

Heritage Lifecare Limited - Coldstream Rest Home & 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 Limited
Premises audited:	Coldstream Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 April 2023 End date: 13 April 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:	43

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
Yellow	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
Red	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

Coldstream Rest Home & Hospital provides rest home and hospital level care, and care for young people with disabilities for up to 58 residents. The service is operated by Heritage Lifecare Limited, managed by the care home and village manager who has extensive management and aged care experience and has been in the role for six months. This person is supported by the clinical services manager who has been in the role for seven months. Both are registered nurses.

This certification audit process against Nga Paerewa NZS8134:2021 included review of policies and procedures, review of residents' and staffs' files, observations, and interviews with the manager, staff, residents, family members, and a general practitioner. The auditors sought to respond to a query from Te Whatu Ora – Health New Zealand Waitaha Canterbury in relation to reporting nursing shortages.

Improvements are required to aspects of care plans and syringe driver and first aid training competencies.

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.

The cultural safety policy guides staff practice to ensure the needs of residents that may identify as Māori are met in a manner that respects their cultural values and beliefs. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evidenced in service delivery.

Pacific peoples will be provided with services that recognise their worldviews and are culturally safe.

Residents of Coldstream Lifecare and their family members were informed of their rights according to the Code of Health and Disability Services

Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse, and they were provided with services in a manner that respected their dignity, privacy, and independence. Coldstream Lifecare provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their families. There was evidence that residents and their family were kept well informed.

Residents and their family were provided with information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication is practiced. Interpreter services were provided as needed. Family and legal representatives participated in decision-making that complies with the law. Advance directives are followed wherever possible.

Complaints are managed effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity 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 family 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 medium or high risk and/or unattained and of low risk.
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When residents are admitted to Coldstream Lifecare a person-centred and family-centred approach is adopted. Relevant information was provided to the potential resident and their family.

The service works in partnership with the residents and their families to assess and plan care. Care plans were individualised, based on comprehensive information.

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

Medicines were safely managed and administered by staff who were 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan. Electrical equipment has been tested as required. Calibration records were current.

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 families understood emergency and security arrangements.

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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Heritage Lifecare Limited and the senior care team at Coldstream 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 prevention nurse leads the programme and participates in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Coldstream Lifecare has an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and family were familiar with the pandemic/infectious diseases response plan.

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

The environment supports prevention and transmission of infections. Waste and hazardous substances are managed. There were 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 management team and policies and procedures. No residents were using restraint at the time of the audit. The care home and village manager is the restraint coordinator. Orientation and ongoing education included restraint minimisation and managing challenging behaviours. Policies and procedures meet the requirements of the standard.

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	24	0	0	3	0	0
Criteria	0	163	0	0	4	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 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 o Waitangi 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 care workers. The group provides information through the clinical governance structure to the</p>

		<p>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. There was a staff member of Māori heritage who didn't identify as Māori on the day of the audit. This person reported they would support residents and staff if required.</p> <p>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.</p> <p>Training on Te Tiriti o Waitangi 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>The care home and village manager (CHVM) reported, and documentation confirmed that staff have attended cultural safety training. Staff reported they are learning tikanga practices.</p> <p>There were no residents who identified as Māori at the time of 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</p>	<p>FA</p>	<p>The HLL response to Pasifika works on the same principles as Māori. A culturally safe care policy and procedure has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services.</p> <p>The care home and village manager (CHVM) has links with the Pasifika community.</p> <p>Heritage Lifecare 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.</p> <p>Two members of the executive team identify as Pasifika. They can assist the board to meet their Ngā Paerewa obligations to Pacific</p>

<p>health outcomes.</p>		<p>peoples. There were no residents who identify as Pasifika at the time of the audit. There were staff who identify as Pasifika at the time of 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 understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were seen supporting residents of Coldstream Lifecare (Coldstream) in accordance with their wishes.</p> <p>Residents and family 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 was on display and accessible in English and te reo Māori. Brochures on the nationwide advocacy service were on display and available in English. Staff knew how to access the Code in other languages should this be required.</p> <p>Coldstream has access to interpreter services and cultural advisors/advocates if required. Relationships have not yet been established with the local Hakatere marae; however, relationships have been established with the Māori health unit at Te Whatu Ora Waitaha Canterbury. A staff member employed at Coldstream, who chooses not to identify as Māori, is able to assist the facility's operation to enable a more equitable service for Māori. Two senior members of the organisation's operational team identify as Māori and can assist if required. Coldstream recognises mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	<p>FA</p>	<p>Coldstream supports residents in a way that is inclusive and respects their identity and experiences. Residents and their family, including people with disabilities, confirmed that they received services in a manner that had 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 tikanga Māori being promoted. All staff working at Coldstream are educated in Te Tiriti o Waitangi and cultural safety. Staff were aware of how to act on residents' advance directives and maximise</p>

