

Heritage Lifecare (BPA) Limited - Riverside Care Home and Hospital

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: Heritage Lifecare (BPA) Limited

Premises audited: Riverside Care Home and Hospital

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

Dates of audit: Start date: 25 January 2023 End date: 26 January 2023

Proposed changes to current services (if any): Reconfiguration of 12 rest home beds to 12 dual-purpose beds

Total beds occupied across all premises included in the audit on the first day of the audit: 65



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

Riverside Lifecare is certified to provide rest home and hospital services for up to 65 residents. The service is owned and operated by Heritage Lifecare Limited.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Taranaki. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents and family/whānau, governance representatives, staff, and a general practitioner. The facility is managed by an experienced manager supported by an experienced clinical services manager, both are registered nurses. Residents and family/whānau were complementary about the care provided.

Strengths of the service, resulting in continuous improvement ratings related to the provision of equity in access to care and indwelling catheter management. No areas requiring improvement were identified during the 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.

Riverside Lifecare provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pacific peoples, and other ethnicities. Riverside Lifecare works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents and staff interviewed. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

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, they receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept well informed.

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. Family/whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Procedures are in place to resolve concerns and complaints 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.

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities. Equity of access to services is a particular strength of the service.

Planning ensures the purpose, values, direction, 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 provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that leads to improvements. Actual and potential risks are identified and mitigated.

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

Staff are appointed, orientated, and managed using current good practice. Staffing is sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and 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 are admitted to Riverside Lifecare 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 well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Since the previous audit, 12 rest home beds have been reconfigured to dual-purpose beds allowing occupancy for rest home and hospital level residents.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. 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 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.

Heritage Lifecare Limited and senior care team at Riverside Lifecare ensure 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. 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 Heritage Lifecare Limited governing body and the senior care team 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 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 a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews is in place should restraint use be required in the future. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	0	0	0
Criteria	2	169	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>	<p>FA</p>	<p>Heritage Lifecare (HLL) has a Māori Health Plan which guides care delivery for Māori using te whare tapa whā model, and by ensuring mana motuhake is respected. The plan has been developed with input from cultural advisors and can be used for residents who identify as Māori.</p> <p>Heritage Lifecare Limited has introduced a Head of Cultural Partnerships (HCP) who is part of the executive team and identifies as Māori/Pasifika. The function of the HCP is to assist with the implementation of Ngā Paerewa and inform the HLL models of care and service delivery.</p> <p>This is allied to a Māori Network Komiti, a group of Māori employees. The Komiti is in the formative stage with a mandate to further assist the organisation in relation to its Te Tiriti obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses, and other care workers. The group provides information through the clinical governance structure to the board. The</p>

		<p>HCP is also assisting site managers in the facilities to connect to their local Māori/Pasifika/tāngata whaikaha communities. The service can access support through their local iwi, Te Atiawa, and their local hapu Ngati Te Whai. Members of staff who identify as Māori and Pasifika are cultural advisors to the service and are available to support residents and the facility with local access to Māori and Pasifika networks.</p> <p>The staff recruitment policy reviewed July 2021 is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Staff who identified as Māori are employed at all levels of the organisation, including in leadership and training roles. Training on Te Tiriti is part of the HLL training programme. The training is geared to assist staff to understand the key elements of service provision for Māori, Pasifika and tāngata whaikaha, including self-determination (mana motuhake) and providing equity in care services. There were residents who identify as Māori receiving services in the facility during the audit.</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 which utilises the fonofale model of care documenting care requirements for Pacific peoples to ensure culturally appropriate services are delivered. The plan has been developed with input from cultural advisors. Riverside Lifecare has access to local Pasifika communities through staff employed by the service and through a pastor from a local church.</p> <p>Heritage Lifecare Limited understand the equity issues faced by Pacific peoples and are able to access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team identify as Pasifika. They can assist the Board to meet their Ngā Paerewa obligations to Pacific peoples. There are Pasifika staff employed at Riverside but there were no Pasifika residents in the facility during the 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 requirements.</p>	<p>FA</p>	<p>Staff interviewed at Riverside understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were seen supporting residents in accordance with their wishes. Young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity.</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 in English, te reo Māori and New Zealand Sign Language (NZSL). Brochures on the Nationwide advocacy service are available in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>Riverside has access to interpreter services and cultural advisors/advocates if required. Relationships have been established with a cultural advisor at the local iwi Te Atiawa. A kaumatua from Ngāti Te Whai (hapu) is available as an advisor if required, in addition to support from Tui Ora and Te Whatu Ora-Taranaki's Māori health unit. Nine staff employed at Riverside, including a registered nurse (RN) identify as Māori. Staff who identify as Māori and can speak some te reo Māori and can assist through all levels of the Riverside operation to enable a more equitable service for Māori. Riverside recognises mana motuhake.</p> <p>A pastor from the local Pasifika Church, is an advisor for any residents who identify as Pasifika if needed.</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>Riverside supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau, including a number of residents 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. All staff working at Riverside are educated in Te Tiriti o Waitangi and cultural safety. Staff are enabled with the opportunity to speak and learn te reo Māori, with the</p>

