

Heritage Lifecare Limited - Waiapu House

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 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: Waiapu House

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

Dates of audit: Start date: 15 January 2024 End date: 16 January 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 79

Executive summary of the audit

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

Waiapu House is certified to provide rest home and hospital services for up to 80 residents. The service is owned and operated by Heritage Lifecare Limited.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand Te Matau a Māui Hawke’s Bay (Te Whatu Ora Hawke’s Bay). It included a pre-audit review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents, whānau, governance, staff, and a general practitioner. The facility is managed by a manager who is experienced in healthcare and who is a registered nurse. The manager is supported by an experienced clinical services manager who has clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

No areas requiring improvement were identified during this audit. Strengths of the service, resulting in a continuous improvement rating, related to the education programme delivered to staff.

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.

Waiapu House provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Waiapu House worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) and this was confirmed by Māori residents and staff interviewed.

There were Pasifika residents and staff at Waiapu House at the time of the audit. Systems and processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe. Residents and whānau interviewed confirmed that care is provided in a way that meets their needs.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse, they received services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and whānau.

There was evidence that residents and their whānau were kept well informed. They confirmed that they received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

Concerns and complaints were addressed promptly and effectively in collaboration with all parties involved. One complaint received through the Office of the Health and Disability Commissioner is currently being addressed by the service.

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.

Subsections applicable to this service fully attained.

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

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

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that 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.

Staff are appointed, orientated, and managed using current good practice. Staffing is sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. All staff have fully completed the education programme in place, which included responsive education to issues arising from quality management activities.

Residents' information is accurately recorded, securely stored, was not on public display, or accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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.

Subsections applicable to this service fully attained.

When people enter the service a person-centred and whānau-centred approach is adopted. All relevant information is provided to the potential resident/whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any new problems that may arise. The files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their individual interests and are encouraged to participate in meaningful community and social activities related to their culture, age and stage of life.

Medication is safely managed and administered by staff who have undertaken an annual medication competency assessment.

The food service meets the nutritional needs of residents, with their special cultural needs catered for. Food is managed following safe food guidelines.

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

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.

Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. 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 whānau understood emergency and security arrangements. Security is maintained.

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.
---	--	--

Heritage Lifecare Limited and the care team at Waiapu House ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It was adequately resourced. The experienced and trained infection control nurse who led the programme, is involved in the procurement processes, any change to the built environment, and processes related to decontamination of any reusable devices and equipment.

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

Aged care-specific infection surveillance is undertaken, with follow-up action taken as required.

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.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews is in place should restraint use be required in the future.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	168	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.

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 Limited (HLL) had a Māori health plan which guided care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Input from Māori is supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. The group provides information through the clinical governance structure (the clinical advisory group) to the board. The service can access support through Te Whatu Ora Hawke’s Bay, through an independent advocate who identifies as Māori, and through the local iwi (Ngāti Kahungunu).</p> <p>The staff recruitment policy (reviewed December 2022) is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by</p>

		<p>employing more Māori staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Staff who identified as Māori are employed at all levels of the organisation, including in leadership and training roles. Training in Te Tiriti o Waitangi is part of the HLL training programme, and this has been implemented in the service and all staff have completed both the education requirements and competencies, with clinical staff also completing education on the Te Whare Tapa Whā model of care (refer criterion 2.3.4). The training is geared to assist staff to understand the key elements of service provision for Māori and tāngata whaikaha, including mana motuhake, and providing equity in care services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Heritage Lifecare understands 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. There are members in the executive team who identify as Pasifika; they can assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p> <p>A Pacific health plan is in place which utilises the Fonofale model of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan has been developed with input from cultural advisers. Waiapu House (Waiapu) has access to local Pasifika communities through its staff, dependent on the Pacific nation ancestry of the resident. There were Pasifika residents in the facility during the audit.</p> <p>The staff recruitment policy (reviewed December 2022) is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Pasifika in the service. Training on culturally specific care, including care for Pasifika, is part of the HLL training programme, and</p>