<p>experiences.</p>		<p>independence. Residents 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 be maintaining residents' privacy throughout the audit. All residents have a private room. Coldstream responded to tāngata whaikaha needs and enabled their participation in te ao Māori if they chose.</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>	<p>FA</p>	<p>Employment practices at Coldstream included 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. 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. Professional boundaries are maintained. A holistic model of health at Coldstream is promoted. The model encompasses an individualised approach that ensures the best outcomes for all. Ten residents and seven family members interviewed expressed satisfaction with the services provided by Coldstream.</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</p>	<p>FA</p>	<p>Residents and family at Coldstream reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Residents and family meetings are held each month. As requested by family members they are notified of upcoming meetings by email, and notifications on the notice boards advise them when the next residents and family meeting is to be held. A residents and family meeting with the residents' independent advocate is held every three months. An interview with the independent advocate verified residents and their family are happy, though have expressed concerns in regard to ongoing staffing changes at Coldstream and some lack of</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>communication around this. The advocate had brought this to the attention of the care home and village manager (CHVM) and this concern was being addressed.</p> <p>The CHVM and clinical services manager (CSM) are both RNs, and onsite most days. Both have an open-door policy. Evidence was sighted of residents communicating with all staff, including the CHVM and CSM. Residents and their family members and staff reported the CHVM promptly responds to any suggestions or concerns.</p> <p>Changes to residents' health status was communicated to residents and their family members in a timely manner. Incident reports evidenced family are informed of any events/incidents. Documentation evidenced that contacts with outside agencies had occurred when required. Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</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>	<p>FA</p>	<p>Residents at Coldstream and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. A resident's independent advocate was accessible to residents and holds meeting with them.</p> <p>Best practice tikanga guidelines in relation to consent guides practice.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Code is available in te reo Māori and English.</p> <p>One complaint has been received since the last audit. The complaint is still under investigation. A review of the complaints register showed actions taken are documented. The complainant has been kept informed.</p> <p>There have been no complaints received from external sources since the previous audit. The CHVM is responsible for complaints management and follow up.</p> <p>The CHVM reported that a translator who identified as Māori would be available to support people if needed.</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>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 o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare has 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 has a strategic plan in place which outlines the</p>

	<p>organisation's structure, purpose, values, scope, direction, performance, and goals. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans.</p> <p>Coldstream Rest Home & Hospital (Coldstream) has its own business plan. Goals include introducing Ngā Paerewa, quality and care, property and maintenance. 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.</p> <p>Internal data collection, for example adverse events and infections, are aggregated and corrective actions are actioned. Feedback is to the clinical governance group and to the board.</p> <p>The CHVM confirmed knowledge of the sector, regulatory and reporting requirements, maintains currency within the field and has been in the role for six months. This person has seven years aged care experience, is a registered nurse and has leadership and management qualifications. Support is provided by the CSM and the regional manager (RM). When the CHVM is absent, the CSM carries out all the required duties under delegated authority with support from the RM.</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. HLL 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>Residents receiving services and family participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident and family meeting minutes evidenced positive feedback.</p> <p>Directors of HLL have undertaken the e-learning education on Te</p>
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		<p>Tiriti, health equity, and cultural safety provided by the NZ Ministry of Health.</p> <p>The service holds contracts with Te Whatu Ora Waitaha Canterbury (Te Whatu Ora) for age related residential care (ARRC), respite, palliative care, rest home, hospital, and long-term support chronic health conditions (LTSCHC) contract for up to 58 residents.</p> <p>Contracts are also held with Manatū Hauora for young people with a disability (YPD).</p> <p>Forty-three residents were receiving services under the contracts on the day of the audit. Twenty-two residents were receiving rest home level of care and 21 were receiving hospital level care. Four residents were receiving care under the long-term chronic health contract (LTCHC). Three residents were receiving care under the YPD contract. One resident was receiving palliative care. Thirty-five residents were receiving care under the ARRC (long term care) contract. Thirty-five beds are certified as dual-purpose beds.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures and clinical incidents including infections and falls.</p> <p>Residents, whānau and staff contribute to quality improvement through meetings and surveys. The last resident and family survey was completed in May 2022. The report evidenced a high level of satisfaction. The next resident and family survey is due to be completed by the end of May 2023. The next staff survey is due to be completed in August 2023.</p> <p>Young people with disabilities have input into quality improvements to the service through the resident survey and monthly resident and family meetings.</p> <p>Meetings with caregivers, registered nurses, and clinical meetings</p>

