

Heritage Lifecare Limited - Hodgson 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: Hodgson House

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

Dates of audit: Start date: 14 February 2024 End date: 15 February 2024

Proposed changes to current services (if any): Reduction of bed numbers to 65 confirmed to have occurred. A request to make remaining 65 beds dual purpose (hospital and rest home) has been submitted to HealthCERT.

Total beds occupied across all premises included in the audit on the first day of the audit: 60

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

Hodgson House Lifecare provides rest home and hospital services for up to 65 residents. A reduction in bed numbers, from 67 to 65 beds, had been made at some point in the past when two rooms became offices. A new care home and village manager was appointed in October 2023 and a registered nurse working at the facility was appointed to the clinical services manager role at the beginning of 2024. Current management were unable to verify when the bed numbers reduced. The manager has made a reconfiguration request to HealthCERT to confirm the reduced numbers and to request the remaining 65 beds to be certified as dual purpose, rest home and hospital. This audit has found the requirements are met for this change.

This certification and partial provisional audit were conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty (Te Whatu Ora – Hauora a Toi Bay of Plenty). The audit process included a pre-audit assessment of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, management, staff, a contracted physiotherapist and a general practitioner.

Strengths of the service, resulting in a continuous improvement rating, related to infection outbreak management. Improvements are required to diversional therapy assessments.

Partial Provisional

This partial provisional audit confirmed the service meets the standards required to provide 65 dual purpose hospital and rest home level beds.

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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Hodgson House Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. The facility provides an environment that supports residents’ rights and culturally safe care. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana Motuhake. Systems and processes are in place to enable any Pasifika people admitted to the facility to be provided with culturally safe services that recognise their worldviews.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training which is reflected in day-to-day service delivery. Residents are safe from abuse.

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

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori.

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.

Heritage Lifecare Limited is the governing body for Hodgson House Lifecare. A board of directors works with head office to ensure organisational performance is monitored and that there is ongoing compliance of requirements in all HLL facilities, including Hodgson House. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, 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. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

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.		Some subsections applicable to this service partially attained and of low risk.
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When residents enter Hodgson House Lifecare a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arise. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular basis.

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

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

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

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

Te aro ki te tangata me te taiao 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.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness on display. Electrical and biomedical equipment has been checked and tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, use of the available emergency equipment and supplies, and attend regular fire drills. Information about emergency and security arrangements is provided to staff, residents, whānau and visitors. 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.
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The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The environment supports prevention and transmission of infections. Waste and hazardous substances were well managed. There were safe and effective cleaning and laundry services.

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.

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

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	1	166	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

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>	FA	<p>Heritage Lifecare Limited (HLL) has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana Motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and is used for residents who identify as Māori.</p> <p>At the organisational level, 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 – Hauora a Toi Bay of Plenty, through the local wananga, local Māori health providers and through an advocate who identifies as Māori and has links with Tapuika iwi. Local iwi regionally, including children from a kohanga reo, provide entertainment to the residents at times. Use of te reo is encouraged.</p>

		<p>The staff recruitment policy 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 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. Training on Te Tiriti o Waitangi is part of the HLL training programme, and this is implemented in the service. 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. There are seven residents who identify as Māori, and eight staff across a variety of roles working at Hodgson House Lifecare who also identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable 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. Two members of the executive team identify as Pasifika. They 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. The regional manager confirmed that in the event a Pasifika person is admitted to the service, HLL is able to link Hodgson House Lifecare into a local Pasifika community through known contacts and organisations. In addition, the care home and village manager has explored ways of working with the two staff who identify as Pasifika in this service to support them to upskill other staff in this area.</p> <p>The staff recruitment policy 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. Training on culturally specific care,</p>

