

Heritage Lifecare (BPA) Limited - Highfield Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare (BPA) Limited

Premises audited: Highfield Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 January 2023 End date: 27 January 2023

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: 38

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

Highfield Lifecare is part of the Heritage Lifecare Limited (HLL) group and provides rest home level care for up to 44 residents. The Care Home Manager and Unit Coordinator are both newly appointed since the previous audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand South Canterbury. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, a visiting district nurse, a visiting social worker and a general practitioner.

Improvements are required to the medication management system.

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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Highfield Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. There is a Pacific Peoples Plan and should any residents identify as Pasifika, there are processes in place to provide culturally safe services and recognise Pasifika worldviews.

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. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body Heritage Lifecare Limited (HLL) 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.

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, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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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.

Highfield Lifecare 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.

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

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. 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, Heritage Lifecare Ltd, 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. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator, who is a registered nurse, is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

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

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

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

Highfield Lifecare is a restraint free environment. This is supported by the HLL governing body policies and procedures. There were no residents using restraints at the time of audit. A comprehensive HLL assessment, approval, and monitoring process, with regular reviews is documented to occur for any restraint used. 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	26	0	1	0	0	0
Criteria	0	166	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Heritage 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 advisers and can be used for residents who identify as Māori.</p> <p>Heritage Lifecare have 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>The HCP 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</p>

		<p>governance structure to the board. The HCP is also assisting site managers in the facilities to connect to their local Māori/Pasifika/tāngata whaikaha communities.</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 policy does not specifically say that the organisation will actively recruit Māori and Pasifika in line with the requirements of Ngā Paerewa. There is a diversity and inclusion policy in place reviewed July 2022 that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support HLL's drive for staff to have a beneficial experience when working in the service. 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.</p> <p>Highfield Lifecare staff and managers were aware of and understood the implications and implementation of Ngā Paerewa and their role in this. Examples of offering karakia at appropriate times and the use of waiata were observed.</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>The HLL response to Pasifika works on the same principles as Māori. The Pacific Peoples Health Plan November 2022 describes the Fonofale Model. This culturally safe care policy and procedure has been developed with input from cultural advisers and it documents care requirements for Pacific peoples to ensure culturally appropriate services. Engagement with Pasifika communities is being assisted at site level.</p> <p>Heritage Lifecare understood 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.</p> <p>Highfield Lifecare staff are supported by the HLL management structure to implement safe services for Pacific peoples although no</p>

		residents identify as being Pasifika. The Pacific Peoples Health Plan is readily available to staff online and in a printed format for easy access.
<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>Heritage Lifecare are aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected at Highfield Lifecare. Staff interviewed understood the requirements of the Code, including the right to self-determination, and were observed supporting residents in accordance with their wishes.</p> <p>Staff interviewed understood Māori mana motuhake and the rights of residents to self-determination.</p> <p>Residents and 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.</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>Highfield Lifecare supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room which reflects their individuality.</p> <p>Nurses and caregivers receive training on the Te Tiriti o Waitangi. Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage is being introduced in parts of the facility and te reo Māori is used in leaflets promoting the activities programme. 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 staff described ways to enable</p>

		<p>participation in te ao Māori.</p> <p>Residents and whānau, including those with age related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity. Māori residents and whānau interviewed confirmed they are happy with their level of involvement in te ao Māori.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected.</p> <p>There is a code of staff conduct in place and professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed understood the concept of institutional racism and stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic encompassing the pillars of 'Te Whare Tapa Whā' and is based on the identified strengths of residents. Wellbeing outcomes for all residents including Māori, are evaluated as part of the assessment and care planning process six monthly to ensure the needs of residents are met.</p> <p>Māori residents and whānau interviewed stated they felt the care provided was culturally safe and met their needs.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, they had opportunities to discuss their needs and felt listened to. Information was provided in an easy to understand format, and staff described steps taken to ensure good communication for residents with communication difficulties. An example of an individual resident whiteboard being used to facilitate communication was sighted on the day of audit.</p> <p>Changes to residents' health status were communicated to relatives/whānau in a timely manner. The general practitioner and</p>

