

Heritage Lifecare Limited - Karina 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 the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Heritage Lifecare Limited

Premises audited: Karina Lifecare

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 20 July 2022 End date: 20 July 2022

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: 34

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

| Indicator | Description | Definition |
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|  | 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 |
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| | 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

Karina Lifecare, part of the Heritage Lifecare Limited group, provides rest home level services for up to 37 residents.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, a nurse practitioner and a general practitioner.

Improvements are required to ensure all aspects of a person's assessed care needs are recorded in their plan of care. This is a continuation of an area for improvement identified at the provider's previous audit. Improvements have been made to the archiving of patient records and monitoring the effectiveness of the laundry system, these are the other two of the four areas requiring improvement at the provider's previous audit.

Ō tatou motika | Our rights

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| 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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Karina Lifecare works collaboratively with staff, residents, and the local community to support and encourage a Māori world view of health in all aspects of service delivery. Three staff members working at Karina Lifecare identify as Māori. All staff receive in-service education on the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

A Pacific plan and related policies and procedures guide staff in delivering pacific models of care to residents who identify as Pasifika.

Residents and relatives confirmed that they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

There is a complaint management system which is accessible to residents and families and is managed in line with Right 10 of the Code.

Hunga mahi me te hanganga | Workforce and structure

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| Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |
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The governing body has begun work on ensuring service providers deliver services which improve health outcomes and achieve equity for Māori.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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| Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. | | Subsections applicable to this service fully attained. |
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When residents are admitted to Karina Lifecare, a person-centred and family/whānau-centred approach is adopted. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.

Karina Lifecare has developed meaningful partnerships with a local Māori advisor, to benefit Māori individuals in the organisation.

Care plans are individualised and demonstrate wellbeing outcomes for Māori.

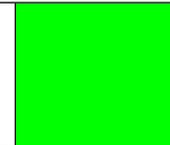
The activity programme offers a range of activities and incorporates the cultural requirements of the residents. All activity plans are completed in consultation with Enduring Power of Attorney (EPOA)/whānau/family and residents noting their activities of interest. Residents and EPOA/whanau/family expressed satisfaction with the activities programme in place.

Medicines are safely managed and administered by staff who are competent to do so. All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau have menu options that are culturally specific to te ao Māori.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



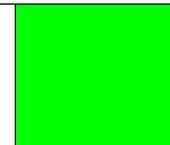
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and adequately maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response when care is needed. Security is maintained.

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

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



Subsections applicable to this service fully attained.

Karina Lifecare ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The programme is co-ordinated by the care home manager. There is a pandemic plan in place which is tested periodically.

Surveillance of infections is undertaken, and results are monitored and shared with all staff. Action plans are implemented as and when required.

There are safe and effective laundering processes.

Here taratahi | Restraint and seclusion

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| Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained. | | Subsections applicable to this service fully attained. |
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The service is a restraint free environment. This is supported by the governing body and policies and procedures. No residents used any restraints at the time of audit. A comprehensive system is in place to support this restraint free environment and to enhance mobility and independence with appropriate equipment.

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 | 21 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 44 | 0 | 0 | 0 | 0 | 0 |

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

| Subsection with desired outcome | Attainment Rating | Audit Evidence |
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| <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> | Not Applicable | Heritage Lifecare Limited (HLL) have a Kaupapa Māori aged care strategy which currently includes the development of a health care workforce by providing a nursing pathway for caregivers. The organisation has developed an iwi partnership in one area of the country already and is looking to do so across the rest of the country. |
| <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</p> | Not Applicable | HLL has some guidance documents and information which provide their health and wellbeing workforce with information about Pacific worldviews. The regional manager for the facility reported at interview that the organisation’s documentation and strategic plans are being reviewed and updated by the senior leadership and executive management team. A project plan for the review of documentation was reviewed and confirms this work is underway. |