		<p>including care for Pasifika, is part of the HLL training programme, and is implemented in the service with a recent focus on the Fonafale model of health 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>Heritage Lifecare Ltd and Hodgson House Lifecare management were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure resident rights are respected. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>The rights of Māori in relation to self-determination (Māori mana Motuhake) were recognised and understood by staff</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Hodgson House Lifecare Home supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau, including people with disabilities, confirmed they receive services in a manner that has regard for their cultural identity, dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Rooms sighted were spacious and reflected the residents' individuality.</p> <p>Nurses and health care assistants receive training on the principles of Te Tiriti o Waitangi. Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage was evident throughout the facility and key resident information such as the Code of Rights was displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents, including</p>

		those with disabilities, and staff described ways they enable Māori residents to participate in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. There is a code of staff conduct in place and professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed understood the concept of institutional racism and stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic, encompassing the pillars of Te Whare Tapa Whā and is based on the identified strengths of residents. Wellbeing outcomes for all residents, including Māori, are evaluated as part of the assessment and care planning process six-monthly to ensure the needs of the residents are met.</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>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in easy to understand verbal and written formats. Changes to residents’ health status were communicated to whānau in a timely manner. Where other health professionals were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</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>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Whānau were included in decision-making with the consent of the resident. Consent was documented for all residents in the facility at the time of audit.</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>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Tikanga guidelines are available to support staff when working with Māori residents and whānau.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. The care home and village manager advised there was a process in place to manage complaints from Māori. Involvement of whānau and the person's usual cultural links is encouraged, services of the Māori advocate offered and appropriate tikanga, and/or te reo Māori used as applicable. Complaint 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>Nine complaints have been filed over the past 12 months. When the care home and village manager commenced at the end of October 2023, three complaints were open and three have been received since. All have now been investigated and closed out and all had documentation to evidence that the complainant had been informed of the outcome of their complaints and their options if they were not satisfied with the outcome.</p> <p>Any complaints from external services are escalated to the organisation's head of clinical and quality services. There are currently two complaints under investigation by the Health and Disability Commission (HDC). One of these has only just been received by the service provider and information requested by the HDC is not due until March 2024. The other complaint is longer-standing, and two sets of information requested by the HDC have been forwarded within the required timeframes. The service provider is awaiting a response from</p>

		the HDC for the latest set of information supplied.
<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>	FA	<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 has a legal team who monitor changes to legislative and clinical requirements and has access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through ensuring the people have choice and control over their supports. Potential barriers that might prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control) are removed. Heritage Lifecare also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare Limited has 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 infection prevention (IP), antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery.</p> <p>As per Heritage Lifecares processes, Hodgson House Lifecare has its own business plan. The 2023 business plan and the draft one for 2024 were viewed and confirmed the template has been completed. 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, including Hodgson House Lifecare. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, infections, audits, and complaints) are aggregated and corrective actions (at facility and organisation level as applicable) are actioned. Feedback is to the</p>

	<p>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 supports people to participate locally through residents' 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 benchmarked against other HLL services and are used to improve services.</p> <p>Directors of HLL have undertaken the e-learning education on Te Tiriti o Waitangi, health equity, and cultural safety provided by Manatū Hauora.</p> <p>Hodgson House Lifecare holds contracts with Te Whatu Ora – Hauora a Toi Bay of Plenty to provide residential rest home, hospital and respite care services under the age-related residential care agreement (ARRC) for up to 65 residents. A previous record stating it is a 67-bed facility was incorrect as two rooms had been made into offices some years back. On the second day of audit, a reconfiguration was requested to formally amend the bed numbers and to review a rest home wing of 22 beds for their suitability for dual-purpose: rest home or hospital care provision.</p> <p>On the day of audit, 60 residents were receiving care: 24 rest home level, 34 hospital level and two palliative level care. Of the 34 hospital level care residents, one person was on a young person's residential disability contract through Whaikaha – Ministry for Disabled People and five were on a long-term chronic healthcare conditions contract.</p> <p>Partial Provisional</p>
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		<p>There are no changes planned in relation to the governance of Hodgson House for the proposed change of 22 rest home beds to become dual purpose rest home or hospital levels of care. The regional manager represented the corporate management of the organisation and was interviewed regarding the specific requirements for the partial provisional aspects of the audit. All requirements were met.</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, internal and external audit activities, and policies and procedures. Records of activities of the HLL quality and risk management programme for Hodgson House for most of 2023 were unable to be found. The care home and village manager explained that this was identified on commencement of their employment, and they rapidly reinstated the planned HLL systems. By the time of audit, the shortcomings had been addressed and records and reports confirmed the system was operating effectively. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. 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 care home and village manager understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. These are documented in a risk register and the identified risks are discussed at staff meetings alongside health and safety. A Māori health plan guides care for Māori. Staff have received substantial education/training in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Residents and whānau interviewed during the audit reported a very high level of satisfaction. Monthly residents' meetings are led by an</p>

