, recognising mana motuhake and in accordance with patients’ cultural, spiritual and world views.

Staff understand the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code). The service has a 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. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Informed consent for specific procedures is gained appropriately.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. The purpose, values, direction, scope and goals for Te Wiremu House are documented. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential hazards and risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

There are six staff on duty at night, and more during the morning and afternoon shifts. A registered nurse is always on duty. Staff are provided with an orientation and ongoing education programme. All employed and contracted registered health professionals have a current annual practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements were met.

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

<p>Includes two 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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility has a current building warrant of fitness. Clinical and other equipment have undergone clinical validation and performance monitoring checks. Electrical test and tagging of appliances has occurred. The additional space in the secure dementia unit is appropriately secure. There have been no changes to the approved fire evacuation plan since the last audit.

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

Includes five 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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Section 5 Infection prevention and antimicrobial stewardship:

The service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical services manager coordinates the programme.

Orientation and ongoing education of staff are maintained. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. The infection outbreaks of COVID-19 and gastroenteritis were managed according to Ministry of Health (MoH) guidelines.

Here taratahi | Restraint and seclusion

Includes four 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.

There were three residents using restraints at the time of audit, and the number has reduced from 18 in September 2022. The facility aims to become a restraint-free environment. This is supported by the governing body and policies and procedures. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	1	2	0	0
Criteria	1	44	0	1	3	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.

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. 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>	FA	<p>Heritage Lifecare Ltd (HLL) has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Heritage Lifecare Limited has introduced a Māori Network Komiti, a group of Māori employees with a mandate to assist the organisation in relation to its Te Tiriti o Waitangi obligations. The Komiti involves people from the clinical leadership group, clinical service managers, site managers, registered nurses, and other care workers. The group provides information through the clinical governance structure to the board. The Te Wiremu House (Te Wiremu) care home and village manager (CH&VM) is a member of this national Komiti.</p> <p>There are staff, managers and residents that 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. Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>The Heritage Lifecare Limited (HLL) response to Pasifika people works on the same principles as for Māori. A Pacific peoples' 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.</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>The Fonofale model of care is utilised for Pasifika residents. There were residents and staff who identified as Pasifika in the facility during the audit.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). 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 the service 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.</p>
<p>Subsection 1.5: I am protected from abuse 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>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. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The clinical services manager (CSM) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained</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>		<p>appropriately. Resuscitation, service plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable complaint management system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. They informed they felt free and comfortable about raising any issue of concern. There have been 28 complaints received in 2023 to date. Documentation showed the six sampled complaints have been acknowledged, investigated, and followed up in a timely manner. When there was a delay in responding to complaints as a result of Cyclone Gabrielle, an explanation and apology was provided to the complainant.</p> <p>There were open complaints at audit. Since the last audit one complaint has been received via the Health and Disability Commissioner's office (HDC) in August 2021 and one concern via Te Whatu Ora. The HDC complaint has been responded to and the service is awaiting the final response. The Te Whatu Ora concern remains open. This links with 5.2 and the area for improvement raised in 2.3.3.</p> <p>The care home and village manager (CH&VM), as well as the regional manager (RM) who was interviewed during another recent Heritage Lifecare</p>

		<p>Limited (HLL) audit detailed how the HDC complaint feedback was being managed and processes to enhance communication with residents and whānau.</p> <p>The CH&VM is responsible for complaints management, with the support of the regional manager (RM) and HLL senior leadership team for significant complaints. In the event of a complaint from a Māori resident or whānau member, the CH&VM has experience in providing culturally appropriate response for Māori and can speak te reo Māori. Ensuring the complaints process works equitably for Māori residents is achieved.</p> <p>The complaints/compliments and feedback form is available in the main entrance along with a drop box. The number and theme of complaints is reviewed monthly across HLL.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori. Heritage Lifecare have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure. The CH&VM and the clinical services manager (CSM) were aware of legislative requirements relevant to their role.</p> <p>The CH&VM has worked at Te Wiremu House since 2008 and is suitably experienced for the role. The CHM has exceeded eight hours of education in the last 12 months as required by the provider's contract with Te Whatu Ora – Health New Zealand Tairāwhiti (Te Whatu Ora Tairāwhiti). The CSM has been at Te Wiremu House for 18 years and is supported by the unit Coordinator (UC), who has worked at Te Wiremu House for 14 years. The CSM and UC are registered nurses with current APCs. There has been some recent restructuring of some national roles.</p>