	<p>are held monthly. A sample of meeting minutes evidenced comprehensive reporting.</p> <p>Quality improvement initiatives include engaging a physiotherapist, and refurbishment of the facility.</p> <p>Data related to clinical indicators, for example, falls and infection rates, is entered electronically and discussed at the monthly staff meetings.</p> <p>The CHVM reported that their monthly report and the quality indicator data are forwarded electronically to the RM. The information is collated at head office and is reported to the governance group.</p> <p>The HLL senior leadership team consisting of the general manager operations, contracts manager, compliance manager, and national clinical assurance lead meet with the governance group monthly. They each present their reports.</p> <p>The 2023 internal audit schedule was sighted. Completed audits include environment, infection prevention, workplace, emergency equipment and supplies, kitchen and laundry. 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 CHVM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Documented risks include environmental, training, compliance, financial, natural disasters, moving and handling, and staffing levels. Staff reported at interview that they knew how to report risks.</p> <p>Adverse event data is collated, analysed and reported to the HLL support office via the electronic system. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. Evidence was sighted that incidents are being disclosed with the designated next of kin. The provider is not</p>
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		<p>required to follow the external reporting under the National Adverse Event Reporting Policy.</p> <p>The CHVM manager understood and has complied with essential notification reporting requirements.</p> <p>The CHVM manager reported, and documents were sighted, that 33 S31 notifications of being short staffed due to staff illness and difficulty recruiting have been made to HealthCERT and Te Whatu Ora since July 2022. Examples of email notifications to HealthCert and Te Whatu Ora were sighted. Examples of acknowledgment from HealthCERT were sighted. Te Whatu Ora were copied into the emails. Coldstream is advertising for staff and recruitment is underway.</p> <p>Three S31 notifications of falls, and one of a pressure injury were sighted. Documentation confirmed public health were notified of a Covid-19 outbreak between 12 to 16 June 2022. The acknowledgement from HealthCERT of the change of CHVM was dated 12 October 2022. The appointment of the CSM was notified to HealthCERT and documentation evidenced acknowledgment from HealthCERT. Te Whatu Ora were copied into the email. There have been no police investigations, coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high quality health care for Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident and their family.</p> <p>Staff reported they have attended cultural and tikanga training.</p> <p>The provider benchmarks through the aged care industry against relevant health performance indicators, for example falls, wounds, infections, pressure injuries, and skin infections, and restraint.</p> <p>The CHVM reported and documentation confirmed that the overall results are positive and below the control limit.</p>
Subsection 2.3: Service management	PA	There is a documented and implemented process for determining