		<p>independent advocate and are minuted, with food and activities featuring as regular discussion points. Annual surveys are completed by residents, whānau and staff and the information obtained is benchmarked with other facilities. The results contribute to quality improvement with staff education, staff orientation and cleanliness of the facility being examples of improvements made from feedback provided. Overall, there were high levels of satisfaction with the services provided. Staff interviewed during the audit provided details about the positive changes that have occurred for residents and for staff since the current care home and village manager arrived in late October 2023.</p> <p>Staff document adverse and near miss events into an electronic database and these are managed in line with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner. Results are analysed via the clinical governance group.</p> <p>Requirements in relation to essential notification reporting requirements have been upheld. Section 31 notifications have been completed for 21 incidents in the last 12 months, most of which occurred while previous managers were operating. These covered fractures (seven – April until June 2023), registered nurse shortages (six – July and August 2024), pressure injuries (three) and one each for skin infection, phone problems, a medication error and a utility failure. It was not possible to see how these were managed prior to the current care home and village manager taking over. Improvement processes have been implemented for the three that have occurred since the new manager took over.</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</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 service is managed by a care home and village manager who is a registered nurse and has had extensive experience in similar management roles. The clinical services manager is an experienced registered nurse who is new to the role and currently being supported by a registered nurse</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>from another HLL facility. Registered nurses, all of whom have a current first aid certificate, are on duty 24 hours per day/seven days per week (24/7). As this audit was also a partial provisional for hospital level care, staffing numbers were checked.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were now adequate staff to complete the work allocated to them as this has improved over recent months. Residents and whānau interviewed supported this.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. When the new care home and village manager took over in October 2023, they identified that the organisation's staff education plan had not been upheld. Concerted efforts were made to ensure all staff had completed training as per the requirements of the organisation, which cover those for the standard and the contracts. Related competencies have been assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora - Hauora a Toi Bay of Plenty. This access had lapsed; however, staff training records demonstrate this has now been rectified.</p> <p>All staff, except some new employees, have completed training in Te Tiriti o Waitangi, tikanga Māori, cultural safety and health equity.</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. The care home and village manager has asked staff to provide feedback on any other options they would like support with.</p> <p>Partial Provisional</p> <p>At present there are sufficient caregivers with a team of casuals for additional shifts, some of whom are seeking regular scheduled shifts and more permanent work. In addition, there are extra registered nurses just commencing orientation due to an influx from overseas into this district. The care home and village manager noted that with no upcoming resignations, there will be more than the required registered nurses. In conclusion, there are adequate staff to add additional</p>
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		hospital level care beds as required into this facility.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. These include recruitment, selection, orientation and staff training and development. Position descriptions are in place for all positions and include outcomes, accountability, responsibilities, authority, and functions to be achieved. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio. Copies of these were sighted in staff files reviewed.</p> <p>A sample of nine staff records were reviewed including for one manager, two registered nurses, three caregivers, maintenance, administration and a household staff person. These 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 12-monthly intervals, which was confirmed through documentation sighted and interviews with staff. Several gaps in documentation availability were due to the person being employed under an agency or via the previous owner of the facility.</p> <p>Qualifications were validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors including two general practitioners, a physiotherapist, a podiatrist, the pharmacists, and a dietitian.</p> <p>The new staff induction and orientation programmes are specifically targeted to the person's role within the organisation. Requirements are within an orientation pack, checklist that includes training topics requires completion, the process is diarised, relevant competencies are assessed, a buddy process for two days or more if required is implemented and two follow-up interviews are undertaken at three and six months with the line manager. A quality improvement project was developed by the care home and village manager after finding within a few weeks of starting that several newly registered nurses had not received adequate orientation. A project plan was developed, and implementation commenced December 2023. Progress is well</p>