		<p>assistance of staff members who identify as Māori, through training and signage throughout the facility in te reo Māori.</p> <p>Documentation in the care plans of residents who identify as Māori, is in English and te reo Māori. Staff were aware of how to act on residents' advance directives and maximise independence. Residents who were able, are assisted to have an advance care plan in place. Residents verified they are supported to do what is important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Riverside responds to tāngata whaikaha needs and enables their participation in te ao Māori. Training on the aging process, diversity and inclusion includes training on support for people with disabilities. All residents have a private room. Signage at the front entrance advises all those who enter the building that close-circuit television cameras (CCTV) are operating.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Riverside include reference checking and 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 and professional boundaries are maintained.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures are in place that focus on abolishing institutional racism, and there was a willingness to address racism and do something about it. Residents reported that their property is respected.</p> <p>A holistic model of health at Riverside is promoted. The model encompasses an individualised approach that ensures best outcomes for all. Fourteen residents and nine family members interviewed expressed satisfaction with the services provided by Riverside.</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</p>	FA	<p>Residents and family/whānau at Riverside reported that communication was open and effective, and that they felt listened too. Information was</p>

<p>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>provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, and signage throughout the facility. Residents with communication difficulties have supports in place to assist them.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) and contact with other service agencies involved in the resident's care has occurred.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <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>	FA	<p>Residents at Riverside and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. Riverside follows best practice tikanga guidelines in relation to consent.</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. All resident files reviewed of residents in the secure unit had either an activated Enduring Power of Attorney (EPOA) in place or a welfare guardian appointed by the courts through a Protection of Personal Property (PPPR) application.</p> <p>Staff who identify as Māori assist other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A Māori advisor or kaumatua is available to support and advise if needed.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the</p>

<p>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>requirements of the Code. The care home manager (CHM) at Riverside advised that there is a process in place to manage complaints from Māori by the use of hui and/or te reo Māori as applicable. Residents and family/whānau interviewed reported that they understood their right to make a complaint and knew how to do so. There have been two formal complaints received by the service since the last audit; one related to missing laundry which was resolved, the other to an allegation of sexual misconduct which was reported to Police. The Police investigation has been closed by the Police with no charges laid; notification was made to the Ministry of Health and Te Whatu Ora Taranaki under section 31 notification. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare Limited has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Directors and the executive team of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the Ministry of Health.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information. Heritage Lifecare Limited utilise the skills of staff and senior managers and support them in making sure barriers to equitable service delivery are surmounted (refer criterion 2.2.4).</p> <p>Heritage Lifecare Limited has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The service organisation philosophy and strategic plan reflect a person/family/whānau centred approach. Ethnicity data is being collected to support equity; a process is in place to utilise the data when enough data has been collected to support</p>