		<p>two visiting health practitioners interviewed stated communication from staff was appropriate, timely and included all relevant information.</p> <p>The registered nurse 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 and/or their legal representative are provided with the information necessary to make informed decisions. Those interviewed, including Māori, felt empowered to actively participate in decision making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents and whānau in the process. Tikanga guidelines are available to support staff when working with Māori residents and whānau.</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. Staff were aware of those residents unable to consent and file review confirmed they had a documented enduring power of attorney (EPOA) 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.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place at Highfield Lifecare to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. The Care Home Manager (CHM) is responsible for the management of complaints in conjunction with the regional manager, should the assessed risk of the complaint require escalation to the support office. The CHM has an open-door policy which was observed on the day of audit, and had received only one complaint since they took up the role just over a year ago. Staff and managers described using a minor concern form for residents to provide feedback of a minor nature. These were described as being</p>

		<p>immediately addressed by either the CHM or Unit Coordinator and the register of these was sighted onsite. Documentation sighted showed the process included the use of a resolution meeting, that complainants had been informed of findings following investigation, and that complainants were satisfied with the resolution of complaints. The complaints register is held within an electronic system for the whole organisation and is reviewed as part of the quality and risk system. There have been no complaints received from external sources since the previous audit. The CHM indicated a clear understanding of the requirement for an equitable complaints process for Māori such as providing whanau hui, should this be required.</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>HLL 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 have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</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 (e.g., information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare utilise the skills of staff and senior managers and support them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare have a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan has yet to incorporate some aspects of the Ngā Paerewa standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. The collection and use of ethnicity data is still a ‘work in progress’. Ethnicity data is being collected, but it will take time to ensure that</p>

	<p>any information generated from the data is meaningful enough to effect change and support equity.</p> <p>Each facility has its own business plan for its particular services and Highfield Lifecare is no exception. 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 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 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 advisers, 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.</p> <p>Heritage Lifecare support people to participate locally through resident meetings, and through satisfaction surveys and these were evidenced at Highfield Lifecare. 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>Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the NZ Ministry of Health.</p> <p>Onsite at Highfield Lifecare, a sample of reports to the board of directors showed adequate information to monitor performance is reported.</p> <p>Both the regional manager and care home manager (CHM) confirmed knowledge of the sector, regulatory and reporting</p>
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		<p>requirements and both maintain currency within the field. The CHM employed in December 2021 is a registered nurse with 30 years of experience in both New Zealand and the United Kingdom in various areas relevant to aged care and her current role.</p> <p>Highfield Lifecare holds contracts with Te Whatu Ora – Health New Zealand South Canterbury for residential long-term care and respite services. At the time of audit all 38 residents were receiving rest home level care with 36 receiving services under the South Canterbury contract and two residents under 65 years old paying privately.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement and Highfield Lifecare managers, and staff implement the HLL systems at a local level. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, comprehensive monitoring of outcomes, policies and procedures, clinical incidents including but not limited to infections, weight loss, falls, wounds and medication management issues. Electronic data is collected at a national, regional and facility specific level.</p> <p>Highfield Lifecare residents, whānau and staff contribute to quality improvement through regular resident and staff meetings and involvement with the annual satisfaction surveys.</p> <p>The organisation contracts an external agency to run resident surveys at each facility and the results are nationally benchmarked. The most recent resident survey in 2022 indicated an increase in satisfaction, since 2021, for all areas at Highfield Lifecare. Areas identified for further improvement were the lighting, food service and activities although these areas have improved since 2021. The care home manager described the corrective actions taken in response to the survey results including the creation of a resident focus group to better understand the issues. The lights at Highfield Lifecare are gradually being replaced with light emitting diodes, known as LEDs using a stepped revised lighting plan, a change in staffing and slight changes to the menu have contributed to an increase in resident</p>