		<p>underway and good results emerged from an evaluation survey. As consumer safety or satisfaction had not been measured, a continuous improvement rating could not be allocated.</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 and in the first instance is undertaken by the care home and village manager or the clinical services manager. Staff interviewed confirmed the opportunity for debrief and support is readily available to them.</p> <p>Partial Provisional</p> <p>In addition to the comments in subsection 2.3 above regarding adequate staff numbers, the systems that support staffing, including human resources, induction and orientation, checks of professional qualifications, staff training and competency assessments for example will be maintained. All staff are already required to be trained and have the skills that enable them to work across both rest home and hospital services.</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>	FA	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are held securely and available only to authorised users. Residents' files are integrated electronic and hard copy files.</p> <p>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>Hodgson House Lifecare 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,</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service</p>

<p>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>Coordination (NASC) Service. Residents and whānau members interviewed stated they were satisfied with the admission process. Information was made available to them on admission. Files reviewed met contractual requirements.</p> <p>Enquiries and continuing contacts with the prospective resident are documented. It is unusual to decline a resident entry. If this should need to occur there are processes for communicating the decision. Data, including ethnicity, is documented and analysed at organisational level and data for Māori was sighted.</p> <p>The service has developed partnerships with Māori communities and organisations and support Māori and their whānau when entering the service.</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 teamwork in partnership with the resident and whānau to support wellbeing. A care plan, based on the Heritage Lifecare model of care, is developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. Early warning signs and risks with a focus on prevention or escalation for appropriate interventions were recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input. Timeframes for the initial assessment, medical or nurse practitioner assessment, care planning, and reviews meet contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. A Māori Health plan based on Te Whare Tapa Wha is used for Māori residents to ensure their cultural needs are met. Historic gaps in assessment and care planning were noted, however, corrective action had been taken and these were now up to date. Comprehensive plans were in place to ensure interRAI assessment and care planning requirements continue to be met with registered nurses allocated specific time to complete these. This was verified by sampling residents' records, from interviews with clinical staff, residents and whānau.</p>

		<p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and whānau. Residents and whānau confirmed active involvement in the process. Residents, including those with disabilities, are given choices and control over their care. Tāngata whaikaha/whānau can independently access information.</p> <p>Residents are supported to maintain their independence and care plans described the degree to which residents can complete their own personal cares. The general practitioner confirmed care was of an acceptable standard and they are called appropriately when needed.</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>PA Low</p>	<p>The activities programme is diverse and varied and supports residents to maintain and develop their interests and was suitable for their age and stage of life. A range of group activities, entertainers and outings were available. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives meet the needs of Māori.</p> <p>A social profile, life history and activities assessment are completed on admission. However, individual resident interests and activity goals were not always recorded. As a result, it cannot be confirmed the programme is meeting the needs of the residents; refer criterion 3.3.1</p> <p>Feedback on the programme is provided through resident surveys and meeting minutes. Those interviewed confirmed they found the programme met 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. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</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>Medications are provided by 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 stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber. The required three-monthly general practitioner review was consistently recorded on the medicine chart.</p> <p>Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely.</p> <p>Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Partial Provisional</p> <p>There are sufficient registered nurses on duty to provide medication support for an increased number of hospital level residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents</p>