<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>Moderate</p>	<p>staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A safe rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of three weeks' rosters confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. The physical environments are considered as the hospital and rest home areas are separated. There is 24/7 registered nurse (RN) coverage in the hospital.</p> <p>The CHVM manager reported that the RN does not leave the facility to attend to residents living in the retirement village.</p> <p>The CHVM reported that at least two night shifts a week and on occasion up to seven night shifts a week no staff person has a current first aid certificate.</p> <p>Documentation of two weeks' rosters evidenced that no staff person has a current first aid certificate on two afternoon shifts per week (refer 4.2.4).</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>Registered nurses employed through a bureau provide registered nurse cover of two afternoon shifts, two weekend morning shifts and seven night shifts. There are staff who have worked in this care home for between six weeks and 12 years.</p> <p>Residents, family, and staff interviewed confirmed there were sufficient staff.</p> <p>An afterhours on call system is in place with the CHVM and CSM sharing on call 24/7. Both are registered nurses with a current annual practicing certificate.</p> <p>The CHVM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, oxygen administration,</p>
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		<p>medication, pressure injuries and hand hygiene confirmed the training. At the time of the audit one of three registered nurses held a syringe driver competency despite a syringe driver being in use onsite. This area is identified as requiring immediate attention.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. The 2023 schedule was sighted. The CHVM reported that staff have completed or are in the process of completing either levels two, three and four or are enrolled in the New Zealand Qualification Authority (NZQA) education qualifications. Staff confirmed they had achieved or were completing the training. Two of three registered nurses are interRAI trained.</p> <p>Training is provided either face-to-face or on-line and included advocacy, professional boundaries, cultural safety and tikanga, controlled drugs, fire safety, first aid, hand hygiene, restraint, and infection prevention.</p> <p>Meetings are held with the resident and their family to discuss and sign care plans. Residents' meetings are held monthly and are an opportunity for people to discuss and express aspects with the service. Minutes evidenced discussions held relating to meals, activities, and the appointment of new employees.</p> <p>The CHVM reported that HLL is developing their own training resources through head office. Staff reported building on their own knowledge through cultural training.</p> <p>Where health equity expertise is not available from HLL specialist staff, external agencies are contacted. For example, Te Whatu Ora palliative care and gerontology staff.</p> <p>Staff reported feeling well supported in the workplace through, for example, receiving gifts and vouchers.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of six staff records reviewed confirmed the organisation's policies are</p>

<p>people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>being consistently implemented. Position descriptions are documented and were sighted in the files reviewed.</p> <p>The CHVM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for the three registered nurses, four pharmacists, two dietitians, six general practitioners, physiotherapist, and the podiatrist. All were current.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New caregivers described their orientation and are buddied with an experienced staff member. Orientation includes policies and procedures, Code of Health and Disability Services Consumers' Rights (the Code), informed consent, fire evacuation, health and safety, infection control, first aid, moving and handling, and resident personal cares.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. A register of completed reviews was sighted.</p> <p>Paper-based staff files are kept locked and confidential. Ethnicity data is recorded and used for recruiting.</p> <p>Staff reported that incident reports are discussed at staff meetings. The CHVM reported and staff confirmed they have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</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</p>	<p>FA</p>	<p>Coldstream maintains quality records that comply with relevant legislation, health information standards, and professional guidelines. Some information is held electronically, and password protected. Any paper-based records are held securely and available only to authorised users.</p> <p>Residents' and staffs' files are hard-copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on public</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>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 integrated, legible and met current documentation standards. Consents were sighted for data collection. Data collected includes ethnicity data.</p> <p>Coldstream 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 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 are admitted to Coldstream when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Coldstream provides, and have chosen Coldstream to provide the services they require. Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements. Coldstream collects ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident has declined entry, there are processes for communicating the decision to the person and their family.</p> <p>At the time of audit Coldstream was not providing care for any residents who identified as Māori or Pasifika. Coldstream has developed meaningful partnerships with the Māori Health unit at Te Whatu Ora Waitaha Canterbury to benefit Māori individuals and their whānau, and through them can access support from Māori Health practitioners, traditional healers, and other organisations.</p> <p>When admitted, residents have a choice over who will oversee their medical requirements. Five medical providers service Coldstream. Whilst most residents choose the main medical provider to Coldstream, several residents request another provider to manage their medical needs.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at Coldstream works in partnership with the resident and their family to support the resident's wellbeing.</p> <p>Eight residents' files were reviewed; six hospital files and two rest home files. These files included residents who were under sixty-five years of age and on a Ministry of Health (MoH) or a long-term Chronic Health (LTCH) contract, residents receiving respite care, residents with a pressure injury, residents recently transferred to an acute facility, residents recently admitted, residents who self-administer medication, residents receiving palliative care and residents under the Aged Related Care Contract (ARCC). There were no residents in Coldstream at the time of audit who identified as Māori or Pasifika.</p> <p>Files reviewed verified an initial care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and their family members' input (as applicable). Timeframes for the initial assessment, GP or NP review, initial care plan, and interRAI assessments in seven of the eight files met contractual obligations. Several files had no documented review and evaluation of the long-term care plan since the middle of 2022. One resident admitted four months prior, had no interRAI assessment completed and no long-term care plan in place. Inconsistent evidence was sighted to verify ongoing medical reviews had occurred and no clear consistent system to record GP/NP visits was evident. These areas require attention.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and their family can participate in Coldstream's service development to deliver services that give choice and control and remove barriers that prevent access to information.</p> <p>Interviews and training records verify staff at Coldstream understand Māori constructs of oranga and have systems in place to support Māori and whānau to identify their own pae ora outcomes in their</p>