		<p>satisfaction.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The regional manager and care home manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The regional manager who identifies as Māori, is actively involved in the HLL Ngā Paerewa implementation project. This includes providing specific support and advice to assist Highfield Lifecare's Care Home Manager (CHM) and staff with, identifying any risk with potential inequities, ensuring carers provide high quality care for Māori residents and the critical analysis of organisational practices.</p> <p>Highfield Lifecare staff document adverse and near-miss events in line with the National Adverse Event Reporting Policy. A sample of incidents within the electronic system reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The regional manager and care home manager understood and have complied with essential notification reporting requirements, such as Te Whatu Ora HealthCERT Section 31 reporting for registered nurse shortages and pressure injuries, and notification of onsite COVID-19 outbreak to Te Whatu Ora - South Canterbury.</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</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) for HLL Facilities. Data in relation to Māori health information is collected. Highfield Lifecare adjusts staffing levels to meet the changing needs and number of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>interviewed supported this. The CHM and clinical coordinator are both RNs with interRAI certification and are available during business hours Monday to Friday and are on call out of hours to provide 24/7 registered nurse (RN) on call coverage. At least one staff member on duty has a current first aid certificate.</p> <p>Continuing education for all HLL facilities is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Thirteen care staff have completed a New Zealand Qualification Authority education programme to meet the requirements of Highfield Lifecare's agreement with Te Whatu Ora – South Canterbury.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</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>Heritage Lifecare human resources management policies and processes are based on good employment practice and relevant legislation. The system ensures annual practicing certificates are sighted on and throughout employment and these were sighted for all relevant Highfield Lifecare staff and contracted health professionals onsite. The CHM is responsible for managing this process at Highfield. Staff and managers described the orientation process which is tailored to new staff needs based on their previous training and experience. Examples of this were sighted in staff files. A sample of staff records reviewed confirmed HLL's policies are being consistently implemented at Highfield Lifecare. The electronic system used by HLL provides schedules and prompts for managers to ensure good employment practice occurs. Staff performance is reviewed and discussed at regular intervals. Ethnicity data is recorded and used in line with health information standards.</p> <p>Managers and staff described the opportunities provided for debriefing after an incident and gave recent examples of this occurring.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Highfield Lifecare use an electronic health record which is password protected for security. 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. Any resident information completed in hard copy, such as the informed consent form is scanned to the resident file.</p> <p>Residents' files completed in hard copy are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for NHI registration.</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>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Residents and whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>Enquiries are documented and it is rare to decline entry. Where this does occur, there are clear processes for communicating the decision and the prospective resident and their whānau are assisted to seek appropriate information to meet their needs. Related data, including ethnicity, is documented and analysed at organisational level.</p> <p>Highfield Lifecare has developed links with local Māori providers to enable Māori resident to access Māori health practitioners or traditional Māori healers when requested.</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</p>	<p>FA</p>	<p>The multidisciplinary team at Highfield Lifecare work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by the registered nurse following comprehensive</p>

<p>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>nursing and medical assessment, including consideration of the resident's lived experience, cultural needs, values and beliefs and considers wider service integration where required.</p> <p>Clinical assessments including for mobility, falls risk, skin integrity and pressure injury risk, 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 monthly thereafter. Long term care planning details strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. 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 seven residents' records including one using tracer methodology, from interviews, including with the general practitioner and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Short term care plans are developed, if necessary, and examples were sighted for infections and wound care. These are reviewed weekly or earlier if clinically indicated. Where progress is different to that expected, or new needs are identified, changes are made to the care plan. The facility is supported by visiting district nurses when needed to provide additional support for residents with complex needs.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals. Multidisciplinary review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensure they have access to information. For residents unable to consent the EPOA or welfare guardian is involved at every step of the assessment, care planning and review process. Those interviewed confirmed active involvement in the assessment, care planning and</p>
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		<p>review process, including residents with a disability.</p> <p>Residents interviewed stated Highfield was their home and they felt well cared for. The general practitioner and district nurse interviewed stated the standard of care at Highfield was very good.</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>Highfield Lifecare provided an activities programme that supports residents to maintain and develop their interests. The programme was suitable for their age and stage of life. The programme is run by an activities coordinator who is about to commence diversional therapy training and two activities assistants. A diversional therapist, employed on a casual basis, currently supports the programme by providing van outings and holiday relief. Volunteers provide support for specific activities such as the knitting group.</p> <p>A social profile 'About Me' and a life history are taken on admission. Leisure and pastoral care assessments identify resident needs, including values and beliefs. Pastoral care and leisure care plans identified the residents' individual goals. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities.</p> <p>Outings are a strength of the service including van outings twice a week, a walking group and visits to local shops. A recently started swimming group was very much appreciated by the residents who were able to take part, formal evaluation of the initiative is yet to occur. Individual residents are supported to maintain their independence by being responsible for 'jobs' such as emptying the mailbox and setting the dining tables.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated. A Māori health plan based on Te Whare Tapa Whā completed on the day of audit identified the needs of a Māori resident and when interviewed they confirmed satisfaction with how their cultural needs were being met.</p> <p>Staff are not currently involved in community activities for Māori and are considering how the workforce can become involved.</p> <p>Residents and whānau are involved in evaluating and improving the</p>