		<p>this is implemented in the service. All clinical staff have completed education on caring for Pasifika residents and the Fonofale model of care. The training is geared to assist staff to understand the key elements of service provision for Pasifika and providing equity in care services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights was available and on display at Waiapu in te reo Māori, English, and New Zealand Sign Language (NZSL). Brochures on the Nationwide Health and Disability Advocacy Service (Advocacy Service) were available in the reception area in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights.</p> <p>Staff interviewed at Waiapu understood the requirements of the Code and were observed supporting residents in accordance with their individual needs and wishes. Education for staff on the Code was undertaken in 2023. Residents identifying as Māori confirmed that mana motuhake was recognised and respected.</p> <p>An independent advocate visits Waiapu to meet with residents quarterly; the last quarterly meeting took place on 4 December 2023. Waiapu had a range of cultural diversity in their staff mix, and staff could assist if interpreter assistance was required. The service also had access to external interpreter services and cultural advisors/advocates as required. Relationships had been established with the local Te Whatu Ora Hawke's Bay, and with the local iwi (Ngāti Kahungunu) to provide support for residents who identified as Māori. Support for Pasifika people was available through staff linkages into the local community.</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</p>	<p>FA</p>	<p>Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they had received services in a manner that has</p>

<p>respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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>regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual resident needs during admission, care planning and at review. Residents and whānau (as applicable) confirmed that they were involved in the assessment process. The care home and village manager (CHVM) and clinical service manager (CSM) reported that residents are supported to maintain their independence by staff through daily activities. Examples of this included resident-led activities and individualised mealtimes. Residents were able to move freely within and outside the facility.</p> <p>Staff at Waiapu House have completed training on Te Tiriti o Waitangi. Training on cultural safety, maintaining professional boundaries, the aging process, diversity and inclusion, intimacy and sexuality, included training relevant to support for tāngata whaikaha. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. Residents all had their own rooms.</p> <p>Te reo Māori and tikanga are promoted within the service through staff education. Staff attention to meeting tikanga needs of residents was evident in policies and procedures reviewed and this was sighted during the audit. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters with key information in the facility were in English and te reo Māori. The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that meets their needs.</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</p>	<p>FA</p>	<p>Policies and procedures outlined the facility's commitment to promoting an environment that does not support institutional and systemic racism. Staff understood the service's policy on abuse and neglect, including what to do should this become evident at Waiapu. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with the CHVM or CSM if they had any concerns about racism or discrimination. The CSM stated that any observed or</p>

<p>are safe and protected from abuse.</p>		<p>reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by a code of conduct.</p> <p>Residents interviewed reported they had not witnessed any abuse or neglect, they were treated fairly, they felt safe and were protected from discrimination, coercion, harassment, abuse and/or neglect. Whānau interviewed had no concerns about how staff interacted with residents.</p> <p>Policies and procedures for handling residents' property and finance were evident. Waiapu has implemented a sound process to manage residents' sundry expenses.</p> <p>Professional boundaries are explained to staff during induction and orientation, were maintained by staff as observed during the audit, and verified by residents and whānau when interviewed.</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>Residents and whānau reported that communication was open and effective, and they always felt listened to. Information was provided in an easy-to-understand format as well as accommodating different languages and text sizes for sight-impaired people. Information was made available in te reo Māori. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Residents' meetings were held monthly, and meeting minutes verified satisfaction with services provided. An independent advocate has meetings with residents and their whānau every three months.</p> <p>Residents, whānau, and staff reported the CHVM and CSM responded promptly to any suggestions or concerns. The organisation has a company-wide newsletter that provides all its sites with updates on all its facilities. Copies of the newsletter were available at reception.</p> <p>Changes to residents' health status or reported incidents/events were communicated to whānau in a timely manner and these communications were documented in the resident's record.</p> <p>Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals</p>

		<p>and involvement of other agencies involved in the residents' care when needed.</p> <p>Staff knew how to access interpreter services if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representatives were provided with the information necessary to make informed decisions. Interviews with residents and whānau verified this. They felt empowered by staff at Waiapu to actively participate in decision-making. The CSM and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting enduring power of attorney requirements, and processes for residents unable to consent were documented, as relevant, in the resident's clinical file.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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>	FA	<p>A fair, transparent, and equitable system was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. The CHVM advised there was a process in place to manage complaints from Māori by the use of hui, appropriate tikanga, and/or te reo Māori as applicable. Complaints forms are available in English and te reo Māori. Residents and whānau interviewed reported that they understood their right to make a complaint and knew how to do so.</p> <p>All complaints are documented by the service (including minor verbal complaints). Eighteen complaints have been received in the last 12 months. Documentation sighted in respect of the complaints showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint (except in the case of one recent complaint which is still open).</p>