		<p>and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Partial Provisional</p> <p>The kitchen is sufficient to provide food services, including modified texture and special diets, to an increased number of hospital level residents.</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. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Residents and whānau reported being kept well informed during transfers.</p> <p>Communication between the district hospital specialists, general practitioner, and the facility was evident in files reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and review and calibration of clinical equipment. A gas hot water system is in place and monthly hot water tests are being completed for resident areas. Repairs are completed within realistic timeframes.</p> <p>A current building warrant of fitness with an expiry date of 18 January 2025 was on display near the front entrance. There are not currently any plans for further building projects, but Heritage Lifecare directors are aware of the requirement to consult with Māori if this was</p>

	<p>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 suit 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. External areas have appropriate seating and shade on balconies and in patio areas.</p> <p>Residents' rooms were of varying sizes with all having sufficient room for the use of mobility aids and moving and handling equipment if required.</p> <p>Resident's rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Heat pumps and water filled radiators are installed for heating purposes and can be adjusted depending on preferred indoor temperatures.</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>Partial Provisional</p> <p>At the request of the regional manager, the rooms in a wing currently certificated to provide rest home level care only were reviewed for their suitability to be used for hospital level care. The rooms are of sufficient size for hospital level care and although one has its own ensuite, the remainder of these rooms have two shared good-sized showers and toilets and three other toilets along the corridor. All rooms have a handbasin. If the person required additional equipment, the room may require repositioning of the bed, but this would not prevent access to the call bell. Corridors are spacious and sufficiently wide enough for a bed if required. There is already sufficient equipment for hospital care on site with some of it currently not required and stored.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. All registered nurses and some other staff, including all activity staff, have current first aid certification, which ensures there is a first aid certified staff member on duty 24 hours a day on seven days a week. 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>The fire evacuation plan was approved by the New Zealand Fire Service on 31 January 2006 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly.</p> <p>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, including a generator that will run for up to three days, should the main supplies fail. Functioning of the generator is checked monthly.</p> <p>Call bells alert staff to residents requiring assistance. These display above the door of each resident's room when triggered and link to staff pagers. Although the pager system is currently under review (as many pagers are broken), overall feedback from residents and whānau about staff response timeframes was positive. The manager and the administrator analyse the data from the call bell system monthly and as needed.</p> <p>Appropriate security arrangements are in place including surveillance cameras, a security company walk through at night and evening lockdown checks. Signage advising of security cameras being in place are clearly displayed throughout the facility.</p> <p>Partial Provisional</p> <p>The requirements of this subsection have been fully met and the systems that ensure the security of the people and the workforce are to be maintained when the 22 beds currently designated as rest home</p>