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| <p>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>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>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Residents who identified as Māori said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring Power of Attorney (EPOA)/whānau/family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. Staff are guided by policies and processes that ensures cultural responsiveness to residents who identify as Māori.</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> | FA | <p>The admission process at Karina Lifecare (Karina) ensures that, residents and family/whanau are involved in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. Both the care home manager (CHM) and the registered nurse (RN) reported that residents are supported to maintain their independence. Residents were able to move freely within the facility, and outside.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff was observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> |

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| | | Staff at Karina have not yet completed training on the Te Tiriti o Waitangi. Interviews and observation verify care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process. |
| <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>The CHM stated that any observed or reported racism, abuse or exploitation at Karina is addressed promptly and they are guided by the code of conduct.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p> <p>During interview, the CHM stated a holistic model of health at Karina is promoted. This encompasses an individualised approach that ensures best outcomes for all, including Māori.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p> | FA | <p>Three staff who identify as Māori, and resident's whanau assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when a resident had a choice of treatment options available to them. Staff have received training on tikanga best practice and are provided with ongoing daily guidance.</p> |

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| <p>to exercise independence, choice, and control.</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 and transparent system is in place to receive and resolve complaints that leads to improvements when these are required. This meets the timeframes, and requirements of the Code.</p> <p>Residents, and family understood their right to make a complaint and knew how to do so. Six formal complaints have been received at the facility since the certification audit in January 2021 and this audit. Five of these have been received since the current facility manager has been in their position at Karina Lifecare. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There had been one complaint received from an external source (the Palmerston North Hospital in its previous capacity as the Mid-Central District Health Board - MCDHB) since the previous audit. This was an anonymous complaint relating to staffing which had been investigated by both the MCDHB and the provider at the time it was received and was closed.</p> <p>An English language version of The Code of Health and Disability Services Consumers' Rights (the Code) is on display. There are currently no additional processes in place either in organisational guidance or at the facility to ensure that the complaints process works equitably for Māori.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> | <p>Not Applicable</p> | <p>On the day of the audit 34 residents were receiving services. 31 Residents were funded by Te Whatu Ora. Two residents were under 65 and are funded by the district funder's long-term support - chronic health conditions contract and one person was receiving respite care.</p> <p>The governing body assumes accountability for delivering a high-quality service through the work they are doing to begin addressing these revised standards. During an interview with the regional manager for the facility, they discussed the work being done in relation to:</p> |

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| <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | | <ul style="list-style-type: none"> • The development of the HLL Kaupapa Māori aged care strategy. • Being focused on improving outcomes for Māori and people with disabilities, and • members of the governing body demonstrating expertise in Te Tiriti, health equity and cultural safety as core competencies. <p>While not all of this work has been completed, it has been started. Evidence was available through interview with the regional manager, review of policy and organisational planning documents that work has commenced in these areas. This included a detailed Nga Paerewa plan which summarises and cross-references HLL's strategic plans, other documents, policies and procedures which need to be updated to comply with the revised Standard.</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. The system the management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and pressure areas. A risk-based approach was evidenced in the management of events being reported, escalation when appropriate and developing corrective action plans when needed. Residents contribute to quality improvement through their regular meeting, although this has been disrupted due to the Covid 19 pandemic. Minutes of a recent meeting in May 2022 were reviewed and record their contribution.</p> <p>During interview, the Karina Lifecare care home manager (CHM) demonstrated a sound understanding of statutory and regulatory requirements for essential notification reporting. HLL has clear guidance for managers to follow in this regard and they are able to access their regional manager for advice if needed. Since the current CHM took over their position in April 2021, the only Section 31, or other essential notification, they have had to make was to notify Public Health of the Covid-19 outbreak at the facility. The CHM reported that their own appointment as CHM was notified to the Ministry of Health</p> |