	<p>Equity for Māori 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. Approximately 50% of staff and residents in Te Wiremu House identify as Māori.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The HLL reporting structure facilitates that information from its strategic plan is used to inform the Te Wiremu House facility-specific business plan. Te Wiremu House business plan supports the goals for Te Wiremu House, and cultural safety is embedded in business and quality plans and in staff education.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. Internal data collection (e.g., adverse events, complaints, internal audit activities) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Appropriate clinical governance systems are in place. Feedback from the Māori Network Komiti is used to inform service development.</p> <p>On the first day of audit there were 87 residents receiving care. The service has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora Tairāwhiti for hospital level, rest home and dementia level of care, as well as for community residential services. There were 26 residents receiving ARRC</p>
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		<p>services at hospital level care, 27 at rest home level care, and 23 at dementia level care. There were seven residents receiving care under the community residential programme. This includes four residents receiving respite care at rest home level of care, and three residents under chronic health conditions – long term support (CHC-LTS) at hospital level care. One other short-term hospital level care resident is receiving short-term hospital level care funded by ACC.</p> <p>There are three other residents receiving services that are funded under residential non aged contract, but they have been assessed as requiring hospital level care.</p> <p>As a result of Cyclone Gabrielle, a group of residents were relocated to Te Wiremu House from another HLL ARRC facility in Wairoa as part of the emergency response. As a result of this, the number of resourced beds in the secure dementia unit increased by 14 to a total of 24 beds. The CH&VM advised the secure dementia unit was able to quickly and safely increase to this size, as the secure dementia unit was initially this size when the care home was built and had been subsequently downsized. The number of beds for rest home and hospital level care beds reduced by this number. The Te Wiremu House care home and village manager advised this happened as an emergency event during the night, and both Health New Zealand Te Whatu Ora Tairāwhiti and Te Matau a Māui Hawke's Bay were subsequently informed of this along with the Ministry of Health (HealthCERT) when communication systems enabled.</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-</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes having current policies and procedures, reporting and management of incidents/accidents, hazards and complaints, internal and external audit activities, staff and resident satisfaction surveys, monitoring of resident outcomes, infection surveillance, and monitoring use of restraint. The facility manager and the clinical services manager are responsible for implementation of the quality and risk system programme and report to the regional manager.</p>

