

The Coast to Coast Hauora Trust - Heritage Rest Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

Premises audited: Heritage Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 13 September 2022 End date: 14 September 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: 15

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

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

General overview of the audit

Heritage Rest Home provides rest home services for up to 17 residents. The service is owned and operated by the Coast to Coast Hauora Trust.

This certification audit included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, a governance representative who is also the kaumātua for the service, the manager, staff, and a general practitioner. The service maintains quality records that comply with relevant legislation, health information standards, and professional guidelines.

One area requiring improvement was identified during the audit relating to integration of resident's notes. A recommendation in relation to neurological observation processes has also been made.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Heritage Rest Home provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There are health plans, policies and processes that encapsulates care specifically directed at Māori, Pacific peoples, and other ethnicities. The service works collaboratively with internal and external supports, including for Māori, Pasifika and tāngata whaikaha. The te whare tapa whā model is utilised for service delivery.

Heritage Rest Home has policies and processes in place to provide Māori with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. Compliance with policy was confirmed in documentation, by observation, and through interviews with residents, family/whānau, and staff.

Residents of Heritage Rest Home receive services in a manner that respects their dignity, privacy, and independence. Care plans accommodate the choices of residents and/or their family/whānau. There was evidence that residents and family are kept well informed.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse.

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk
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The governing body assumes accountability for delivering a high-quality service.

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

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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.

When residents enter Heritage Rest Home a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

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

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

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

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

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

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 maintained. There is 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. Remedial work has taken place in the kitchen following a finding in the previous audit. Upgrading of the kitchen and other areas of the facility is scheduled to take place before the end of 2022. The kitchen has a current food control plan in place.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and family/whānau understood security and emergency arrangements, including for civil defence. Residents and family/whānau reported a timely response to call bells. Security is maintained.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The registered nurse ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The general practitioner who is on the Heritage Rest Home board of trustees and the registered nurse have approved the infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

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

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

Here taratahi | Restraint and seclusion

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 currently restraint free and aims to maintain a restraint free environment. This is supported by the governing body through organisational policies and procedures. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint be required in the future. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, alternative intervention, and monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	162	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.

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
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Heritage Rest Home (Heritage) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Residents and family/whānau interviewed reported that staff respected their right to self-determination (mana motuhake). Residents identifying as Māori reported feeling culturally safe, and culturally safe care was confirmed by their family/whānau.</p> <p>A Māori health plan has been developed with input from cultural advisers and this can be used for residents who identify as Māori. There were Māori residents in the facility during the audit. Residents are involved in providing input into their care planning, activities, and dietary needs. The te whare tapa whā care model is used across the organisation and care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as</p>

		<p>vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Māori at the time of audit.</p> <p>The service has links with a Māori health support through the Te Whatu Ora Waitemata and other tangata and (local) mana whenua organisations. The kaumātua for the service is a member of the Board of Trustees for The Coast to Coast Hauora Trust, who run the service.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Pacific Health Plan is in place to address appropriate care and equity for Pacific peoples and to support culturally safe practices. There were residents of Pasifika descent receiving care at the time of audit. Residents identifying as Pasifika reported feeling culturally safe, and culturally safe care was confirmed by their family/whānau. There is support for Pasifika residents through Pasifika organisations allied to the residents and/or staff, or through the kaumātua who is also a minister.</p> <p>Interview with the organisation's managers and governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples.</p> <p>The service supports increasing Pasifika staff capacity by employing Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. There were staff employed who identified as Pasifika at the time of audit.</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</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 of Heritage Rest Home (HRH) in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible</p>

