

Heritage Lifecare (GHG) Limited - Somerfield House

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 (GHG) Limited

Premises audited: Somerfield House

Services audited: Dementia care

Dates of audit: Start date: 22 November 2022 End date: 22 November 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: 37

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

Somerfield Dementia Rest Home (Somerfield) provides dementia rest home level services for up to thirty-nine people. It is a facility under the umbrella of the Golden healthcare Group, which is a subsidiary of Heritage Lifecare. There has been a new registered nurse/unit coordinator and a new clinical manager employed within this service since the last audit.

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, an external allied health provider and a general practitioner.

No corrective actions had been raised during the previous certification audit and none were identified during this audit.

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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Somerfield Rest Home recognises the principles of mana motuhake and Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi. Te reo Māori and tikanga are promoted and Māori residents are encouraged to remain involved in

te ao Māori. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse and staff report no racism occurs.

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

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

Māori staff are being employed. An on-site Māori advisor is proactively providing support and information to ensure staff are upskilled and services are culturally safe for Māori.

Plans are underway for the service to have a Pacific plan available that will recognise Pasifika worldviews and enable Pasifika peoples' cultural safety.

People are informed about the complaints process. Copies of the process are also in te reo Māori and any complaint lodged is investigated and resolved promptly.

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.

Subsections applicable to this service fully attained.

The governing bodies of both Heritage Lifecare and Golden Healthcare Group share accountability for the delivery of high-quality services at Somerfield. Reporting processes to governance levels are consistently occurring. Governance group members have participated in updates on Te Tiriti o Waitangi.

A quality and risk framework that enables comprehensive quality and risk activities to be upheld is being implemented. The quality and risk management systems are focused on improving service delivery and care. Corrective actions are identified and implemented, and quality improvement plans are developed and evaluated. Feedback processes enable resident, family and staff involvement. Actual and potential risks are identified and mitigated. Adverse events are followed through. 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 using current good recruitment practices and records of professional qualifications are maintained. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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.
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When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

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

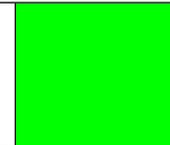
Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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.

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.



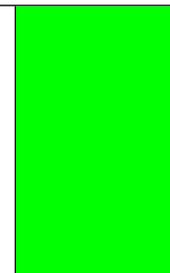
Subsections applicable to this service fully attained.

The facility meets the needs of the residents, all of whom have a level of dementia. Buildings and equipment are safe and well maintained. A current building warrant of fitness is on public display. Māori history, culture, taonga and tikanga were evident in the décor and information plaques displayed throughout the facility.

An approved fire evacuation plan is available. Staff attend regular fire drills and attend fire and emergency management training. Appropriate security systems are in place and staff, residents and whānau understood these. 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.

The governing body 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.

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

Aged care specific infection surveillance is undertaken with follow-up action taken as required and there are clear processes for communication.

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.

The service provides a restraint free environment, which is supported by the governing body and policies and procedures. A restraint coordinator has a detailed role description. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	18	0	0	0	0	0
Criteria	0	42	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
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Somerfield has already adopted the Heritage Lifecare policy that all applicants for vacant roles who identify as Māori are interviewed and that Māori applicants are to be prioritised. Each month, a breakdown of ethnicity data is undertaken, including the number of Māori applicants and new Māori employees. There were no Māori applicants to be interviewed in October. An example of a Māori person to be interviewed for a role the day after the audit was described.</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</p>	Not Applicable	<p>Seven staff identify as Pasifika, but there are not currently any Pasifika residents. Somerfield intends to use the Heritage Lifecare Pacific Plan for guidance from January 2023, when they adopt most of their policies and procedures.</p>

