

Heritage Lifecare Limited - Cantabria Lifecare

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Heritage Lifecare Limited
Premises audited:	Cantabria Lifecare
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 21 February 2024 End date: 22 February 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:	146

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Cantabria Lifecare is certified to provide rest home, hospital, dementia, and residential disability services (including younger disabled) for up to 169 residents. The service is owned and operated by Heritage Lifecare Limited.

This surveillance 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 Lakes (Te Whatu Ora Lakes). It included review of policies and procedures, review of residents' and staff files, observations, interviews with residents and whānau, governance representatives, staff, allied health providers, and a general practitioner.

Deficits identified during the previous audit related to the quality system, statutory and regulatory reporting obligations, registered nurse cover, care planning, medication management, and the physical environment. With the exception of the environment, these have been fully addressed. Improvements are still required relating to the environment, particularly the environment in the secure dementia unit.

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 are fully attained.

Cantabria Lifecare 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, Pasifika, and other ethnicities. The service 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 Cantabria Lifecare at the time of the audit. Systems, processes, and models of care relevant to Pasifika were in place to enable Pacific peoples to be provided with services that recognised their worldviews and were culturally safe. Culturally safe care was confirmed by Pasifika residents and their whānau.

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. No complaints had been received from Māori in 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 are fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems are focused on improving service delivery and care and these are supported at governance level. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead to improvements. Actual and potential risks are identified and mitigated.

Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. Staff are orientated to the service and ongoing performance is monitored. A systematic approach to identify and deliver ongoing competency and learning supports safe and equitable service delivery.

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

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 are fully attained.
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When residents were admitted to Cantabria Lifecare a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and these were evaluated on a regular and timely basis.

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

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

Residents were transitioned 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.		Some subsections applicable to this service are partially attained and of low risk.
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The facility meets the needs of residents. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. External areas are accessible, safe, provide shade and seating, and meet the needs of residents, including people with disabilities and those in the secure dementia unit.

There have been no changes to the building or evacuation planning since the previous audit.

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

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

Subsections applicable to this service are fully attained.

The governing body, through the village manager, clinical managers, and the infection control nurse at Cantabria Lifecare, ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) program that was appropriate to the size and complexity of the service. It was adequately resourced. The experienced and trained infection control nurse led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when 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 are 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.

Restraint education/training is included at orientation and then annually. Annual competencies are also assessed. 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	17	0	1	0	0	0
Criteria	0	48	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. 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>Cantabria Lifecare (Cantabria) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisors and was being used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to mana motuhake (self-determination), and they felt culturally safe.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p>	FA	<p>Cantabria identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>The Fonofale model of care is utilised for Pasifika residents. There were residents who identified as Pasifika in the facility during the audit. Pasifika residents and their whānau interviewed felt their worldview, cultural and spiritual beliefs were embraced.</p>

Pacific peoples for improved health outcomes.		
<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>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters on the Code, and the Nationwide Health and Disability Advocacy Service (Advocacy Service) in English, te reo Māori, and New Zealand Sign Language (NZSL) were displayed around the facility. Information on the Code and Advocacy Services were included in the resident's admission pack.</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. All residents and whānau spoken to verified staff were observed to be respectful of residents' wishes.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Cantabria included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; and/or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>Nine residents and eight whānau interviewed expressed satisfaction with the services provided at Cantabria.</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</p>	FA	<p>Residents at Cantabria and/or their whānau/legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>