<p>requirements.</p>		<p>in English, te reo Māori and in sign language.</p> <p>Heritage Rest Home has access to interpreter services and cultural advisors/advocates if required. The kaumatua is also a minister of religion and confirmed being available to support all residents and whanau / family members regardless of ethnicity, culture or faith. Heritage Rest Home recognises Māori mana motuhake</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Heritage Rest Home supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training was sighted. Staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit. Staff and resident representatives held several meetings together to discuss how the service can work to ensure the culture needs of Māori, Pasifika and other cultures are met. The resident satisfaction survey demonstrated a high level of satisfaction with services.</p> <p>Staff were observed to maintain privacy throughout the audit. Most residents have a private room. There are processes in place to ensure when residents share a room that this is socially and clinically appropriate and applicable consent is obtained. The care home is certified for 17 residents, although is currently considered fully occupied as the two other rooms that can be used by 'a couple' have one resident living in them.</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</p>	<p>FA</p>	<p>Employment practices at HRH include police vetting. Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>reported that their property is respected. Professional boundaries are maintained. A holistic model of health at Heritage Rest Home is promoted as verified by the GP, kaumatua, staff and residents and family/whanau interviewed. The model encompasses an individualised approach that ensures best outcomes for all. Family members interviewed noted their family member was in better health now than when recently admitted.</p> <p>In the sample of resident files reviewed at random, a copy of an incident report was included. This related to when a staff member found a substantial sum of money loose in the washing machine. It had fallen out of a residents clothing during washing. The money was subsequently returned to the rightful owner once the rightful owner was identified.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau at Heritage Rest Home reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, the activities programme and signage throughout the facility.</p> <p>Changes to residents' health status was communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed in a timely manner of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred.</p> <p>Staff knew how to access interpreter services, if required. All the current residents are able to communicate effectively in English.</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>FA</p>	<p>Residents at Heritage Rest Home and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making and were comfortable refusing or deferring aspects of care. Nursing and care staff interviewed understood the principles and practice of informed consent.</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. There was evidence of respectful discussion with applicable residents as their care needs changed. The right of competent residents to accept or decline suggested treatment is respected. The GP works to ensure the residents and whanau where applicable have all appropriate information and understand this.</p> <p>Staff who identify as Māori, and the Kaumatua assist other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural and spiritual support when a resident had a choice of treatment options available to them. Some of the residents, staff and family members interviewed reported long standing relationships with the Kaumatua.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and family/whānau interviewed understood their right to make a complaint and knew how to do so. This included knowledge about the advocacy services available to them if this should be required. Policy allows for complaints to be managed in a culturally appropriate way and a kaumātua is available to assist if this should be required. Documentation sighted showed that two minor complaints had been made in relation to a resident's dog running onto the road and coming into the dining room on one occasion. Both complaints were managed in accordance with the Code, complainants had been informed of findings following investigation, and corrective actions had been implemented to prevent reoccurrence. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service. There is Māori representation at board level with input into organisational policies, procedures and processes. Equity for Māori, Pacific peoples and tāngata whaikaha have been addressed through a Māori Health Plan, a Pacific Health Plan and a tāngata</p>

<p>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 high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>whaikaha service plan. Equity is enabled through participation in service development, choice and control over their supports and the removal of barriers that prevent access to information. The Trust Deed includes a mission statement identifying the mission and purpose of the organisation, and a quality and risk plan outlines the values and goals. There is monitoring and reviewing of performance at planned intervals.</p> <p>There is a defined governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified manager to manage the service with the support of a RN who is responsible for clinical services. External support for te ao Māori, Pacific peoples and tāngata whaikaha is available through Te Whatu Ora Waitemata, local Māori, Pasifika, and disability organisations.</p> <p>Whilst the board of trustees are committed to quality and risk management, there is currently little board level reporting on general quality indicators. Serious issues, such as information on serious adverse events (e.g., COVID-19 infection) are reported.</p> <p>The manager and registered nurse maintain currency within the field, both have been employed within aged care for several years, and confirmed knowledge of the sector, regulatory and reporting requirements. The management team works with staff to meet the requirements of relevant standards and legislation.</p> <p>A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed using a corrective action process. A sample of reports reviewed showed adequate information to monitor performance is reported. Heritage also evaluates services through meetings with residents and staff (though these have been slightly disrupted due to the COVID-19 pandemic), and through surveys from</p>
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		<p>residents and families/whānau, making relevant changes where shortfalls are identified, or new ideas elicited.</p> <p>The service holds contracts with Te Whatu Ora – Waitemata for the provision of age-related residential care (rest home), short-term residential care (respite), Primary Options for Acute Care (POAC); it also holds a contract with the Accident Compensation Corporation (ACC). During the audit 14 residents were receiving services under the age-related rest home contract and one under the ACC 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, restraint, 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. Progress against quality outcomes is evaluated.</p> <p>The manager and RN understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori.</p> <p>Residents, family/whānau and staff contribute to quality improvement through the ability to give feedback at meetings. Outcomes from the last resident satisfaction survey (May 2022) were primarily favourable. One corrective action was raised around the understanding of the complaints process and advocacy. This was addressed and discussion on this subject was evidenced in resident meeting minutes. Residents interviewed as part of the audit reported that they now understand the process.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were</p>