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| | | <p>by the HLL regional manager.</p> <p>The organisation has commenced working on several aspects of this subsection of the revised standard which requires a focus on ensuring equity of health outcomes for Māori and analysis of organisational practices.</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> | FA | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. There are two registered nurses (RNs) onsite during the daytime Mondays to Friday, with CHM and another RN both of whom have current annual practicing certificates (APCs). A third RN is employed at the facility and works the day shift at weekends. This RN has recently returned to work after six months parental leave and has a current APC.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and records available confirm appropriate completion. There is also evidence of the provider implementing training which builds staff capability in the delivery of equitable services, as previously noted. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. In some instances, care staff are overseas trained nurses who are completing study to become New Zealand trained and registered nurses.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their</p> | FA | <p>A sample of staff records reviewed confirmed the organisation's policies for human resource management are being consistently implemented. This includes the validation of professional registration and scope of practice through the recruitment process.</p> <p>An orientation and induction processes were evident on the files sampled and included the essential components of the service</p> |

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| <p>capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | | <p>provided, relevant to the individuals' position.</p> <p>Information held about each employee was kept as is required. Ethnicity information is known for some staff members.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | <p>FA</p> | <p>At the provider's 2021 certification audit a finding was made that 'there is no clear system for categorising and retrieving archived records.'</p> <p>During this audit, a clearly identifiable, well organised and secure archive room and records system was observed. Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All residents have an individual health record which is maintained on an electronic file management system. This is maintained by the health care team with information recorded on each shift and consistent with legislative requirements.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p> | <p>FA</p> | <p>Residents enter Karina when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Karina provides. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Karina carries out routine analysis of entry and decline rates, however this does not include specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Karina has developed a meaningful partnership with a local Māori community organisation to benefit Māori individuals and whānau.</p> |

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| communicated to the person and whānau. | | |
| <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 Karina works in partnership with the resident and family/whānau to support the resident's wellbeing. Six residents' files were reviewed. Files included residents who identified as Māori, residents under sixty-five years on a long-term chronic health contract, a resident who smoked, a resident who self-administers medication and a resident who was admitted with a pressure injury. Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes met contractual requirements. A previous corrective action (Health and Disability Sector Standards, NZS 8134:2008 standard 1.3.5.2), required care plans to contain goals or interventions to address residents needs and promote continuity of care. Management of any specific medical conditions was not well documented. Care plans did not always document the interventions required to address the residents need and promote continuity of care. This issue has still not been addressed sufficiently and a recommendation has been made (refer 3.2.3).</p> <p>Evidence is sighted of systematic monitoring and regular evaluation of responses to planned care by the RN. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or whānau; however, this was not documented in the care plan. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Accessing evidence of nurse practitioner (NP) or general practitioner (GP) input was difficult through the electronic system being used at Karina. Visits are recorded in progress notes by the RN, and consult notes accessed based on the date of the visit. Verification of visits</p> |

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| | | <p>was subsequently evidenced.</p> <p>Karina has policies and processes in place that ensure tangata whaikaha and whanau participation, which enables choice and control and removes barriers to access information. Processes are in place to support Māori and whānau to identify their own pae ora outcomes in their care plan.</p> <p>Interviews with the staff, verified their familiarity with all aspects of the care these residents require. Updates on care are provided by verbal instruction and RN guidance rather than through reading care plans. A phone interview with the NP and person to person interview with the GP evidenced satisfaction with the care provided by Karina, despite the pressures of Covid-19 and staffing shortages</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>The activities coordinator at Karina provides an activities programme five days a week that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Residents who identify as Māori are encouraged to connect or reconnect with their communities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Matariki was celebrated and poi making, and flax weaving are included in the activities programme. Whānau participate in the activities programme. Prior to Covid-19 restrictions being in place, several community groups visited Karina, however this has not occurred during the Covid-19 outbreak. Younger residents are encouraged and supported to access activities of choice or programmes both onsite and offsite. During interviews, the younger residents confirmed they walk to the local shops. All residents at Karina have access to Wi-Fi at the service.</p> <p>Residents' meetings have occurred sporadically over the last six months, due to Covid-19 restrictions. Meeting minutes and interviews verify residents are enabled to express concerns or offer suggestions</p> |