		<p>There has been one complaint received through the Office of the Health and Disability Commissioner (HDC). The complaint was received on 8 December 2021. As the complaint was from a complainant who identified as Māori, advocacy was offered by the HDC and accepted by the complainant. The service responded to the HDC's request for information on 31 January 2022. The complaint remains open at the time of 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 o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Clinical governance is appropriate to the size and complexity of the service. The CHVM and CSM are both experienced registered nurses (RNs) who confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights (including New Zealand Sign Language) and infection prevention and control, differing text sizes for the visually impaired). Heritage Lifecare utilises the skills of the Waiapu manager and staff and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare have a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery. Waiapu has its own business plan for its particular services.</p> <p>Governance and the senior leadership team commits to quality and risk</p>

	<p>via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including Waiapu. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (eg, adverse events, infections, audits, and complaints) is 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>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. Heritage Lifecare uses an interview panel 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 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>Heritage Lifecare 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>Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora.</p> <p>Waiapu holds contracts with Te Whatu Ora Hawke's Bay to provide residential rest home, hospital, and respite care services under the age-related residential care agreement (ARRC) for up to 80 residents. Contracts are also held to provide services under the mental health in ARRC, restore in ARRC, and long-term support-chronic health conditions (LTS-CHC). Of the 79 residents present on the day of audit, 46 were receiving rest home level care (one on respite) and 33 hospital level care (two on respite and two on the LTS-CHC contract). No residents were receiving care under any other contracts.</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 the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, feedback mechanisms from residents, whānau, and staff, and organisational policies and procedures. Progress against quality outcomes is evaluated. Relevant corrective actions are developed and implemented to address any shortfalls. Quality data is communicated and discussed, and this was confirmed by staff at interview. Trends are graphed and displayed on notice boards in public and staff areas. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The CHVM and CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received substantial education/training in relation to care of Māori, Pasifika and tāngata whaikaha (refer criterion 2.3.4).</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents have meetings facilitated by an independent advocate, and outcomes from these meetings are discussed with management. Residents' satisfaction surveys are completed. The survey completed in 2023 had a response rate of 35%. Results were generally below the benchmark for the HLL organisation. In response to this, Waiapu have developed corrective action plans to ameliorate areas of dissatisfaction. Corrective actions have been discussed at resident meetings and information on the corrective action taking place is available on resident/whānau notice boards in the facility. Despite the results from the survey, residents and whānau interviewed reported a high level of satisfaction with the service and advised that they had noticed a change since the employment of the current manager.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms</p>
--	-----------	--

		<p>reviewed showed these were fully completed, incidents were investigated, action plans developed and any corrective actions followed up in a timely manner. Events are captured using an electronic system.</p> <p>The CHVM and CSM understood and have complied with essential notification reporting requirements. There have been 14 section 31 notifications in 2023 and none in 2024. Eight of these related to RN shortage, one to utility loss following Cyclone Gabrielle, one reporting an infection in the facility, and four related to resident incidents.</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 staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported timely response to requests for assistance.</p> <p>The service is managed by the CHVM who is an RN, and who has worked at the facility for two years. Prior to this the CHVM has had extensive healthcare experience, primarily in acute hospital settings. The CHVM is supported by an experienced RN who works as the CSM. The CSM has been in the role at Waiapu for six years and has significant aged-care experience. Both the CHVM and CSM work Monday to Friday and share on-call. There are RNs on duty 24 hours per day/seven days per week (24/7) and there is a first aid certified staff member on duty 24/7.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. This is an area of excellence for Waiapu; all staff have completed the training and competencies required of them, dependent of their role (refer criterion 2.3.4). Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora Hawke's Bay.</p>