		<p>investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The manager and RN understood and have complied with essential notification reporting requirements. There have been no section 31 notifications completed since the last audit.</p> <p>Staff have input into the quality programme through quality/staff meetings and quality improvement/administration meetings. Quality data is communicated and discussed. Minutes of meetings sighted confirmed that issues raised are acted upon. Corrective action plans are documented following each meeting, detailing actions to be taken, and these are signed off by the manager or RN once completed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the needs of residents but normally staffs to bed capacity. Caregivers interviewed reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>Staffing for the facility comprises of RN cover two days per week and on-call. The RN is supported by the manager who is also an RN. Morning shifts have two caregivers on duty, during the afternoon there are two caregivers (one of whom also works as the kitchen hand for the evening meal), and one caregiver on night duty. There is on-call access to nursing and medical services for the night caregiver. Staff complete domestic duties (cleaning and laundry) as part of their role and there is one dedicated cook to manage food services for the facility. One caregiver on each shift is a senior caregiver and is medication competent. The service is currently advertising for an activities coordinator (AC) following a recent resignation.</p> <p>Position descriptions reflected the role of each position and outlined expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or</p>

		<p>infection prevention and control portfolio.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification and registered nurses to maintain competency with the Nursing Council of New Zealand (NCNZ).</p> <p>Staff reported feeling well supported and safe in the workplace and have the support of the kaumātua if this is required. There are policies and procedures in place around wellness, bullying, and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of five staff records were reviewed (one RN, three caregivers, one cook). They evidenced implementation of the recruitment process and included employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation.</p> <p>Staff performance is reviewed and discussed at regular intervals, and this was confirmed through documentation sighted and interview with staff.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard and is actively seeking to recruit Māori and</p>

		<p>Pacific peoples at all levels of the organisation (including management and governance) dependent on vacancies and applicants. There are Māori staff employed by the service.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (the general practitioner (GP), pharmacists and the dietitian).</p> <p>Staff confirmed that there are debrief opportunities available to them following incidents or adverse events.</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>PA Low</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is paper-based, records are held securely and available only to authorised users. Information held electronically is username and password protected.</p> <p>Residents' records are uniquely identifiable and all necessary demographic, personal, clinical and health information was mostly completed in the residents' files sampled for review. The exception is copies of the GP records are not consistently included in sampled resident files. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Heritage Rest Home is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	<p>FA</p>	<p>Residents are welcomed into Heritage Rest Home when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care HRH provides, and have chosen HRH to provide services they require. 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. Heritage Rest Home collects ethnicity data on entry, however, does not obtain ethnicity data related to prospective residents, and does not</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>evaluate decline rates or update prospective residents.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Heritage Rest Home has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. When admitted, residents have a choice over who will oversee their medical requirements. Most choose the main medical provider to Heritage Rest Home, with one resident having another provider to manage their routine medical needs.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Heritage Rest Home works in partnership with the resident and family/whānau to support the resident's wellbeing.</p> <p>Five residents' files were reviewed. These files included residents who identify as Māori, residents who self-administer medication, residents with a wound, a resident with weight loss and a resident that has had several falls. The sample included ARRC and ACC funded care.</p> <p>Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments are based on a range of clinical assessments and included resident and family/whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. Records related to GP consultations are not consistently in the sampled files. This is raised as an area for improvement in 2.5.2.</p> <p>Policies and processes are in place to ensure tāngata whaikaha and whānau participate in Heritage Rest Home service development, deliver services that give choice and control, and remove barriers that prevent access to information. The Rest Home Trust Deed dated</p>

		<p>2003 states a commitment to providing culturally appropriate and equitable services for those socially and economically disadvantaged, or with a disability. Person centred care is evident.</p> <p>This was verified by reviewing documentation, sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</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 role at Heritage Rest Home has just become vacant with advertisements underway to fill this position. Care staff and some residents are currently facilitating the activities programme.</p> <p>The activities coordinator, before their resignation developed an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. A monthly calendar is displayed on the wall. There is a monthly church meeting on site for residents that wish to attend. The Catholic priest visits weekly for communion. There are a range of arts, crafts, games, puzzles, books, DVDs and other resources on site. During Covid-19 lock down restrictions, the previous activities coordinator worked with residents to develop a 'life story', illustrated with photos to record key life milestones.</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. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Matariki and Waitangi was celebrated at Heritage Rest Home. Visitors are required to have negative rapid antigen tests (RAT) prior to entering Heritage</p>