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| | | to improve the services being provided and evidenced residents/family/whānau are generally satisfied with the programme being offered. |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | FA | <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>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Karina.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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> | FA | <p>Each resident has a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The menu includes an option for cultural alternatives to be offered, though this is often left blank. Menu includes a boil up and watercress soup monthly, with chicken offered to replace fish on some days.</p> |

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| <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | | <p>EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau /family expressed satisfaction with the food options.</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> | <p>FA</p> | <p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. The resident and family/whānau interviewed reported being kept well informed during the transfer of their relative, as was evidenced on the day of audit with a transfer being organised.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>A current building warrant of fitness (expiring on 30 June 2023) was publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, adequately maintained and that they meet legislative requirements.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility for the resident group. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the residents at Karina Lifecare. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. At the time of this audit there had been no new building at the facility and the</p> |

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| | | organisation's construction policy was being reviewed. |
| <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> | FA | <p>The fire evacuation plan has been approved by the New Zealand Fire Service (16 April 2003).</p> <p>Appropriate security arrangements are in place. Doors, and windows if needed, are locked at a predetermined time, and checked during the night shift. There have been no security issues reported.</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> | FA | <p>The CHM is the infection prevention and control nurse (IPCN) and is responsible for overseeing and implementing the IP programme with reporting lines to the regional manager (RM). A previous corrective action (Health and Disability Sector Standards, NZS 8134:2008 standard 3.1.3) identified the infection control programme had not been reviewed yearly. This has now been addressed. The infection prevention (IP) and antimicrobial stewardship (AMS) programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>A pandemic preparedness plan is in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education</p> |

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| | | and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs. There are no educational resources around infection control available in te reo Māori, however, advice can be provided by staff who identify as Māori and speak te reo Māori. |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Surveillance of health care associated infections at Karina is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Karina uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>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. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There has been an outbreak of Covid-19 at Karina in 2022. Residents affected were isolated in their rooms, the unit was closed, and visiting was restricted. The Regional Public Health Unit (RPH) and the MidCentral District Health Board were informed of the outbreak.</p> <p>Covid-19 restrictions at Karina have been reduced. If staff are symptomatic, they must RAT test before commencing work. Masks are worn. Visitors may only visit if they are asymptomatic, wear a mask and sign a declaration on entry.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p> | FA | <p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Karina. Suitable personnel protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are</p> |

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| <p>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>available throughout the facility.</p> <p>A previous corrective action (Health and Disability Sector Standards, NZS 8134:2008 standard 1.4.6) identified concerns being raised around the effectiveness of the laundering processes. That corrective action was partially addressed at the time of the last audit, with a roster being implemented and agreement to employ a laundry person. At this audit, care staff continue to do the laundry during the day, though Karina is in the process of employing another laundry person. Residents personal washing is done overnight by the night staff. No concerns were expressed regarding laundry at the time of audit. All laundry is laundered on site and the laundering processes were observed to be effective. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. The corrective action previously identified has been addressed.</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 service. The governance group demonstrates commitment to this through documented policy and regular reporting requirements. At the time of audit there was no restraint used and this has been the case since 2016.</p> <p>The clinical advisory group (CAG) monitors the use of restraint across the organisation and is chaired by one of the organisation's regional managers, who has responsibility for ensuring that restraint minimisation is achieved.</p> <p>The CHM reports to the senior leadership each month on the activities taken to ensure a restraint free environment is maintained. The reporting includes staff training, incident reports, health and safety issues for health care and support staff, and any support provided to families/whanau to explore restraint free alternatives when restraint is requested for a new admission or due to a change in health status.</p> |

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| | | The regional manager confirmed that this monthly reporting assists the executive management team to closely monitor the move towards a restraint free environment for the whole HLL group, and specifically at Karina Lifecare. |
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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.

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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 of this audit.

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End of the report.