<p>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>There are quality meetings and staff meetings which are used to monitor and report on relevant quality and risk and operational issues, in addition to the regular management team meetings. The frequency of these meetings has been impacted by disaster response and infection outbreaks. Resident meetings occur, and minutes reflected a range of topics discussed, including catering, activities, housekeeping, staff, infection prevention and control, and general issues. An independent advocate visits regularly and has planned meetings with residents and family members in the secure dementia unit.</p> <p>A resident and whānau satisfaction survey was undertaken in 2022 and the results are displayed inside the care home near the main entrance. The 2023 survey results are still being analysed. A staff survey has been recently completed and CH&VM advised an action plan will be developed in response to the results.</p> <p>There are a range of internal audits, which are undertaken using template audit forms and according to a schedule. The results are recorded along with the corrective action register detailing any subsequent actions required. The results are reported to relevant staff and discussed at various relevant meetings.</p> <p>The organisation's hazard register has been recently reviewed. Health and safety issues are discussed at the health and safety committee meetings and relevant issues also communicated at the quality and staff meetings.</p> <p>Staff document adverse and near miss events, and each event is given a risk rating. The service is not required to comply with the National Adverse Events Reporting Policy however, applicable events are being reported internally. Relevant incidents and accidents are being reported electronically. Sampled events are investigated and followed up in a timely manner and open disclosure is occurring, including following any resident fall. While the initial sampled reported events were generally well managed,</p>
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		<p>post falls assessments could not be consistently located, and linking the events to resident care short-term or long-term plans and/or care plan evaluations is not consistent. This is included in the area for improvement raised in 2.3.5.</p> <p>All essential notifications are made by the care home and village manager and the CSM, and a copy of all section 31 notifications are kept on file for ease of reference and are also referred to in quality and other applicable staff meetings. The CH&VM advised that since the last audit regular essential notifications have been made in relation to a shortage of registered nurses (RNs). This included for occasions where there was a registered nurse on duty; however, not the full complement of RNs on duty that would normally be rostered for the shift (this links with criterion 2.3.1). In the event a section 31 event involved two residents, the CH&VM reported two section 31 notifications (one per applicable resident) are made. Section 31 notifications were also made for loss of key utilities, absconding, episodes of behaviour, theft from the premises, infection outbreak, resident falls resulting in a fracture, and two pressure injuries.</p> <p>Risk identification and management processes are in place. The CH&VM civil defence emergency preparation and response, including support of other local ARCC facilities following Cyclone Gabrielle, is an area of continuous improvement.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	<p>PA Moderate</p>	<p>There is a policy and process for determining staffing and skill mix. Whilst there is a registered nurse (RN) on duty at all times there are significant RN, caregiver and kitchen hand vacancies. There are insufficient cleaning hours rostered on duty on the weekend. These are areas requiring improvement.</p> <p>There is a minimum of five caregivers and a registered nurse on duty. Care staff are allocated areas to work each week.</p> <p>Processes are in place to ensure staff are appropriately skilled and qualified</p>

centred services.		<p>for their role.</p> <p>There is an education programme in place that is relevant to the service setting and ARRC contract requirements. Staff are provided with relevant ongoing training applicable to their role and level of care provided on site (including non-aged), and records of attendance are maintained. Records are not available to demonstrate staff have completed all required competencies including infection prevention and control.</p> <p>Twenty-one staff working at Te Wiremu House have an industry-approved qualification (or equivalency based on time worked) at level four, 11 staff at level three and 12 staff at level two. There are staff with a dementia level care qualification or working towards this. However, two staff working in the secure dementia unit for over 18 months have not attained the dementia level qualification yet.</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>	FA	<p>Staff are provided with an induction and orientation programme relevant to their role and appropriate records are retained to demonstrate the process.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for employed and contracted registered health professionals, including registered nurses, the enrolled nurse (EN), general practitioners (GPs), the nurse practitioner (NP), pharmacists, physiotherapist, podiatrist, and dietitian.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p>
<p>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</p>	PA Moderate	<p>Residents' 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</p>

<p>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>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, and family/whānau/enduring power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes were completed. Family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The general practitioner (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. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The CSM reported that sufficient and appropriate information is shared between the staff at each handover. 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 in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>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/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. This included residents identified as having weight loss. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement</p>
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		<p>in the evaluation of progress and any resulting changes.</p> <p>Improvements are required around consistently documenting ongoing actions to prevent a recurrence; this includes falls, behaviour that challenge, and linking them to care plan evaluation and review process. Post falls assessments are not consistently completed in applicable sampled residents at high risk of falls (refer to 2.3.3).</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>PA Low</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The GP completes three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications. All photos uploaded on the electronic medication management system were current. Allergies for three of the 16 medication charts not indicated were updated on the audit days. Eye drops were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Two of the three medication room temperatures were not being monitored.</p> <p>The enrolled nurse (EN) was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms, and cupboards.</p> <p>There were residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this was managed in a safe manner. There was a self-medication policy in place, and this was sighted.</p> <p>There were no standing orders in use.</p> <p>The previous audit shortfalls around documenting outcomes of PRN medications and completing competencies for residents self-administering medicines have been addressed.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 18 September 2024. A current nutrition and hydration policy was in place and practiced.</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. Snacks and drinks are available for residents throughout the day and night when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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</p>	FA	<p>The facility has a current building warrant of fitness (expiry 6 July 2024). The environment is fit for purpose and culturally appropriate. Clinical equipment sighted has evidence of current performance monitoring and clinical calibration. Electrical safety test and tagging of applicable sampled equipment is current.</p> <p>There have been no changes to the building footprint or fire evacuation plan</p>