		<p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement and through staff education.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio and for those who act as health and safety representatives.</p> <p>A sample of nine staff records were reviewed. All evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for RNs, ENs and associated health contractors (a general practitioner (GP), a physiotherapist, two pharmacists, a podiatrist, and a dietician).</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and that support is available to them.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and is username and password protected. Any paper-based records are held securely and available only to authorised users.</p> <p>Residents' files are integrated electronic and hard copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Waiapu is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data, including ethnicity data, is documented and analysed, including decline rates for Māori.</p> <p>Waiapu had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting Te Whatu Ora Hawke's Bay and through the local iwi (Ngāti Kahungunu). Assistance for Pasifika people could be accessed from communities related to staff who are employed at Waiapu.</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>The multidisciplinary team at Waiapu worked in partnership with the residents and their whānau to support the residents' wellbeing. Nine residents' files were reviewed: four hospital files and five rest home files. These files included residents who had had an acute event requiring transfer to an acute facility, residents with a wound, residents with behaviours that challenge, residents who had had a fall, and residents with complex nutritional needs.</p> <p>The nine files reviewed verified that a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Residents who had had an unwitnessed fall had an incident form completed, neurological observations taken with oversight by the RN, and notification to the resident's family. Residents with long standing wounds had wound assessments, a wound management plan and documentation that verified treatment was provided in accordance with the plan and best practice guidelines. Input from the wound care nurse had been sought and advice included in the treatment regime. Challenging behaviours were managed in accordance with the documented behaviour management plan. Short-term care plans were in place in two of the files reviewed. Short-term problems had been identified and interventions made to address the problems.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participated in Waiapu's service development and delivery of services that provided choice and control, removing barriers that prevented access to information. Involvement was verified in an interview with a resident.</p> <p>Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in the care plan. The support required to achieve this was documented, communicated, and understood. This was verified by</p>

		<p>reviewing documentation, sampling residents' records, interviews with residents, whānau and staff, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist and two activities assistants provide an activities programme at Waiapu seven days a week. The programme supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities.</p> <p>Younger residents were enabled to attend community activities of their choice and participate in activities that were of interest to them.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori included tikanga, and these were facilitated. Kapa haka groups visit the facility. Matariki and Waitangi days are celebrated with food, language, and activities.</p> <p>Waiapu provide a 24/7 approach to activities, offering activities and diversion at appropriate times for residents, in line with the individual needs identified in the care plan.</p> <p>Residents and whānau are involved in evaluating and improving the programme. A satisfaction survey evidenced residents and their whānau were generally satisfied with the activities provided at Waiapu, but results were below the HLL benchmark. A corrective action has been commenced in relation to this; however, residents and whānau interviewed during the audit reported that they find the programme meets their needs.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Eighteen files were reviewed. A safe system for medicine management (using an electronic system) was observed on the day of audit. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Staff who administer medicines are annually assessed as competent to perform the function they manage. All staff administering medication have completed the required assessments.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Over-the-counter medication and supplements are counted as part of the resident's medication regimen and are prescribed (as applicable) by the GP. Standing orders are not used at Waipapu.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu was reviewed on 22 October 2022 by a qualified dietitian. All recommendations have been incorporated into the menu and signed off by the dietitian.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Hastings City Council on 8 August 2023.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, food sensitivities, any special diets and</p>

		<p>modified texture requirements are accommodated in the daily meal plan. Menu options are available for other cultures, including te ao Māori.</p> <p>Evidence of levels of resident satisfaction with meals was verified by residents and whānau interviews, through satisfaction surveys and resident meeting minutes. A satisfaction survey completed in 2023 evidenced residents and their whānau were generally satisfied with the food services provided at Waiapu, but results were below the HLL benchmark. A corrective action has been commenced in relation to this; however, residents and whānau interviewed during the audit reported that they find the food services meets their needs. Meal satisfaction audits are completed quarterly, and results from those audits are generally positive.</p> <p>Residents could choose their time preferences to eat their meals. Residents were also given sufficient time to eat their meals. Assistance and monitoring were provided to residents who required this.</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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau.</p> <p>Resident transfer documentation was noted to be comprehensive.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</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>	FA	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical</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>equipment. Monthly hot water tests were completed for resident areas, these were sighted and there was evidence that discrepancies (lower temperatures than the standard) were addressed.</p> <p>The building had a building warrant of fitness which expires on 1 March 2024. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to co-design and consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms were spacious and allowed room for the use of mobility aids and moving and handling equipment in hospital level rooms. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Electric heating is provided in the facility which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>FA</p>	<p>The fire evacuation plan was approved by the New Zealand Fire Service on 8 March 2011 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, the most recent drill was on 3 September 2023. Staff have been trained and knew what to do in an emergency. Contingency</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>plans for the management of civil emergencies (following Cyclone Gabrielle) and COVID-19 were reviewed in July 2023 and September 2023 respectively. All RNs and some other staff have current first aid certification. There is a first aid certified staff member on duty 24/7. Staff who take residents on outings away from the facility hold first aid certification.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Alternative essential energy and utility resources are available, should the main supplies fail. Further supplies have been added following Cyclone Gabrielle, for example, flood protection bags.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</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.</p> <p>Heritage Lifecare has IP and AMS outlined in its policy documents. This is 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 at HLL can access IP and AMS expertise through Te Whatu Ora Hawke's Bay. Infection prevention and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings. Infection prevention and control information presented to the board includes</p>