		<p>programme through annual surveys and resident meetings, including a resident advocacy meeting facilitated by a volunteer. Those interviewed confirmed they find the programme varied and diverse.</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>PA Low</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. Medicines are stored safely, including those requiring refrigeration and all medicines were stored within the recommended temperature range. However not all medicines were within current used by dates and not all medication was correctly labelled refer 3.4.1.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed 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>Self-administration of inhalers is facilitated and managed safely. This was confirmed by interview and observation.</p> <p>Residents and their EPOA/whānau, are supported to understand their medications. The registered nurse gave examples of including whānau in decision making related to care. Partnerships with local Māori providers are in place 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>FA</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.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment and dietary profile completed 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 given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Snacks are available outside meal times and cakes are made available for resident celebrations such as birthdays.</p> <p>Foods culturally specific to Māori are included as an alternative on the menu and provided for special occasions such as Matariki or Waitangi Day celebrations. The cook stated food can be provided at other times when requested. Cultural protocols around food are followed including the laundering of kitchen and food related items separately.</p> <p>Residents interviewed were very happy with the food and confirmed alternatives to the menu are made available to them when requested.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	<p>FA</p>	<p>Transfer or discharge from Highfield Lifecare is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified.</p> <p>Whānau reported being kept well informed during the transfer of their relative. Documentation evidenced whānau were kept informed</p>

<p>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>during transfer.</p> <p>The general practitioner interviewed confirmed the level of communication with staff was excellent.</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>Highfield Lifecare has appropriate systems in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness is current and due for renewal on 1 May 2023.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Several residents have their own fridges in their bedrooms which they reported to be very satisfied with. The bedrooms are in a variety of sizes and all have opening windows with views to the well-kept gardens. Highfield Lifecare has personalised equipment available for residents with disabilities to meet their needs. Lounges and other spaces were culturally inclusive and suited the needs of the residents. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Some bedrooms have their own toilets, some bedrooms share an ensuite, in a Jack and Jill configuration and several rooms share a bathroom between the rooms, with residents agreeing to this prior to admission. The remainder few residents use the communal facilities.</p> <p>Highfield Lifecare residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Residents and whānau are consulted and involved in the design of any new buildings.</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>FA</p>	<p>Disaster and civil defence plans and policies direct Highfield Lifecare staff 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 fire evacuation plan has been approved by the New Zealand Fire Service and trial evacuations are planned to occur regularly six monthly with prompts from the HLL support office. At</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>Highfield Lifecare the timing of these has been impacted by the facility's COVID-19 outbreak however the most recent trial evacuations in November and December 2022 included most of the staff and both were completed in a timely manner. Evacuations are held at different times to ensure all staff are familiar with the process. Both the maintenance staff and the CHM are responsible for ensuring the evacuation results are sent to Fire and Emergency New Zealand and corrective actions are completed as required. 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 whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place, such as the evening lock up process, screening of visitors and contractors at reception and the availability of a contracted security company if any issues are identified by staff.</p> <p>Residents are provided with emergency and security information as part of the admission process and were familiar with emergency and security arrangements when interviewed.</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 HLL infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of Highfield Lifecare, has been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Heritage Lifecare 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 – South Canterbury. IP 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</p>

		<p>meaningful information to allow HLL to have the ability to analyse the data at a deeper level than is available to them at present.</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 care home manager, who is a registered nurse, is the infection prevention and control resource nurse, and is responsible for overseeing and implementing the IP programme with reporting lines to senior management and to the Heritage Lifecare Ltd national IP nurse. The IP resource nurse has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the Heritage Lifecare Ltd national IP nurse has been sought when making decisions around procurement relevant to care delivery, and policies. There have been no facility changes or design of any new building, policy confirmed infection prevention and control (IPC) advice would be sought should this occur.</p> <p>The infection prevention and antimicrobial stewardship policies reflected the requirements of the standard and are based on current accepted good practice. Policies include procedures related to the decontamination and disinfection of reusable devices and shared medical equipment and monitoring of compliance is included in the IP audit schedule. Staff were aware which items were designated single use, and these are not reused.</p> <p>There is a Pandemic Plan in place which has been tested. The service has sufficient stores of personal protective equipment available (PPE) and staff have been trained in the use.</p> <p>Cultural advice is accessed where appropriate. Highfield Lifecare has established links to the local Māori community and cultural advice and resources are available to ensure culturally safe practice for Māori. This was confirmed in interviews of a Māori resident and whānau.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs, this was confirmed in resident</p>