		only, become dual purpose rest home or hospital level care beds.
<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>	FA	<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 can access IP and AMS expertise through Te Whatu Ora - Health New Zealand Hauora a Toi Bay of Plenty and the local Public Health department. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</p> <p>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 ethnicity data.</p> <p>Partial Provisional</p> <p>Systems in place for the reporting of IP and AMS programmes through to governance and the management of significant IP events will remain unchanged. These meet the requirements for the proposed change to 65 dual purpose beds.</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>	FA	<p>The clinical services manager (CSM) who is a registered nurse is the infection prevention and control resource nurse and is responsible for overseeing and implementing the infection prevention programme with reporting lines to senior management and to the Heritage Lifecare Ltd regional manager and national infection prevention lead. The CSM has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice</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>and/or the advice of the Heritage Lifecare Ltd national infection prevention lead has been sought when making decisions around procurement relevant to care delivery, and policies. There have been no facility changes or design of any new building, policy confirmed their advice would be sought should this occur.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>There is a Pandemic Plan and outbreak management plan in place. The service has sufficient stores of personal protective equipment available (PPE), and staff have been trained in the use. Planning and learnings from two recent infection outbreaks ensured the protection of residents at a level above that normally seen and a rating of continuous improvement is awarded; refer criterion 5.2.4.</p> <p>Staff were familiar with policies related to the decontamination of reusable medical devices and shared medical equipment. Monitoring of compliance is included in the audit schedule. Single use items are not reused.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources were available in te reo Māori.</p> <p>Partial Provisional</p> <p>The IP and AMs programme, including policies and procedures in place are suitable for the proposed change to 65 dual purpose beds.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>An antimicrobial policy is in place, this is appropriate to the size and scope of the service and has been approved by the Heritage Lifecare Limited governing body. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>antimicrobial use and identifying areas for improvement.</p> <p>Partial Provisional</p> <p>The current IP and AMS programme is appropriate to the proposed change to 65 dual purpose beds.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data included ethnicity, and is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are reported to governance and shared with staff.</p> <p>Communication between service providers, and residents experiencing a healthcare-associated infection (HAI). Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff.</p> <p>Communication between service providers, and residents experiencing a healthcare-associated infection (HAI) and/or their whānau is culturally safe.</p> <p>Partial Provisional</p> <p>The infection surveillance programme in place is suitable for the proposed change to 65 dual purpose beds.</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</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p> <p>Partial Provisional</p> <p>The cleaning and laundry service supports and environment that is suitable for the proposed change to 65 dual purpose beds.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the HLL and of the team at Hodgson House Lifecare. Heritage Lifecare's governance group demonstrated commitment to this through documented policy and regular reporting requirements from each service. The clinical advisory group (CAG) monitors the use of restraint across the organisation and is chaired by one of the organisation's regional managers.</p> <p>The regional manager for Hodgson House Lifecare is also the national restraint manager for HLL and therefore responsible for ensuring restraint minimisation is achieved. During interview, they confirmed that the monthly reporting through the clinical advisory group (CAG) assists the executive management team to closely monitor the move towards a restraint free environment for the entire HLL group. A dramatic decrease in the number of HLL facilities that use a restraint was reported.</p> <p>The clinical services manager reports to the senior leadership each month on the activities taken to ensure a restraint free environment is maintained. Reporting includes staff training, incident reports, health and safety issues for health care and support staff, and any support provided to whānau to explore restraint free alternatives when restraint is requested for a new admission, or due to a change in health status.</p> <p>At the time of audit, none of the residents at Hodgson House Lifecare was using any form of restraint. The last restraint used in this facility</p>

		<p>was three years ago.</p> <p>Training in the use of restraint, alternative culture-specific interventions and de-escalation is a component of the mandatory training for all staff involved with residents' care and support. This was last undertaken by staff in August 2023 alongside a session on delirium, depression and dementia.</p> <p>Organisational policies and procedures include the requirements for all aspects of the restraint standard. One of the registered nurses operates as the restraint coordinator and completed role-specific training February 2024. Results of a restraint related internal audit dated September 2023 showed 100% attainment.</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 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	PA Low	<p>The programme is planned by an activities coordinator and reviewed by a diversional therapist from another Heritage Lifecare Limited facility. The programme is diverse and includes a range of individual and groups activities such as puzzles and quizzes, games, exercises and church services. Outings occur using the facility van and visiting entertainers include children from the local school and kindergarten.</p> <p>The activities planned reflect ordinary patterns of life including normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are included.</p> <p>A social profile and an activities assessment is completed on admission for each resident. However, individual resident interests were not always recorded, activity goals were not always set and not all residents had individual lifestyle or</p>	<p>It cannot be evidenced that the activities plan is responsive to the individual needs of residents as not all residents’ activity goals are recorded and not all residents had an activity or leisure plan completed.</p> <ul style="list-style-type: none"> ·Four out of eight files reviewed did not have activity goals identified, and two further files had goals recorded in 2022 that had not been updated. ·Six out of eight resident files reviewed did not have a resident activity or leisure plan recorded, including one resident under the younger person with 	<p>Ensure the activities programme reflects the interests and identity of the residents.</p> <p>Ensure all residents have an up-to-date activities or leisure plan including personal goals.</p> <p>180 days</p>