		<p>care or support plan. The support required to achieve this is clearly documented, communicated, and understood.</p> <p>The above information was verified by reviewing documentation, sampling residents' records, from interviews, and from observation.</p> <p>Management of any specific medical conditions was not always well documented; however, evidence was sighted of systematic monitoring, and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care provided in collaboration with the resident and/or family. Residents and family confirmed active involvement in the process, including residents with a disability. Whilst the care was provided and recorded in the progress notes the care plan was often not updated.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator (AC) at Coldstream provided an activities programme that supported residents to maintain and develop their interests, tailored to their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities. Opportunities for residents and staff to participate in te ao Māori are facilitated. Matariki, Māori Language Week, Waitangi Day, the making of poi, and a Pasifika day are celebrated at Coldstream. Community groups, including a kapa haka group, and local entertainers visit Coldstream. The facility has a van that enables outings to places and events of interest. Coldstream is located close to town and residents are supported to access local church services, community group meetings, appointments, and regular shopping excursions.</p> <p>Residents' meetings occur monthly and are run by the AC. A residents' meeting with the independent advocate is held every three months. Meetings enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents and their</p>

		<p>family are satisfied with the activities provided at Coldstream.</p> <p>Residents and their family participated in evaluating and improving the program. Those interviewed confirmed they find the program 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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of the audit. All staff who administer medicines were competent to perform the function they managed. A process was in place to identify, record and communicate residents' medicine-related allergies and the appropriate response to the occurrence of adverse events.</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. The 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/NP review was consistently recorded on the medicine chart. Standing orders are not used at Coldstream.</p> <p>Self-administration of medication is facilitated and managed safely. Residents 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>	FA	<p>The food service provided at Coldstream was 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>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>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A remote verification audit of the food control plan was undertaken 7 February 2022, by the Ashburton District Council. One area requiring corrective action was identified, and this was addressed. The plan was verified for eighteen months and is due for reaudit 7 August 2023.</p> <p>Each resident had 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 address this. The kitchen prepares culturally specific foods for those residents who request it.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents’ satisfaction with meals was verified by residents and family interviews, satisfaction surveys, and resident and family meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days. The residents’ satisfaction survey in May 2022, showed a high degree of satisfaction with the meals provided at Coldstream.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p>
<p>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>FA</p>	<p>Transfer or discharge from Coldstream was planned and managed safely to cover current needs and to mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. The family of a resident recently transferred reported being kept well informed throughout the process. Family members 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>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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness is publicly displayed. It expires on 1 May 2023.</p> <p>Appropriate systems are 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 maintenance personnel described the maintenance schedule. Staff confirmed they know the process they should follow if any repair or maintenance is required. Equipment tagging and testing is current as confirmed in records, interviews with the CHVM, maintenance personnel, and observation. Calibration of biomedical records were sighted. The facility has a lift to the first floor. The certificate of compliance was sighted.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids, and wheelchairs. The CHVM reported that appropriate equipment such as wheelchairs, which are communal equipment, are available when needed, for example outings to appointments.</p> <p>Spaces are culturally inclusive and suit the needs of the resident groups. Caregivers reported that they respect the residents' spiritual and cultural requirements.</p> <p>Communal areas are available for residents to engage in activities. The facility has two levels. All hospital residents' care areas are on the ground floor. The upper level is used by rest home residents.</p> <p>Two dining areas and three lounge areas downstairs are spacious and enable easy access for residents and staff. A lounge area is provided upstairs. Furniture is appropriate to the setting and residents' needs.</p>