		interviews.
<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.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>An antimicrobial policy is in place, this is appropriate to the size and scope of the service has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The quality and quantity of antimicrobial prescribing is monitored through the infection surveillance programme and is reported through to governance.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<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, including ethnicity data, is collated and analysed to identify any trends, possible causative factors and required actions.</p> <p>Benchmarking with other facilities in the group occurs. Results of the surveillance programme are reported to management and shared with staff. Surveillance data evidenced changes to clinical practice resulted in improved outcomes and a reduction in the prevalence of urinary infections.</p> <p>Documentation from a recent COVID-19 outbreak was reviewed and demonstrated a thorough process for monitoring and follow up. Learnings from the event have now been incorporated into practice.</p> <p>There are clear processes for communication between staff and residents. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare acquired infection.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>A clean and hygienic environment at Highfield supports the prevention of infection and transmission of anti-microbial resistant</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Personal protection equipment is available to staff when handling hazardous waste and chemicals. Cleaning and laundry staff interviewed described when this would be used. Laundry and cleaning processes are monitored for effectiveness. Staff involved in cleaning or handling of dirty laundry have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the facility is kept clean and tidy. This was confirmed by the results of internal audits of the environment and observations.</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>Highfield Lifecare is restraint free and HLL is committed to a restraint free environment in all its facilities. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of low/low beds).</p> <p>The board clinical governance committee is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation.</p> <p>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 Highfield Lifecare restraint coordinator is a defined role providing support and oversight for any restraint management and contributing to the HLL restraint group. This role is held by the unit coordinator. The HLL restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Policy describes that Whānau/EPOA are involved in decision making.</p> <p>Staff and managers interviewed at Highfield Lifecare reflected the HLL commitment to maintaining a restraint free environment whilst understanding the implementation required for safe restraint. At the</p>

		<p>time of audit there was no restraint in use. Policy describes that when restraint is used, this is as a last resort when all alternatives have been explored and this was confirmed by the manager and restraint coordinator. Documents reviewed going back over two years indicated restraint has not been used for at least two years and no staff interviewed could remember exactly when it was phased out at Highfield Lifecare. Staff confirmed their access of relevant policies and procedures which guide their safe service provision and attendance of the mandatory education programme. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>A safe system for medicine management using an electronic system was observed on the day of audit. Medications are supplied to the facility from a contracted pharmacy and resupply can be ordered via the electronic system. Medicines are stored safely and there are processes in place for safe disposal of medications no longer required. However, not all aspects of medication storage and management met the required standards:</p> <ul style="list-style-type: none"> not all medicines were within current used by dates, this included nitrolingual spray and antifungal cream. not all prescribed medication contained a legible label with the required information including the resident’s name and prescription details. This included an inhaler, a bottle of eye drops and a bottle of nitrolingual spray where the pharmacy label was absent and the name of the prescriber and the administration instructions were not present 	<p>Not all elements of the medication management system as implemented meet the expected standard to enable safe administration of medications.</p>	<p>Not all elements of the medication management system as implemented meet the expected standard to enable safe administration of medications. The service will implement processes to ensure</p> <ol style="list-style-type: none"> I. that all medications are within use by dates II. that all medication is labelled correctly including the residents name and prescription details. III. that duplicates of medications contained in the robotic roll do not remain available for administration. IV. that individually

		<p>and two medications where the pharmacy label was worn and illegible and the resident's name, prescribers name and administration instructions were not identifiable.</p> <ul style="list-style-type: none"> • individually packaged medication for a resident remained available to be administered while also being packed in the robotic roll prepared by the pharmacist. • one resident's individually dispensed medication was in use as a communal stock bottle being administered to multiple residents. <p>Corrective action was taken on the day of audit. Because action was taken promptly and appropriately to rectify the problem and a plan is in place to monitor progress ensuring this does not happen again, the finding is rated low risk.</p>		<p>dispensed medication is not used as communal stock</p> <p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.