		leisure plans. An internal audit of documented individual resident activity plans conducted in October 2023 showed 40% compliance with requirements. No corrective action has been put in place to rectify the deficit. As a result, it cannot be confirmed the programme is responsive to the residents' identity and is meeting the needs of the residents.	a disability contract.	
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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 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>	CI	<p>An infection outbreak plan has been developed at organisational level by the Heritage Lifecare national infection prevention lead. This plan was followed during two recent infection outbreaks in the facility. While the first outbreak was contained, and well documented evaluation showed some deficits in knowledge and practices. The actions taken following this evaluation ensured an increase in staff knowledge and improved processes. This improvement ensured a second outbreak two months later was well managed, protected residents, whānau and visitors and the outbreak did not spread through the facility.</p> <p>The first outbreak was in December 2023 involved seven residents, 11% of the total residents at the time. Residents were placed in isolation and staff education provided. However,</p>	<p>Hodgson House has had two recent infection outbreaks. While both were well managed, evaluation and learnings have improved processes, improved knowledge of staff, improved PPE storage and accessibility and improved communication. As a result, there is an improvement to the safety of residents, whānau, visitors and staff. The actions taken have ensured prompt identification of an outbreak and prompt and appropriate management.</p> <p>The actions taken, and the promptness of improvements, are above that expected for full attainment of this criteria and a rating of continuous improvement is given.</p>

		<p>evaluation of the outbreak identified several deficits. Identification of the outbreak was delayed by 48 hours due to a lack of knowledge and understanding by staff. Registered nursing knowledge on isolation procedures was insufficient to guide caregivers and the wider team. Personal protective equipment (PPE) stocks were low, stored in an ad hoc manner and not easily accessible. Staff knowledge of PPE use was limited and not all staff had completed the required competencies. The outbreak was contained through the actions of the clinical services manager who provided education and guidance. Required communication and reporting to Heritage Lifecare Limited occurred and communication with the attached village was appreciated by village residents.</p> <p>An improvement plan was put in place to rectify the deficits found in the evaluation of the outbreak. Education was provided and all staff competencies related to infection prevention, hand hygiene and PPE use were updated. This was verified in education records and staff interviews. PPE stocks were reviewed, and supplies obtained. Storage was organised and individual outbreak kits were collated to ensure quick and easy access when next needed, these were sighted to be present in each wing.</p> <p>The learning and improvements that resulted from the evaluation of this outbreak ensured a second outbreak of a different infection was well managed.</p> <p>The second outbreak in January 2024 was an infestation which involved five residents and one staff member. The initial infection was contracted by a resident during a hospital</p>	
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		<p>admission. This was identified quickly on their return to the facility; the resident was placed in isolation and precautions were taken to protect and isolate residents housed in nearby rooms. As a result, the infestation was contained and did not spread further through the facility. Communication with other residents and whānau was comprehensive while maintaining the privacy of those affected. Toolbox talks at shift handovers were used to educate staff on the required actions, and keep staff updated on the Heritage Lifecare Limited outbreak management plan and facility policy. Guidelines from Te Whatu Ora were followed, this included management of all linen and clothing to eliminate the infestation. Laundry was sent offsite for processing. Preventative treatment was provided to all residents and staff under the direction of the general practitioner. The outbreak was very well documented and reported to the Public Health Department and Heritage Lifecare Limited management and governance. Actions taken were verified through interview, review of outbreak documentation, emails and communication with residents and whānau and reports.</p> <p>Evaluation of the outbreak occurred using the Heritage Lifecare Limited template. Evaluation confirmed the practices put in place were effective. The evaluation also identified the support of the general practitioner in managing the outbreak, acknowledged the amount of extra work for staff and how well staff worked together as a team to achieve the required results. Learnings also included identifying how improved skin care could benefit the residents, and actions to achieve this are in place.</p> <p>The actions taken by the facility in managing</p>	
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		these two outbreaks, conducting an evaluation of processes, identifying deficits and promptly taking action to rectify the deficits ensured an improvement in outbreak management which benefits residents, whānau and visitors. This is above that expected for full attainment of this criterion and a rating of continuous improvement is given.	
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End of the report.