<p>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>since the last audit. The service was able to expand the dementia unit to 24 beds by reverting the external doors to those originally in place before the secure dementia unit downsized and these doors were sighted. The CH&VM stated this did not require a change to the approved fire evacuation plan. All external exits in the secure dementia unit exit to a secure garden space. There are multiple lounge areas and/or quiet spaces residents in the secure dementia unit can use. Records are kept of all residents in Te Wiremu House and the assistance required in the event of a fire or other emergency.</p> <p>At least six-monthly fire evacuation drills occur, and records are maintained. This occurred most recently on 19 October 2023.</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 service has a clearly defined and documented infection prevention and control (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 was current. 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>Staff have received education in IPC at orientation and through ongoing annual online education sessions. However, records were not available to demonstrate all staff have completed current infection prevention and control competencies. This is included in the area for improvement raised in 2.3.3, and links with the Te Whatu Ora concern noted in 1.8. Additional staff education has been provided to some staff in response to the COVID-19 pandemic. Further sessions are planned.</p> <p>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>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 health care-associated infections (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. The information is reported to the governance body monthly by the management team.</p> <p>Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing PPE, 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.</p> <p>There were COVID-19 infection outbreaks and a gastroenteritis outbreak reported in 2022 and 2023 since the previous audit. These were managed in accordance with the pandemic plan with appropriate notification completed. The CH&VM and CSM advised that as part of outbreak management activities, staff were stopped from going into other units, including to transit to other areas. Now staff are required to travel outside and around the building and enter/exit via other external entrances. This initiative has reduced transmission.</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</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint-free environment in all its facilities.</p> <p>Three residents in Te Wiremu House were using restraint. This is a significant reduction since 1 September 2023 when 18 residents had</p>

<p>restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraints in use. There is an ongoing process to review use of restraint and work with residents and their family members to develop alternative plans.</p> <p>The group manager (and Te Wiremu House regional manager (RM)) is responsible for oversight of restraint and stated in August 2023 that restraint in HLL care homes had reduced and was being used in only eight of the 42 HLL facilities. The group manager/RM responsible for the restraint portfolio is committed to further reduction and elimination over time as verified during interview. 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). 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>Staff are provided with training on restraint elimination and de-escalation as part of the orientation and ongoing education programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>Rosters are developed for a week, there are usually at least two weeks' rosters available for staff identifying what shift staff are working and within each area of the care home.</p> <p>There are two staff working in the secure dementia unit for longer than 18 months that have yet to complete an industry-approved qualification in dementia care. The service currently does not have a staff member qualified to assess the assignments and work for the industry-approved qualification; however, an external person is visiting while a longer-term solution is sought. There are completed assessments awaiting marking.</p>	<p>While there is a registered nurse on duty at all times as required by the ARRC contract, the number of RNs rostered each day does not meet the organisation's RN staffing requirements.</p> <p>There are at least two care staff working in the secure dementia unit for longer than 18 months that have not yet completed an industry-approved qualification in dementia level care.</p> <p>There are insufficient cleaning hours worked on the weekend days for the size of the facility.</p> <p>There are challenges recruiting for most positions including registered nurses, kitchen hand and caregivers,</p>	<p>Continue the recruitment process for registered nurses, caregivers and kitchen assistant positions so staffing requirements can be met.</p> <p>Ensure care staff working in the secure dementia level care unit start and complete an industry-approved qualification in dementia care within 18 months of employment.</p> <p>Increase rostered cleaning hours on the weekend.</p>