<p>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>Files reviewed of residents in the secure dementia unit either had activated EPOAs in place, or an application had been submitted to the courts for a Protection of Personal and Property Rights (PPPR) to be in place.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted for three complaints received in the last 12 months showed that closed complaints had been addressed in a timely manner and that the complainant had been informed of the outcome of their complaint. There were two recent complaints that remain open, but these had been acknowledged and were in the investigation phase of the complaints process. There have been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g. through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There have also been five complaints received via Te Whatu Ora Lakes and one from the Advocacy Service (under the Office of the Health and Disability Commissioner). Four of the Te Whatu Ora complaints have been addressed and closed, one (received recently) remains open and is currently under investigation. The complaint from the Advocacy Service is open; the service has responded to the Advocacy Service's request for information.</p> <p>A WorkSafe investigation received in 2021 is ongoing. The service is currently awaiting a decision from WorkSafe in relation to further proceedings.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal</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>advice.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan 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. Each facility has its own business plan for its particular services, and Cantabria’s plan was sighted during the audit. The business plan sets out the facility’s own goals over the duration of the plan and is reviewed quarterly. The service’s organisational philosophy and strategic plan reflect a person/whānau-centred approach to the services delivered at Cantabria.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service is managed by a care home and village manager (CHVM) with the assistance of an assistant facility manager (AFM). The ACM, two clinical services managers (CSMs), and two unit coordinators (UCs) oversee the clinical services being provided at Cantabria.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including Cantabria. Internal data collection (e.g. adverse events, infections, audits, and complaints) is aggregated, and corrective actions (at facility and organisation level as applicable) actioned. Feedback is made to the clinical governance group and to the board.</p> <p>Ethnicity data is collected to support equitable service delivery. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). Cantabria utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>The service holds contracts with Te Whatu Ora Lakes for aged-related rest home and hospital level services, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), and secure dementia care. Contracts with Whaikaha for residential disability were aimed at the care of younger people with disabilities (YPD). The service also has a contract to provide</p>
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		<p>services through the Accident Compensation Corporation (ACC). On the day of audit 146 residents were receiving services. Sixty (60) residents were receiving rest home services (four in care suites under occupation rights agreements), 56 hospital level services, 12 secure dementia services, five under the LTS-CHC contract (four at rest home level and one for secure dementia), nine under the YPD contract (residential disability – physical), and four on ACC contracts. There were no residents receiving services under the respite contract.</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, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls, these include ethnicity information to allow for inequality to be identified and addressed. Progress against quality outcomes is evaluated. Internal audits were identified as an area requiring improvement in the last audit. These are now being fully completed to the schedule with the corrective action raised under criterion 2.2.2 closed.</p> <p>The facility manager understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed were current and covered the necessary aspects of the service and contractual requirements.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and followed up in a timely manner. Ethnicity information was collected and analysed as part of adverse event reporting. Twelve adverse events were looked at in detail (two absconding, one bruising, five falls, two skin tears, one physical and one verbal aggression); all twelve were fully completed with actions required to minimise these events recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plan of care.</p>

		<p>The AFM and the regional operations manager present at the audit understood and have complied with essential notification reporting requirements (the CHVM was unavailable on the days of audit). All notifications were completed as required with a record kept of Manatū Hauora response, thus addressing a finding at the previous audit. The corrective action raised under criterion 2.2.6 is therefore closed. There have been 56 section 31 notifications completed in the last 12 months. Thirty-five (35) related to registered nurse (RN) shortage (29 in 2023 and six in 2024 – Cantabria is now fully staffed for RNs), three related to the change of the CHVM and the appointment of two CSMs, six for health and safety issues (related to smoking and vaping), the rest related to resident care (12).</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 an 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). At least one staff member on duty has a current first aid certificate and there has been 24/7 RN coverage in the facility. Cantabria is now fully staffed with an active team member stationed in the secure dementia area on a daily basis. This addresses and closes a corrective action raised under criterion 2.3.1 from the previous audit in relation to RN cover and activities staff being placed in the secure dementia unit.</p> <p>Staff entering the service do so following interview, reference and qualification checking, and police vetting. Position descriptions reflected the role of the respective position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed to support equitable service delivery, and these have been undertaken as required (including medication management, moving and handling health and safety, infection prevention and control, and cultural competency). Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Lakes. Staff in the secure unit have either completed or commenced the appropriate New Zealand Qualification Authority (NZQA) recognised education qualifications to allow them to work in the secure unit within the appropriate</p>

		timeframes.
<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 and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for health professionals (RNs, enrolled nurses (ENs), and associated health contractors).</p> <p>A sample of nine staff records were reviewed and these evidenced completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they are well supported through the orientation process and have input into the performance appraisal process during which they can set their own goals.</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>	FA	<p>The multidisciplinary team at Cantabria worked in partnership with the resident and their whānau to support the resident's wellbeing. Twelve residents' files were reviewed: four hospital files, five rest home files, and three files of residents who are receiving care in the secure unit. Files included residents receiving care under a Young Person with a Disability (Whaikaha) contract, residents receiving care under an ACC contract and residents receiving care under an aged-related residential care (ARRC) contract. These files included residents experiencing challenging behaviour, residents who identified as Pasifika, residents who identified as Māori, residents with a pressure injury, residents who smoke, residents who self-administer medication, residents with diabetes, residents with compromised mobility, residents recently transferred to an acute facility and residents with several co-morbidities.</p> <p>Twelve files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. A previous corrective action (3.2.3) identified the cultural needs of residents who identified as Māori</p>