<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>Staff interviewed understood that all residents and whānau had the right to self-determination. A Māori cultural advisor is available to the facility and Māori staff provide internal support to nurses and carers. Resources are available to guide staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage has been introduced and key resident information such as the Code of Rights is displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents including those with disabilities and ways to enable participation in te ao Māori are promoted and supported by Māori staff. Residents and whānau, including those with age related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.</p> <p>Records sighted confirmed by the manager's report that over 80 percent of staff have completed training in Te Tiriti o Waitangi, which was provided in May 2022. Others have attended through other training platforms. Staff interviewed confirmed their familiarity with Te Tiriti o Waitangi. Somerfield has their own Māori advisor who has ensured a copy of Te Tiriti o Waitangi is on display. The Māori advisor informed they have answered questions about it and often refers to it when various issues are raised.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The staff is multicultural and those interviewed stated they felt comfortable to question any racism they encountered. However, not all staff understood the concept of institutional racism.</p> <p>Care provision is holistic and is based on the identified strengths of residents. Wellbeing outcomes, including those for Māori residents, are evaluated as part of the assessment and care planning process six monthly to ensure the needs of residents are met.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>Not Applicable</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and whānau interviewed stated they felt empowered to actively participate in decision making. Nursing staff interviewed understood the principles and practice of informed consent and described involving whānau in the process. Cultural resources are available and cultural training has been provided. However, the service has yet to make best practice tikanga guidelines for consent available to staff.</p> <p>Advance directives, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in Somerfield Rest Home dementia unit have a documented enduring power of attorney or welfare guardian on file that has been activated by an appropriate medical practitioner.</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. 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. 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 complaints policy and flow chart are readily available and copies of these are provided to prospective new residents and their whānau, and another is provided in the welcome pack when a person is admitted. An overview of the complaint process is in te reo Māori and the complaint form itself will also be in te reo from January 2023. A copy of the Code of Health and Disability Services Consumers' Rights (the Code) is on display in both English and te reo. The facility manager or the facility registered nurse, depending on who is doing the main part of the admission process, describes the complaint process to new residents and whānau.</p> <p>Regardless of the level of understanding, their right to complain is</p>

		<p>explained to residents at the monthly residents' meetings. Residents raise issues of concerns at the residents' meetings, and these are responded to and documented accordingly. The facility manager informed that the Māori advisor staff person of the facility would be consulted for advice if a complaint was raised by a resident, or whānau, who identified as Māori.</p> <p>Four complaints have been raised in the past 12 months. Records sighted showed that all have been responded to appropriately. One of these was received via Worksafe but could not be upheld. No complaints have been received from the Health and Disability Commission since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Somerfield is managed by the Heritage Lifecare Golden Healthcare Group Limited. Golden Healthcare Group operates as a subsidiary of Heritage Lifecare and therefore governed by the Heritage Lifecare governance board. Golden Healthcare's general manager confirmed during interview that reports are presented to the chief executive of Heritage Lifecare, who is responsible for escalating these to the governing body.</p> <p>Heritage Lifecare have been progressing the development and implementation of systems that demonstrate how its facilities are delivering high quality services. Plans are in place for the Golden Healthcare Group to adopt the policies and some of the systems of Heritage Lifecare as from January 2023. Examples of these include:</p> <ul style="list-style-type: none"> • The general manager of Golden Healthcare Group and the facility manager of Somerfield informed there is no discrimination of services for Māori versus non-Māori. Heritage Lifecare is planning, developing and implementing systems that will enable service providers to know at what level they have improved outcomes and achieved equity for Māori. The Golden Healthcare Group are expecting to adopt these systems from January 2023. • the above-mentioned systems are also intended to include improving outcomes and achieving equity for tāngata whaikaha people with disabilities. Similarly, the shared Heritage Lifecare