		<p>In addition to the CSM, there are nine registered nurses (including two casual staff and an enrolled nurse) working at Te Wiremu House. Four nurses including the CSM have current interRAI competency. Te Wiremu House also has five international qualified nurses (IQNs) on site while they complete their competency assessment programme (CAP) training programme. The CH&VM advised that staff, including those completing the CAP programme and gaining registration as a New Zealand registered nurse, are experiencing significant challenges in staying in Gisborne. The local housing supply has been significantly impacted following Cyclone Gabrielle and it is difficult for any new staff member to find housing. This is hindering recruitment activities. This concern was communicated by multiple staff.</p> <p>The CH&VM advised there are five full-time equivalent RN and six full-time equivalent caregiver vacancies (including two staff who are working out their resignation period), and a kitchen assistant position for three days a week is vacant. The CSM works weekday mornings and is on call when not on site. The unit coordinator also works weekday mornings. While there is a registered nurse on duty at all times, there is not the compliment of RNs on duty that the CH&VM wants for the number of residents and level of care. For example, there is only one</p>	<p>resulting on occasions with staff working extra and longer shifts, or working as a team across all clinical areas to ensure the care needs of residents are met.</p>	<p>90 days</p>
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		<p>registered nurse on duty on an afternoon and night shift and on weekend morning shifts. There is currently only one designated RN shift in the secure dementia unit each week, with a team leader (a level 4 care giver or IQN) rostered on duty and who liaises with the RN or the CSM or the unit coordinator as required. On occasions, the RN completing interRAI assessments will base themselves in the secure dementia unit. The RN vacancies has resulted in the care home temporarily ceasing admission of hospital level or palliative level care residents for periods of time.</p> <p>The CH&VM advised there are also some delays in IQN having their New Zealand working visa changed from a caregiver role to a registered nurse once they have obtained New Zealand registration.</p> <p>There are three cleaners rostered weekdays. Currently there is only one cleaner rostered on duty weekend days from 8am to 2.30pm, with another cleaner rostered when able. Some residents and family members noted this was not sufficient. It was observed that this is not sufficient for the size of the facility and the number of bathroom areas, and that there have been three infection outbreaks in the last 11 months.</p>		
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<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people</p>	<p>PA</p> <p>Moderate</p>	<p>There is an education programme in place that is relevant to the service setting and ARRC contract requirements. Staff are provided with relevant ongoing training applicable to their role and level of care provided on site (including non-aged), and records of attendance are maintained. This</p>	<p>Records are not available to demonstrate that all staff have completed Te Wiremu House competency requirements.</p> <p>For example, donning and doffing personal protective equipment, hand hygiene, and standard precautions.</p>	<p>Ensure staff complete annual competencies as required by policy and appropriate records are retained to demonstrate this.</p>

<p>equitably.</p>		<p>includes completion of relevant competencies including medication, manual handling, cultural, and restraint elimination. There is at least one staff member on duty at all times with a current first aid certificate.</p> <p>Records are not available to demonstrate all staff have completed the competencies for donning and doffing personal protective equipment, hand hygiene, and standard precautions, with only a small number of staff noted as completing these requirements in 2023. The 2022 training records were unable to be located. This links with the Te Whatu Ora concern noted in subsection 1.8 and 5.2.</p>		<p>90 days</p>
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p>	<p>PA Moderate</p>	<p>A falls management policy was current and included a comprehensive assessment process and prevention strategies for staff to follow. Resident care plan template sighted included identification of falls risks specific to each resident with the provision of falls prevention strategies. Falls prevention strategies were documented; however, they were not adequate to address residents' identified care needs. The physiotherapist was actively involved in completing initial assessments, post-fall assessments, ongoing assessments, and training of staff. Sampled files for residents assessed as high risk of falls revealed that post-fall assessments</p>	<p>(i) While incidents are being reported and immediate action is being taken, the ongoing individualised actions to prevent recurrence are not consistently documented in applicable resident care plans sampled in relation to falls and behaviours that challenge, or on occasions linked to the care plan evaluation and review process.</p> <p>(ii) Post-fall assessments are not consistently completed in applicable sampled resident records. There are multiple documents available, both electronic and paper-based, and</p>	<p>Ensure post-fall assessments and behaviour management strategies are consistently documented and linked to the care plan evaluation process.</p> <p>90 days</p>