		<p>or Pasifika did not have these documented; this has been addressed and is now closed. All files reviewed of residents who identified as Māori or Pasifika had a cultural plan in place that documented the residents' cultural needs using the appropriate model of care (Te Whare Tapa Whā or Fonofale models).</p> <p>Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation. The documentation sighted in the files reviewed verified regular and ongoing review of the resident's care plan was occurring. This addresses and closes a previous corrective action in 3.2.5 where no review had been undertaken for a number of resident files.</p> <p>All files reviewed had documentation in place describing the care the resident required to meet their needs, in addition to GP reviews being on schedule. A file reviewed of a resident who smoked had an assessment in place that verified the resident's ability to smoke independently and the management strategies to manage the risks identified. Residents at risk of pressure injuries had been assessed and strategies implemented to minimise the risk. Residents with pressure injuries had a wound management plan that evidenced improvement in the wound in addition to strategies in place to minimise ongoing risk. 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 their whānau confirmed active involvement in the process, including young residents with a disability. This addresses and closes a previous corrective action in 3.2.4 where the documentation was not consistent with meeting the residents' assessed needs and GPs reviews were not undertaken as scheduled.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in</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 seen on the day of the audit. All</p>

<p>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>staff who administer medicines had been assessed as competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>There were no difficulties identified by young people (YPD) interviewed, in accessing their required medicines from the facility.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Cantabria.</p> <p>Self-administration of medication was facilitated and managed safely. This was verified in review of files and resident interview.</p> <p>Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>The finding at the previous audit related to storage of medications in the secure dementia unit has been addressed and the corrective action raised under criterion 3.4.3 is closed.</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 provided at Cantabria was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 2 October 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Cantabria. No areas requiring corrective action were identified, and the plan was verified for 18 months.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture</p>

		<p>requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. Cultural options were available on the menu, including for Māori residents.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Snacks and drinks are available 24 hours a day in the secure dementia unit, and staff discussed making these available to residents who were unsettled.</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 Cantabria was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</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>	PA Low	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) meet legislative requirements. This was an area that generated a corrective action in 4.1.1 during the last audit, and this is ongoing (refer criterion 4.1.1) but with reduced risk. Since that time a new cleaning and maintenance schedule has been initiated. The facility is noticeably cleaner, better maintained, and some refurbishment had taken place with rooms being refurbished as they become</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>vacant.</p> <p>The building has a warrant of fitness which expires on 12 October 2024. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice was sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Residents and their whānau were educated about infection prevention in a manner that meets their needs.</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>Cantabria undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection prevention and antimicrobial stewardship program. Cantabria used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance. Data collected included ethnicity data.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management, the governing body and shared with staff.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint-free environment in all its</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>facilities, and this is documented in the policy and procedure in place to guide restraint. Cantabria has been restraint-free since at least 2021. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g. use of low/low beds and sensor mats). Documentation confirmed that restraint is discussed at governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques 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).</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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>The facility is noticeably cleaner and better maintained than at the last audit. Refurbishment has been taking place but still more is required. There was still evidence of walls with (picture) holes in corridors and rooms and damage to walls and doorways in the main facilities. Some refurbishments had taken place with rooms being refurbished as they become vacant.</p> <p>In the secure dementia unit, new LED (Light Emitting Diode) lighting has been installed and this has much improved the ambiance of the space, along with some new furniture and increased servicing of the thermal bore that sits in the centre of the unit (this has reduced the noise from the bore). External areas</p>	<p>Observations confirmed that cleaning, maintenance, and refurbishment of the facility had improved. The facility generally looked cleaner and tidier; some rooms have been refurbished as well as some corridor areas. In the secure dementia unit, improved lighting and access to a useable garden area has enhanced the health and safety of the space. Further work is required to bring the facility and the unit up to the required standard and this has been planned (but is not yet completed).</p>	<p>Provide evidence that planned work is being completed on refurbishment in general and refurbishment of the secure dementia unit in particular.</p> <p>180 days</p>

		<p>have improved; there was easier access for residents, and seating and shade were available to them.</p> <p>Further work is needed in the facility generally and in particular in the secure dementia area. Some refurbishment work has been completed; yet more is planned, including roofing to ameliorate the present roof which has a tendency to leak. In the secure dementia area plans include realigning space in the area to provide a 'quiet space' for residents, and for decorating and flooring to further improve the space. A sensory garden is also in the planning stages.</p>		
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.