		ethnicity data.
<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>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to the manager. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support from the HLL support office and also from the Te Whatu Ora Hawke’s Bay IP clinical nurse specialist. Their advice has been sought when making decisions around procurement relevant to care delivery and they can be consulted about new builds, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. These policies were developed by HLL. Cultural advice was accessed by the HLL quality manager who developed the infection control policies and programme. Policy and procedure and staff interviews demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment.</p> <p>The CHVM is aware of the need to consult with infection prevention personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Staff at Waiapu were familiar with IC policies through education during orientation and ongoing education and were observed to follow policy and procedure correctly. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Individual-use items were discarded after being used. Residents and whānau are educated about infection prevention relevant to their needs. Staff who identify as Māori and speak te reo Māori can provide the IPCC with infection advice in te reo Māori if needed for Māori accessing services. There were educational resources available in te reo Māori.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their</p>

		use. Residents and their whānau were educated about infection prevention in a manner that met their needs.
<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>Waiapu has a documented AMS programme, appropriate to the size, scope and complexity of the service. The programme has been approved by the governing body and sets out to optimise antimicrobial use whilst minimising harm. The AMS programme is overseen by the IPCC nurse at facility level and the national infection prevention RN at support office. Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use at facility and national level to inform ongoing antimicrobial prescribing in the service.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the HLL regional IP team, the CHVM, CSM, staff, residents, and whānau. Results of the surveillance programme were also reported to the board.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the RN.</p> <p>A surveillance summary report for a COVID-19 outbreak was reviewed. It demonstrated a thorough process for investigation and follow-up. Learnings from the event have been shared with HLL IPN regional groups and incorporated into practice at Waiapu. Regional Public Health Unit (RPH) and Te Whatu Ora Hawke's Bay were informed of the outbreak.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports the prevention of infection and transmission of antimicrobial-resistant organisms at Waiapu. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and cleansing gel were available throughout the facility.</p> <p>The IPCC nurse has oversight of the facility testing and monitoring programme for the built environment. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Staff interviewed and observed demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness via the internal audit programme and resident satisfaction survey, and these were sighted. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family reported that the laundry is managed well, and the facility, communal and personal spaces, are kept clean and tidy. This was confirmed through observation.</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</p>	<p>FA</p>	<p>Heritage Lifecare Limited is committed to a restraint-free environment in all its facilities. Waiapu is restraint-free. Restraint had reduced over the year from three in January 2023 and restraint has not been used in the facility since August 2023. Strategies in place to eliminate restraint included an investment in equipment to support the removal of restraint (eg, through the use of 'intentional rounding' (scheduled resident checks), high/low beds, and sensor equipment) and through discussions with residents' whānau. The board's clinical advisory group</p>

<p>restraint in the context of aiming for elimination.</p>	<p>is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at the clinical advisory group meetings and then reported to the board.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring and as part of the 2023 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency) and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC in consultation with the Waiapu multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process.</p> <p>The restraint committee continues to maintain a restraint register and the criteria on the restraint register contained enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in meeting minutes. Restraint is also considered during the individualised care planning process with alternative interventions put into place if the resident is thought to be at risk. Restraint is considered only when all other interventions have failed. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
--	--