		<p>Rest Home.</p> <p>Resident outings are available to the local Returned Service Associate (RSA) and the community hall. All residents have got a 'hop' bus card so they can be escorted on public transport.</p> <p>Residents' meetings occur, and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are satisfied with the activities provided at Heritage Rest Home.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs. Families are encouraged to take their family member on outings in the community.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using a paper-based 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. Due to the close proximity of the care home with the GP practice and pharmacy, amendments to medications can be quickly made and actioned by pharmacy staff as observed on the day of audit. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. There are no vaccines stored on site.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. There is a medication standing order which enables the RN to administer</p>

		<p>simple analgesia and laxatives. This has been reviewed and signed by the GP. The RN cannot recall when this was last used as the GP has prescribed these medications a pro re nata (PRN) medication for most residents. Staff evaluate the effectiveness of PRN medications with a narrative in the progress notes. Standing Orders had not been used in any of the sampled resident records.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications. Resident records and observation showed residents perspectives on 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> <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 Heritage Rest Home is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian with a report dated 30 August 2022. Recommendations made at that time have been implemented. A new kitchen has been designed. The facility manager and the builder undertaking this work confirmed building is expected to commence in the next two weeks. The care home has been given access to a commercial kitchen in very close proximity to use while this new kitchen is being built. Residents can assist with dining table set up.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken, with an expiry 22 December 2022.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this. The cook understood the te ao Māori and other cultural and dietary needs of residents, and these are facilitated as verified by residents and family interviewed. The kaumatua</p>

		<p>confirms staff understand Tikanga.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. The 'yellow envelope' is used to send applicable information to Te Whatu Ora (TWO) Waitemata in the event the resident needs transfer to acute care services and copies of applicable clinical documents, advanced directives and EPOA documents also sent. Residents are transferred to another care facility if they are reassessed as requiring a higher level of care than that provided at Heritage Rest Home. Competent residents also have the right to decline transfer to acute care services for higher level of care. Family/whānau are advised of their options to access other health and disability services, social support or Kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, maintained and that they meet legislative requirements. A maintenance programme is in place and is being carried out as soon as contractors and/or supply chains are available (these have been affected by COVID-19). Remedial work has taken place in the kitchen following the finding in the previous audit .Planned prior to the end of 2022 is the full replacement of the kitchen and recarpeting of the lounge areas and hallways. Contract have been signed for the work and supplies are awaited. The kitchen has a current food control plan in place with an expiry date of 22 December 2022.</p> <p>All equipment is maintained, serviced and safe. The maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly</p>