	<p>meaningful change. Riverside has its own business plan in place for its particular services.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is provided to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare Limited uses interview panels for senior managers. Recruiting and retaining people is a focus for HLL. They look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also plan to use feedback from cultural advisors, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff. The CHM and clinical services manager (CSM) confirmed knowledge of the sector, regulatory and reporting requirements, and both maintain currency within the field.</p> <p>Heritage Lifecare Limited support people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>The service holds contracts with Te Whatu Ora Health New Zealand Taranaki for aged related residential care (ARRC) services at rest home and hospital level, dementia care, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), day care, through a young person disabled (YPD) Ministry of Health contract, and through the Accident Compensation Corporation (ACC).</p> <p>Sixty-five (65) residents were receiving services at the time of audit, 19 were receiving rest home care, 19 hospital level care, 18 dementia care (one of which was receiving respite care), six under the LTS-CHC</p>
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		contract, one under the YPD contract, and two under the ACC contract (one at rest home level and one at hospital level).
<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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>Riverside has actively identified opportunities to reduce inequity and has developed a plan to respond to them. Riverside lives by the mantra that everyone deserves good care regardless of how the symptoms of their disease or disability manifest. This is an area that has been identified as a continuous improvement (refer criterion 2.2.4).</p> <p>The CHM and CSM 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. Staff have received education/training in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Young people with disabilities have input into quality improvements to the service. Satisfaction with choices, decision making, access to technology, aids, equipment, and services contribute to quality data collected by the service. Residents have meetings facilitated by an independent advocate. Residents' satisfaction surveys showed a high level of satisfaction with the services provided. Residents and family/whānau interviewed reported a very high level of satisfaction.</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 investigated, action plans developed and any corrective actions followed-up in a timely manner.</p> <p>The CHM and CSM understood and have complied with essential notification reporting requirements. There have been 16 section 31 notifications completed in the last 12 months, three of these related to registered nurse shortage, one to a police investigation (refer subsection 1.8), eight to physical aggression, three due to pressure injury (one community acquired), and one in relation to a resident choking.</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 service is managed by the CHM who is a registered nurse and has worked at the facility for 13 years. The CHM is supported by an experienced RN who works as the CSM and has been in the role for eight years, both work Monday to Friday. There are other registered nurses on duty 24 hours per day/seven days per week (24/7) and there is a first aid certified staff member on duty 24/7.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. Access to high-quality Māori health information is available to staff through care planning, policies and procedures and the education and competency programme.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements including education relevant to physical disability and young people with physical disabilities. Related</p>

		<p>competencies are assessed and support equitable service delivery. Particular emphasis is placed on the management of behaviours that challenge, residents' rights and informed consent, dementia, delirium, and depression, and supporting younger people (under 65) in the service. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with the Te Whatu Ora Taranaki. All staff working in the dementia care area hold dementia qualification or are in the process of completing these in the appropriate timeframe. The CHM is an assessor for the programme.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff also have access to a confidential employee assistance programme should they require it and staff interviewed were aware of their access to the service.</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 eight staff records were reviewed (the CSM, two RNs, three caregivers (one of whom works in the dementia unit), one cleaner, and one kitchen staff member) and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed induction and orientation.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs, and associated health contractors (six GPs, a nurse practitioner (NP), eleven pharmacists, a physiotherapist, a podiatrist, and a dietitian).</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews 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 who are authorised to use it.</p> <p>Debrief for staff is outlined in policy and staff interviewed confirmed the opportunity for debrief and support, including an EAP is available to them.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Riverside maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and is username and password protected. Any paper-based records are held securely and available only to authorised users.</p> <p>Residents' files are integrated electronic and hard copy files. Files for residents and staff are held securely for the required period before being destroyed or permanently archived if electronic. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. 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>Riverside 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>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>Residents are welcomed into Riverside when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Riverside provides, and have chosen Riverside to provide services they require. Residents admitted to the secure unit have a specialists authorisation deeming the resident requires care in a secure unit. In addition, residents in the unit require an Enduring Power of Attorney (EPOA) to be appointed and the EPOA to have been activated. Family/whānau members interviewed stated they were satisfied with the admission</p>

<p>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>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. Riverside collects ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Residents who have been assessed with a need for care in a secure unit have documentation in place verifying that a specialist has assessed the person as requiring that level of care. An activated EPOA or documentation verifying a Court appointed Welfare Guardian has been appointed was sighted in the three files reviewed of residents in the secure unit.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Riverside has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. Riverside is able to access support from Māori health practitioners, traditional healers, and other organisations by making contact with Te Whatu Ora Taranaki or Tui Ora, the local holistic Māori health Care provider. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Riverside, several residents request another provider to manage their medical needs and this is respected.</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>Residents are welcomed into Riverside when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Riverside provides, and have chosen Riverside to provide services they require. Residents admitted to the secure unit have a specialists authorisation deeming the resident requires care in a secure unit. In addition, residents in the unit require an Enduring Power of Attorney (EPOA) to be appointed and the EPOA to have been activated. 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. Riverside collects ethnicity data on entry</p>