--	--	--

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 audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	CI	<p>In 2022 a new CHVM was appointed to the service. During a review of service provision conducted by the CHVM in conjunction with the CSM and other staff, it was identified that Waiapu had poor records of completion of orientation documentation, education, and competency assessments.</p> <p>In response to this, the CHVM and CSM commenced a project to address the issues they had identified. To do this they:</p> <ul style="list-style-type: none"> Identified the barriers preventing completion of orientation and competencies, and attendance at training. This included looking at when and how these were delivered and how this could be changed to allow for completion. Developed a strategy to support the completion of orientation and competencies, and attendance at training by selecting a staff member 	<p>Waiapu is delivering an orientation, training, and competency assessment process that is achieving 100% compliance. The programme includes reactive training based on the residents' needs. Staff report that the process is positive for them in looking after the residents in their care. Residents report that staff are knowledgeable and that they feel supported, encouraged, and safe.</p>

		<p>and health and safety representative who were dedicated to supporting new staff and who actively monitored completion, reporting deficits to the CHVM so that these could be addressed.</p> <ul style="list-style-type: none"> • Developed a strategy that required the completion of orientation prior to staff commencing 'on the floor', and for other staff requiring completion of competencies and training. This was discussed with staff at staff meetings so that they could have input into the process. • Looked at policy and procedure to identify requirements, and to assess any deficits in the current programme. • Identified staff who had not completed orientation so that this could be addressed. <p>The process was commenced in 2022 but fully integrated in 2023. In 2022, there was some 'catch up' that saw orientation being completed and most of the annual education programme being delivered, although not all staff were able to complete the full programme in the time available and some staff did not complete eight hours of training as required. Critical competencies were completed (eg, medication management was completed for all staff involved with medication administration) with a large number of the staff also completing competencies and/or education on emergency management, infection prevention and control (including outbreak management), first aid and cultural safety.</p> <p>In 2023, the initiative was fully integrated into the 'business as usual' activities at Waipapu.</p> <p>Orientation was fully completed for all staff entering in the service, with re-orientation for the staff who did not complete previously (100% compliance). Orientation was also noted (in documentation) to have been completed in a timely manner, most</p>	
--	--	---	--

	<p>within a week to three-week window. This was achieved by having dedicated 'off the floor' orientation sessions for new staff held twice a week so as not to overload new staff with too much information they could not take in 'in one go'. This has allowed new staff to be empowered, knowledgeable, and well supported as they enter the service. That this has been successful is evident in documentation from the positive six-week and three-month reviews that were conducted with staff. During the audit, newly employed staff confirmed that this had been useful for them and that the process was superior to that they had received in the past at other jobs (some of which were in aged care).</p> <p>Annual competencies were fully completed by all staff. There was 100% compliance. Competencies were related to medication management (dependent on role), health and safety (including emergency management), moving and handling (including physical instruction), infection prevention and control (including standard precautions, personal protective equipment (PPE) use, mask wearing, hand hygiene), code of rights, informed consent, privacy and confidentiality, and restraint.</p> <p>The training programme was fully completed; there was again 100% compliance with the education programme and the education programme covered the requirements of Ngā Paerewa. Documentation sighted confirmed that the education material was relevant to the subjects being taught. Material was sourced from inside and outside the organisation, for example, from Manatū Hauora, The Nursing Council of New Zealand, the Health and Safety Commission, various Te Whatu Ora organisations (including the Te Whatu Ora Hawke's Bay Speech and Language Therapist for dysphagia), the Frailty Care Guidelines, and food and chemical providers</p>	
--	---	--

		<p>to Waiapu. Sessions were conducted throughout the year, adhering to the HLL Annual Education Plan. A 'mixed media' approach was adopted to keep the programme interesting for staff. This included scenario discussions, paper-based exercises, PowerPoint slide shows, toolbox talks, online education, and from external sources. Staff interviewed during the audit confirmed attendance at training and agreed that it was more interesting to them than previous training.</p> <p>Added to this, Waiapu has undertaken reactive education relevant to residents in their care. Education was completed on dialysis and prior to the summer season, on hydration.</p> <p>The outcome of this initiative is that staff have felt welcomed, supported and empowered by having the knowledge and resources available to them (confirmed at audit by interview). Management reports that they have seen a marked improvement in staff culture, wellbeing, and confidence. Residents confirmed at interview during the audit that staff are working to a high standard and that they felt supported, encouraged, and safe.</p>	
--	--	--	--

End of the report.