		<p>systems are expected to address this requirement.</p> <ul style="list-style-type: none"> the development and implementation of systems that will enable the service providers, including Golden Health Group, to identify and implement systems that address barriers to equitable service delivery. <p>Copies of certificates confirmed governance board members have expertise in Te Tiriti, health equity and cultural safety. The general manager, Golden Healthcare Group, informed that a board representative from Heritage Lifecare provided a speech in te reo when opening a new facility. This was an example of the board's commitment to cultural awareness.</p> <p>An example of a Golden Healthcare Group report to Heritage Lifecare showed adequate information to monitor performance is reported.</p> <p>The facility manager is suitably qualified and experienced. They have been in the role for approximately two years, and previously worked extensively in aged care and in management roles.</p> <p>At the time of audit, all of the thirty-seven residents were being funded under the aged related residential care (ARRC) agreement, dementia rest home. Although two beds were vacant, these were already accounted for.</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>Somerfield uses the Golden Healthcare Group's planned quality and risk system, which reflects the principles of continuous quality improvement. This includes organisation wide policies and procedures, the management of complaints, internal audit activities including three monthly facility health checks, health and safety reviews, regular satisfaction surveys, monitoring against key performance indicators, reporting and review of accidents and incidents, and monitoring of clinical events such as infections or any restraint use. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated and an excellent set of comprehensive quality improvement plans were reviewed.</p> <p>Whānau and staff contribute to quality improvement that occurs</p>

		<p>through survey participation, involvement in resident meetings, whānau gatherings and staff meetings, reporting issues of concern, use of policies and procedures and staff attendance at education/training. Residents provide input via one-on-one conversations and residents' meetings.</p> <p>The quality assurance manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety and clinical risks, and the development of mitigation strategies. Identified risks have started to include potential inequities, and this is expected to be further enhanced with the adoption of Heritage Lifecare policies. Items on the risk register are reviewed at pre-determined timeframes with a formal review of all occurring once a year. These are reported to the general manager through weekly operations reports, monthly reports, and quality management system meetings.</p> <p>The facility manager fully understood essential notification reporting requirements and examples of these having been completed were viewed. Registered nurse shortages, residents' aggression and a resident wandering out of the facility were such examples.</p> <p>A cultural screening tool has been introduced into the dementia care service; however, there is not currently a specific mechanism by which the service provider can measure the level of health care specifically for Māori.</p> <p>Aspects of organisational practices are being analysed. However, the organisation has yet to develop a system by which it can confirm that its organisation practices have improved health equity.</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. 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. As service providers: We ensure our day-to-day operation is</p>	<p>FA</p>	<p>Staff raised concerns of short staffing, especially when COVID-19 was having a greater impact on staff and/or residents. Staffing levels were discussed with the facility manager, including strategies of how they were managed during the pandemic. The information verified staff reports that residents were always safe but that it had been a stressful time for staff. A review of the past four weeks of rosters confirmed in the facility manager's report that with the employment of new staff most short staffing issues are progressively resolving. Agency staff</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>are still being used to complement the numbers on shifts when there are shortfalls, especially while new staff complete their orientation. Shift timeframes may be extended when a person becomes unavailable at short notice and examples of this occurring were evident in the rosters. There is access to a clinical manager or a unit coordinator/registered nurse 24 hours a day over seven days a week. Roster allocation and discussions with staff and managers demonstrated that services are overall culturally and clinically safe. A staff person with first aid certification and medicine competency is on each shift. Some staff take on dual roles, such as caregiving and housekeeping on different shifts. Caregivers are often allocated activities assistant roles during their shift to improve residents' stimulation. Staff who have worked in the facility for a long-time have good institutional knowledge about the service.</p> <p>A staff education schedule for 2022 was viewed and showed that special interest and mandatory training topics are included. Staff education and core competencies are being completed within required timeframes, to meet the needs of residents equitably. Attendance records confirmed the schedule is being upheld and that all staff except two new ones (whose names are on the list for the next session) have completed the required training to work in a dementia service. Care staff are encouraged to undertake their certificate in health and wellbeing and records sighted supported that. Registered nurses are maintaining their professional development requirements.</p> <p>The manager is anticipating that issues such as the collection and sharing of high-quality Māori health information, and the development of organisational and health care and support worker health equity expertise, will be addressed when heritage Lifecare share some of their policies and systems from January 2023. Meantime they are increasing their own understanding of the requirements of these criteria.</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</p>	<p>FA</p>	<p>Recruitment policies and procedures require the qualifications of all prospective employees to be checked. Copies of professional qualifications for any health or allied health professional associated with residents in this facility were in employee files and in a</p>