	<p>and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Residents who have been assessed with a need for care in a secure unit have documentation in place verifying that a specialist has assessed the person as requiring that level of care. An activated EPOA or documentation verifying a Court appointed Welfare Guardian has been appointed was sighted in the three files reviewed of residents in the secure unit.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Riverside has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. Riverside is able to access support from Māori health practitioners, traditional healers, and other organisations by making contact with Te Whatu Ora Taranaki or Tui Ora, the local holistic Māori health Care provider. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Riverside, several residents request another provider to manage their medical needs and this is respected.</p> <p>The multidisciplinary team at Riverside works in partnership with the resident and their family/whānau to support the resident's wellbeing. The service is responsive to young people with disabilities accessing the community, resources, facilities, and mainstream supports primary health care services in the community. The service promotes access to family/whānau and friends.</p> <p>Eleven residents' files were reviewed. These files included residents who identify as Māori, residents receiving respite care, residents receiving care under ACC, residents receiving care under a long-term chronic health contract, residents receiving care under a Ministry of Health (MOH) young persons with a disability contract, residents with behaviours that challenge, residents who self-administer medication and residents with a wound.</p> <p>At the time of audit, Riverside was providing care to 12 residents who are under 65 years of age with diverse needs, in addition to a number of residents with complex conditions and behaviours (refer criterion 2.2.4). Policies and processes are in place to support tāngata whaikaha</p>
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		<p>and family/whānau to participate in Riverside’s service development, to deliver services that give choice and control over their supports, and to remove barriers that prevent access to information.</p> <p>Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments are based on a range of clinical assessments and includes 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. This was verified by reviewing documentation, sampling residents’ records, from interviews, including with a GP, and from observations.</p> <p>Management of any specific medical conditions and behaviours 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 family/whānau. Residents and family/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. 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>An activities coordinator and diversional therapist at Riverside provided an activities programme that supported residents to maintain and develop their interests and was suitable for their ages and stages of life. The diversional therapist worked in the secure unit, implementing a programme that meets those resident needs Monday to Friday. The activities coordinator worked in the hospital/rest home area Tuesday to Saturday. In addition to running the activities programme the coordinator assisted the younger residents to attend community activities of their choice. All residents cared for in the secure unit had a 24-hour activities plan in place.</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 was facilitated. Matariki, Māori</p>

		<p>language week and Waitangi Day were celebrated at Riverside. The activities programme included the making of flax baskets, poi and Māori song. For the upcoming Waitangi Day they will make fried bread.</p> <p>Outings in the vans have occurred twice a week.</p> <p>Residents' meetings occurred quarterly, and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents and their family/whānau are satisfied with the activities provided at Riverside.</p> <p>Residents and their family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find 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.</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 at Riverside 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. All staff who administer medicines are competent to perform the function they manage. A process is in place to identify, record and communicate residents medicine related allergies or sensitivities, and appropriate responses to adverse events. There are no difficulties accessing medications. These are supplied by Riverside.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines 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. Standing orders are not used at Riverside.</p> <p>Self-administration of medication is facilitated and managed safely.</p>

		<p>Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>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>	FA	<p>The food service provided at Riverside is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 11 November 2022. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 6 December 2021. No areas requiring corrective action were identified, and the plan was verified for 18 months. The plan is due for reaudit in June 2023.</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 accommodate this. Residents' individual food preferences are attended to by the cook. The kitchen prepares a 'boil up' for those residents who request it.</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>Residents in the secure unit have access to food 24 hours a day.</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</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 resident and family/whānau interviewed, who required to be transferred for short term acute intervention reported</p>