		<p>hot water tests are completed for resident areas. No deviation was noted in the records sighted. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 30 June 2023. There are currently no plans for further building projects requiring consultation, but the manager is aware of the requirement to consult if this was envisaged.</p> <p>The environment is homely, comfortable, and accessible. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident group. Residents were observed moving freely around inside and outside the facility with mobility aids as required.</p> <p>Lounge and dining facilities meet the needs of residents and spaces are available for residents and their families/whānau to utilise. The lounge area is used for activities for residents. There are adequate numbers of accessible bathrooms and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells.</p> <p>Residents' rooms are of variable size and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident's preference. All resident rooms are heated by electrical panel heaters and have external windows which can be opened for ventilation; safety catches are in place. Communal areas have a heat pump which can be used to set to preferred heat/cool settings. There are external areas adjacent to the facility for leisure activities.</p> <p>Residents and family/whānau were satisfied with the environment, particularly appreciating it's homeliness. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency.</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>The fire evacuation plan has been approved by the New Zealand Fire Service (22 August 1917) and this is reflected in the Fire and Emergency Management Scheme. Fire-fighting equipment is checked annually, last in August 2022. A fire evacuation drill is usually held six-monthly, the most recent drill was held on 10 March 2022 (previous drill was 8 October 2021). Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells and this was evidenced by observation during the audit.</p> <p>Appropriate security arrangements are in place. Residents and family/whānau were familiar with emergency and security arrangements, including visitor RAT prior to entry to the building. There is always a staff member on duty with current first aid certification, An RN is on site two days per week and either the manager or the RN on-call 24/7. A GP is also available for emergencies 24/7.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The facility manager and registered nurse ensure the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes. Significant events (e.g., COVID-19 infection) are reported to the board. There is currently no process in place to report infections generally and/or antimicrobial use to the board although the GP who is a member of the board is informed in their GP role.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The registered nurse is the infection prevention and control coordinator (IPCC) at Heritage Rest Home, responsible for overseeing and implementing the infection prevention (IP) programme with</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>reporting lines to the facility manager. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually to the facility manager. The IPCC 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>The infection prevention and control policies reflected the requirements of the standard, are developed internally and reviewed and approved by the general practitioner who is a member of the board of trustees; these 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 and were observed following these correctly. Heritage Rest Home policies, processes and audits ensures that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Single use items are not reused. Hand hygiene posters are available in te reo. Other educational resources are not available / accessible in te reo Māori for Māori accessing services. The registered nurse is going to review what else is available.</p> <p>The pandemic/infectious diseases response plan is documented and has been tested. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff have been trained accordingly. Seven residents and three staff were identified as having Covid-19 in June 2022. Staff worked together to stop further transmission. Staff advised they had practiced what they would do in the event of a Covid -19 outbreak prior. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs and confirmed being kept well informed as the Covid -19 related restrictions were adjusted over time.</p> <p>Residents and staff are offered Covid -19 and influenza vaccinations.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and</p>	<p>FA</p>	<p>Heritage Rest Home is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. The</p>

<p>implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>antimicrobial policy was reviewed in March 2022. There is an AMS programme in place, and the effectiveness of the AMS programme has been evaluated by monitoring antimicrobial use and identifying areas for improvement. The GP and RN reviews laboratory results to ensure when residents are already on, or are being prescribed antimicrobials an appropriate antimicrobial is prescribed. In the sampled records the GP was notified of a resident with sore ears. Paracetamol was instructed to be administered with effect with the GP advising antimicrobials were not indicated.</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>Heritage Rest Home undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the infection control programme. Standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance are used.</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 and the GP. Surveillance data includes ethnicity data, as this has been recently added. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There was an outbreak of Covid-19 at Heritage Rest Home in June 2022. Refer to 5.2. The Regional Public Health Unit (RPH) and the Te Whatu Ora Waitematā were informed of the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Heritage Rest Home. 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</p>

<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>facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of some items prior to their being laundered. Care staff undertake cleaning and laundry duties, have been trained on requirements, confirm that they 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. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Heritage is committed to a restraint free environment. Restraint is not being currently used in the facility, and restraint use has been consistently low over recent years (one resident in 2021, one in 2020, and one in 2019).</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques (last in 2021). Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at quality/staff meetings. There is currently no mechanism in place to report restraint to the board.</p> <p>The RC in consultation with the GP would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their enduring power of attorney and/or family/whānau as part of the decision-</p>

		<p>making process.</p> <p>The RC continues to maintain a restraint register. Any changes to policies, guidelines, education, and processes are implemented if indicated. Restraint was understood by the staff interviewed.</p> <p>Given no restraint is in use in the facility, subsections 6.2 and 6.3 are not applicable and have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</p> <p>(a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication;</p> <p>(b) Makes the information manageable;</p> <p>(c) Ensures the information is accessible for all those who need it;</p> <p>(d) Complies with relevant legislation;</p> <p>(e) Integrates an individual's</p>	PA Low	<p>Nursing and care staff document in paper-based records. The GP documents electronically on the information technology platform that is used by the general practice (GP) service. This enables all the GPs working in the practice to have information on the resident's care needs if they require urgent review and the usual GP is not available.</p> <p>There is an inconsistent process of HRH obtaining a printed copy of the GP notes for inclusion in the rest home resident file, with some resident's having direct GP information on file, rather a summary of the outcomes of the GP visit as summarised by HRH staff.</p>	<p>Some general practitioner records were missing from sampled resident records. These records are retained electronically by the GP and printed copies were not always obtained and included in the resident records.</p>	<p>Ensure records are consistently retained in all resident records of the assessment and outcomes of general practitioner visits.</p> <p>180 days</p>

health and support records.				
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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.

No data to display

End of the report.