<p>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>contractors' file. Similarly, copies of their current annual registration certificates were filed in these areas. Qualifications of caregivers, the diversional therapist and housekeepers are checked during the time of application and interview. Copies of these were evident in the sample of staff files checked.</p> <p>Information held about all employees is held in a secure manner in a locked drawer in the manager's office, which is also locked when they are not present. Registered nurse and management staff files are held with the general manager of the Golden Age Healthcare Group in the off-site office. All records sighted were relevant and check processes such as photographs, interviews and records being signed. Ethnicity data is being collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements. Monthly data analysis is occurring to meet aspects of the standard, such as equity and workforce ethnicities.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>Not Applicable</p>	<p>Residents are admitted to Somerfield Rest Home when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Enquiries are documented and the service has begun collecting ethnicity data as part of the process. Entry and decline rates are monitored and reported. However, the service does not yet analyse entry and decline rates for Māori.</p> <p>The service has a contracted Māori cultural advisor and a Māori carer who guides staff and there are resources available. There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. The service is working to establish links to enable this to occur when needed.</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</p>	<p>FA</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by a registered nurse following a comprehensive assessment, including consideration</p>

<p>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>of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments including for falls risk, pressure injury risk, pain, continence, and nutritional needs inform care planning. An initial care plan guides care during the assessment process. interRAI assessments are completed within three weeks of admission and at a minimum of six months thereafter. Long term care planning details strategies required to maintain and promote independence, and wellbeing. Care plans include interventions to manage behaviours that challenge. All residents in the dementia unit have a medical care guidance plan completed on admission. Resident involvement in the community is documented in the care plan and is maintained through whānau visits, visiting entertainers and cultural or religious groups. The Cultural needs are identified for residents during the assessment process and supports to meet these needs are documented.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Short term care plans are developed, if necessary. This included plans for infections, and wounds. These are reviewed weekly or earlier if clinically indicated. 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, or new needs are identified changes are made to the care plan.</p> <p>Residents and whānau are given choices and staff ensure they have access to information. Those interviewed confirmed active involvement in the assessment, care planning and review process, including residents with a disability.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals. However, the constructs of oranga were not fully understood by staff.</p> <p>The GP interviewed reported the care was of a high standard.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A trained diversional therapist, an activities coordinator and a diversional therapy assistant provide an activities programme seven days a week that supports residents to maintain and develop their interests and was suitable for their age and stage of life. The activities programme is a strength of the service. A variety of activities were observed during the audit. Carer's assist in providing activity support in the dementia unit when the diversional therapists are not present.</p> <p>Personal profiles, a person-centred summary and diversional therapy plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities through visiting entertainers and groups. Cultural and spiritual activities were included and opportunities for Māori and whānau to participate in te ao Māori were evident. This is led by a Māori caregiver.</p> <p>Staff are not currently involved in community activities to support the health needs of Māori and are considering how the workforce can become involved.</p> <p>Residents and whānau interviewed confirmed they found the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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 an electronic system was observed on the day of audit, including the recording of allergies and sensitivities. 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.</p> <p>Medicines are stored safely, including those requiring refrigeration. Medicines were stored within the recommended temperature range and all medications were within current use by dates.</p> <p>Individually prescribed controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed</p>