<p>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>being kept well informed during the recent transfer of their relative. 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>	<p>FA</p>	<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 planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, these were sighted and were all within normal limits.</p> <p>The building has a warrant of fitness in place which expires on 15 December 2023. There are currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment is comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. The facility includes places where younger people with disabilities can find privacy within communal spaces. There is consideration of compatibility with other residents. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment in hospital level rooms. The service has recently transitioned 12 rest home beds to dual purpose</p>

		<p>beds. The rooms that have been transitioned are appropriate for the care of hospital level residents, the rooms are spacious, and allow room for the use of resident's mobility equipment and moving equipment if this is required. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Electric heating is provided in the facility which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The CHM, CSM, RNs and some other staff have current first aid certification and there is a first aid certified staff member on duty 24/7. Information on emergency and security arrangements is provided to residents and their family/whānau on entry to the service and is posted around the facility in flip-chart form. All staff were noted to be wearing name badges during the audit.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 11 July 2013 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, the most recent drill was on 1 September 2022. 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. Appropriate security arrangements are in place, close-circuit television (CCTV) cameras cover the facilities corridors and communal areas. Signage advising of the use of CCTV is in place.</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>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Heritage Lifecare Limited has IP and AMS outlined in its policy documents. This is now being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Taranaki. Infection prevention and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board have been collecting data on infections and antibiotic use and is now adding ethnicity to its data. Over time the data will add meaningful information to allow HLL to analyse the data at a deeper level to support IP and AMS programmes.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>The CHM and CSM confirm they are kept well informed, reporting of any new concerns are prompt, and information is readily available at any time as all infections are noted electronically and included in the infection 'dashboard'.</p> <p>The management team advised that the portfolio manager and other staff at Te Whatu Ora Taranaki, including the nurse specialists, district nurses, infection prevention and control nurse specialists and public health would be contacted for advice where clinically indicated. Recently support was provided to Riverside during a COVID-19 outbreak.</p> <p>The CHM advised there are multiple methods in place to communicate with staff of any changes in COVID-19 related risks and the management strategy.</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 nurse (IPN) at Riverside is responsible for overseeing and implementing the infection prevention (IP) programme with reporting lines to the organisation’s infection prevention coordinator at the support office, the facilities CSM, the CHM, and the regional manager (RM). The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPN 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 provided by the organisations clinical advisory group, and are based on current accepted good practice. Cultural advice at Riverside is accessed through the RN and care staff who identify as Māori and the cultural advisor. Staff were familiar with policies through education during orientation and ongoing education and were observed following these correctly. Riverside’s policies, processes and audits ensure that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Individual use items are not reused. Educational resources are available and accessible in te reo Māori for Māori accessing services.</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. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally</p>	<p>FA</p>	<p>Riverside is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. An initiative implemented to reduce the number of catheter related infections is an area identified as one of continuous</p>

<p>safe and easy to access, and messages are clear and relevant. 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>improvement (refer criterion 5.3.3). Evidence was sighted of a downward trend in the use of antibiotics over the past six months, with no adverse outcomes because of this.</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 an equity focus.</p>	<p>FA</p>	<p>Riverside 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. Riverside uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There was an outbreak of COVID-19 at Riverside from April to May 2022. The outbreak lasted four weeks and affected 39 residents. Residents affected were isolated in their rooms. The facility was placed in lockdown and visiting restricted. The Regional Public Health Unit (RPH) and the Taranaki District Health Board (now Te Whatu Ora Taranaki) were informed of the outbreak. In April 2022 there was a gastrointestinal outbreak that involved five residents. Laboratory results were unable to confirm the cause. Regional Public Health Unit (RPH) and the Taranaki District Health Board (Te Whatu Ora Taranaki) were notified.</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. 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 Riverside. 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,</p>

<p>safe and easily accessible. 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>with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing 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 items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. 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 Lifecare Limited is committed to a restraint free environment in all its facilities and Riverside is restraint free. Restraint has not been used in the facility since February 2022. Prior to this restraint use was very low, one resident in 2021 and two in 2020, neither of whom were under 65 years of age or identified as Māori. There are organisational strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of low/low beds). The board clinical governance committee is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at board clinical governance level and presented to the board.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the CHM who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2022 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint</p>

		<p>competency) and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC in consultation with the multidisciplinary team 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 EPOA and/or family/whānau as part of the decision-making process.</p> <p>The restraint committee continues to maintain a restraint register, the criteria on the restraint register contained enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk, and this is documented in meeting minutes. Strategies to be used to prevent restraint being required is documented in the resident's individualised care plan. Any changes to policies, guidelines, education, and processes are implemented if indicated. Should restraint be used for people under 65 years of age, or if the person identifies as Māori, input into the restraint committee would be sought.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 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.