<p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>were not consistently completed and identified in the long-term care plans. There were multiple documents available, both electronic and paper-based, and some staff interviewed were unsure which to complete.</p> <p>Residents in the dementia unit had 24-hour activity plans in place. De-escalation techniques were used by staff when required and evidence of using pro re nata (PRN) medicines for residents with behavioural issues was sighted. Behaviour management plans identifying triggers and interventions were implemented as required. However, ongoing individualised actions to prevent recurrence were not consistently documented in applicable resident care plans sampled with behaviours that challenge, or on occasions not linked to the care plan evaluation and review process. (This links with criterion 2.2.5).</p>	<p>some staff interviewed are unsure which to complete.</p>	
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>There is a medication management policy in place. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. Vaccines are not stored on site. Monitoring of medicine fridge temperatures was conducted regularly in one wing and deviations from normal were reported and attended to promptly. Records were sighted. However, two of the three medication room temperature</p>	<p>Two of three medication room temperature monitoring were not completed as per policy requirements.</p>	<p>Ensure medication room temperature monitoring is completed as per policy and legislation requirements.</p> <p>180 days</p>

		monitoring were not completed as per policy requirements.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>There are processes in place to identify, address and monitor organisation risk. The risk register is regularly reviewed by the CH&VM. The hazard register is reviewed weekly with new hazards logged. Potential inequities are identified and managed via other processes.</p> <p>Following Cyclone Gabrielle in February 2023, the CH&VM manager established a support network within smaller aged care facilities in the Tairāwhiti region. This is an area of continuous improvement.</p>	<p>Following the impact of Cyclone Gabrielle in early February 2023, the usual local emergency response supports in the Tairāwhiti region were significantly impacted. Te Wiremu House, along with other aged residential care facilities, were without electricity, usual telecommunications, and were challenged in accessing other utilities, food, drinkable water and clinical consumables. In addition, flooding and bridge damage had adversely impacted on the ability of some staff members' ability to travel to work.</p> <p>The CH&VM had available resources in the civil defence emergency box that the CH&VM kept secure both offsite and at Te Wiremu House. In response to this event and anticipating that the severity of the event would result in the civil defence emergency event lasting longer than three to four days, the CH&VM reviewed the care homes' preparation. Subsequently, the CH&VM developed a support network with other smaller ARRC facilities to provide</p>

			<p>collegial emergency support to the management teams. This included identifying what food, utilities and clinical resources each facility had, and agreeing to share resources as needed across the sector, including staff if required, with a focus on resident and staff safety. This occurred until the re-supply chain became available and reliable (after a period of 7-10 days). The CH&VM had paper copies of relevant clinical records information that were also shared. The CH&VM reported to local civil defence response teams as communication networks became established and attended daily briefings. This risk management and supportive approach was not only focused on the needs of Te Wiremu House, but the wider local ARRC sector as well. During this time 14 residents were relocated at short notice from another HLL ARRC facility.</p> <p>The CH&VM was awarded the excellence in care 'standout individual award for management and leadership' during Cyclone Gabrielle by the New Zealand Aged Care Association in 2023 at the annual national conference. This collaborative disaster management process strengthened the local ARCC sector's resilience and effectiveness in managing the risks associated with the cyclone's impact.</p>
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End of the report.