		<p>documentation met regulations and the required stock checks occur. This had been confirmed in an audit conducted by the contracted pharmacist who completes the six-monthly physical checks.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>No residents were self-administering medication at the time of audit and the registered nurse stated this did not occur in the dementia unit.</p> <p>Residents and their EPOA/whānau, are supported to understand their medications. The registered nurse discussed including whānau in decision making. Partnerships with local Māori providers are being developed with the support of a cultural advisor to support Māori residents who wish to access traditional Māori medicines if requested.</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>Not Applicable</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility and this is updated as their needs change. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Residents were observed to be given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Cultural protocols around food are followed including the laundering of kitchen and food related items separately.</p> <p>Residents and whānau interviewed were happy with the food.</p> <p>There are no items on the menus culturally specific to te ao Māori as yet and ways to meet this requirement are being considered.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely</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>with coordination between services and in collaboration with the resident, EPOA and whānau. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified. Escorts are provided as needed.</p> <p>EPOA and whānau interviewed were happy with communication and planning related to referrals and transfers. Documentation evidenced whānau being kept informed during the transfer of their relative.</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>The buildings and equipment were well maintained and fit for purpose. A current building warrant of fitness was on display (expiry date 1 April 2023). Electrical equipment checks, biomedical equipment checks, and monthly hot water monitoring were all up to date. Monthly and quarterly maintenance schedule checklists were completed within the required timeframes.</p> <p>The interior of the facility is decorated with themes such as the sea, sports, memories and gardens throughout the common areas. These are providing interest for residents. There are no plans to build onto or significantly modify the buildings on this site, although the facility manager and the general manager of the Golden Healthcare Group are aware of the requirements of 4.1.7 should this occur. This criterion has been rated as fully attained as the Māori advisor at this site was consulted and has altered parts of the environment, to ensure it reflects the aspirations and identity of Māori. The décor throughout the facility includes photographs, examples and information of Māori history, taonga and tikanga, which has raised significant interest from Māori and non-Māori residents, whānau and visitors.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	FA	<p>The fire evacuation approval plan is dated 8 June 2006. Records of the last fire evacuation/drill were dated 12 October 2022. Staff undertake fire and emergency training on the dates that coincide with the six-monthly fire drills.</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Security arrangements are in plan and family/whānau are informed of these at the time of their relative's admission. Residents are informed as applicable. Somerfield is a secure facility due to its provision of dementia care. The facility has two wings, Barrington and Stanbury and the doors at one end of each wing are locked, although residents may move freely between one unit and the other. All fire exit doors are locked and although the front door is locked, it may be entered and exited using codes, bells or buttons. Surveillance cameras are on the outside of the building, especially in a garden area. These have also proven useful to respond to questions regarding incidents such as falls. Staff undertake security checks at night.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme. A suite of policies has been developed by a contracted IP specialist. This includes an outbreak management plan and a procedure for testing the plan. The plan was used during a recent respiratory outbreak and was found to be satisfactory. There are sufficient resources available including personal protective equipment (PPE).</p> <p>Cultural resources including some IP resources in te reo Māori are available to staff.</p> <p>The service has engaged with a Māori cultural advisor and is exploring ways to work in partnership with Māori to ensure culturally safe practice related to IP.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance now includes the collection of ethnicity data. Results of the surveillance programme are shared with staff.</p> <p>There are clear processes for communication between service providers and residents. EPOA and whānau interviewed were happy</p>

<p>an equity focus.</p>		<p>with the communication from staff in relation to healthcare acquired infections</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>Policies are clear on the need for any restraint to be only used as a last resort. Restraint is not used in Somerfield, and none have been used in this facility for at least six years.</p> <p>Staff interviewed knew restraint is not an acceptable strategy to be used in this facility. They informed they have received training on restraint use, de-escalation techniques, managing challenging behaviours and least restrictive practices, which was validated in staff training records. Self-learning tools, presentation sessions and restraint competencies are used in related to staff education.</p> <p>The restraint coordinator, who is the clinical manager is responsible for ensuring staff education is completed, records of nil use are escalated to the management team and coordinates the use of any need for de-escalation and alternative strategies. Meeting minutes through to the senior management team confirmed the nil use of restraint reporting process.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, 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.