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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>Riverside has actively identified opportunities to reduce inequity for residents entering their service. The service believes that everyone should have access to services regardless of how symptoms of their disease or disability manifest. Riverside identified that there were a number of people in their community who did not 'fit in' with the 'ideal' presentation of residents for care providers because of their behaviours, as well as people who had been exited from other facilities, also due to behaviour. Since 2018, Riverside has seen the admission of 15 residents, at rest home or hospital level that had been exited from other facilities. Of these, only three have been discharged from Riverside's service, two due to the resident's requirements for a higher level of service, and one due to aggression and alcohol misuse, the rest have remained in Riverside's care. In managing this</p>	<p>Riverside actively reduces inequity to admission to services through their support programme aimed at residents who exhibit behaviours that challenge. The support programme is in place for staff who care for the residents and the residents themselves.</p>

		<p>opportunity, Riverside:</p> <ul style="list-style-type: none"> • Initiated a meeting with the CHM and CSM to actively meet with care teams, families/whānau, and potential residents prior to admission to assess the resident's needs, symptom presentation, key supports and community requirements to ensure that they have the right skill mix within the facility to support the potential resident. • Support its staff in the management of behaviours that challenge. This has included regular training in the areas of dementia, behaviour de-escalation, and needs identification, above the level required as 'normal' for such a service. Training records supported this. • Actively support staff and promote staff safety. There are regular reminders to staff of the Employee Assistance Programme (EAP) available to them, and the CHM and CSM support staff when they ask for a break from working in a certain area of the facility. • Discuss some of the presentations that occur with staff during the staff interview process so that potential new staff will not be surprised by the condition and behaviour presentations of some residents they may care for. This was confirmed in interview documentation. • Have undertaken crisis intervention training for its staff, utilising documentation from incidents as an education tool for its staff in improving behaviour management capability. The usefulness of this was confirmed by staff working with behaviour challenged residents. • Offer resident's the ability to complete the St John 'Mental Health First Aid' course to assist with identifying symptoms and supporting residents through this. 	
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<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	CI	<p>It was identified in December 2021, that Riverside had a high number of catheter related laboratory verified urine infections in residents who for medical reasons required catheters in place. Efforts had been made to assess whether there remained an ongoing need for a catheter to remain in place. Trial removals were unsuccessful.</p> <p>An assessment of each resident was undertaken to establish the possible cause for these infections and what could be done to reduce them. Strategies included increased education on catheter hygiene, catheter competency assessments to ensure an aseptic technique was being used by RNs when changing the catheters, to assess why some residents were irritated by their catheter and 'fiddled' with it, an implementation of Heritage Lifecares (HLL) infection identification criteria to minimise RNs requests for antibiotics prior to laboratory confirmation, and an evaluation of the two brands of catheters approved by HLL for purchase.</p> <p>One brand of catheter is silicone coated latex, while the other is silicone only. One catheter brand was noted to have a shorter tip to promote full bladder emptying, lessening residual urine left in the bladder.</p>	<p>The number of catheter related urine infections at Riverside have reduced by changing the catheters used from silicone coated catheters to complete silicone catheters. The reduced irritation resulted in the resident not fiddling so much with the catheter, and a reduction in urethral structure and irritation. Increased training and competency reviews for staff have also occurred. In July 2022 there were 10 catheter related infections, catheters were changed to silicone only between August and October 2022. In November there was only one non-facility acquired catheter associated urinary tract infection (UTI) and no facility acquired UTIs.</p>

		<p>The CSM completed research into the integrity of silicone coated catheters, which have been shown to diminish over time. Complete silicone catheters, which have the shorted tip and promote bladder emptying were noted to be more effective at relieving symptoms, and less prone to crusting; reduced 'fiddling', urethral stricture, and irritation.</p>	
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End of the report.