		<p>The number of toilet and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>One ensuite is shared by residents from two rooms. The locking device for privacy was sighted. All residents' rooms have a hand basin.</p> <p>Five rooms have an ensuite.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. All bedrooms provide single occupancy. Residents reported the adequacy of bedrooms. Five rooms have doors that open onto an outside garden.</p> <p>Residents and family were happy with the environment, including heating and ventilation, privacy and maintenance. Heating is provided by a heat pump in the main lounge and central heating in all the other areas.</p> <p>The CHVN reported that residents and family would be 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>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on 18 February 2014. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 30 March 2023. The record was sighted.</p> <p>A wall mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. Emergency evacuation plans are displayed and known to staff. The service's emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff</p>

		<p>confirmed their awareness of the emergency procedures and attend regular fire drills. Staff attended fire safety training in March and records confirmed this. Fire extinguishers, call boxes, floor plans, hose reels, sprinkler alarms, exit signs, and fire action notices were sighted.</p> <p>The CHVM reported that at least two night shifts a week and on occasion up to seven night shifts a week no staff person has a current first aid certificate.</p> <p>Documentation of two weeks' rosters evidenced that no staff person has a current first aid certificate on two afternoon shifts per week. This area is identified as requiring immediate attention.</p> <p>Call bells alert staff to residents requiring assistance.</p> <p>The CHVM reported, and observation and documentation confirmed there are adequate supplies for use in the event of a civil defence emergency, including dry food, torches, gas BBQ and clinical supplies. A 1000 litre water tank was sighted onsite that contained sufficient supplies for use in emergency. This meets the National Emergency Management Agency recommendations for the region. The water is treated six monthly. Emergency lighting is regularly tested.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time. Residents are informed of the emergency and security arrangements at entry. Residents and families interviewed were familiar with emergency and security arrangements. An intercom at the main door alerts to visitors before granting access.</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>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 has IP and AMS outlined in its policy documents. This is now being supported at governance level through the HLL clinically competent specialist personnel who make</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>sure that IP and AMS are being appropriately handled at facility level and to support facilities as required.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waitaha Canterbury, the laboratory, and general practitioner.</p> <p>The CSM reported and documentation confirmed that IP and AMS information is discussed at monthly quality meetings. The CSM reported that the minutes are accessed by the RM and the HLL clinically competent specialist personnel, presented 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.</p> <p>The Pandemic plan has been tested through the outbreak of Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention nurse (IPN) at Coldstream is responsible for overseeing and implementing the IP and AMS program with reporting lines to the organisation's infection prevention coordinator at the support office. The IP and AMS programs are linked to the quality improvement program that is reviewed and reported 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 organisation's clinical advisory group, and are based on current accepted good practice. Cultural advice at Coldstream is accessed through the CSM, Te Whatu Ora Waitaha Canterbury, and the organisation's operational staff who identify as Māori. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Coldstream's policies, processes, and audits ensure that reusable and shared equipment is appropriately decontaminated using best practice guidelines.</p>

		<p>Individual-use items are not reused. At the time of audit educational resources were not available and accessible in te reo Māori for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan is documented and has been evaluated. There are sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff have been trained in their use. Residents and their families 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.</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>Coldstream is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS program in place and the effectiveness of the AMS programs evaluated by monitoring antimicrobial use and identifying areas for improvement. The prescribing of pro re nata (PRN) antimicrobial creams has been stopped. The pharmacist, GPs and NP support the antimicrobial stewardship programme at Coldstream. 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.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with</p>	FA	<p>Coldstream 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 program. Coldstream 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.</p> <p>The results of the surveillance program are shared with staff. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their families, and</p>

<p>an equity focus.</p>		<p>these are documented.</p> <p>There was an outbreak of Covid-19 at Coldstream in June 2022. Residents affected were isolated. The Regional Public Health Unit (RPH) and Te Whatu Ora Waitaha Canterbury were informed.</p> <p>There has been the occasional case since with no further outbreaks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally 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>FA</p>	<p>A clean and hygienic environment supports the prevention of infection and transmission of anti-microbial-resistant organisms at Coldstream. Suitable PPE is provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundry roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are 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 residents' 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 perform 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>The infection prevention nurse's advice has been sought when making decisions around facility changes, and they have oversight of the facility testing and monitoring programme for the built environment..</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint free environment in all its facilities. There are strategies in place to eliminate 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>including an investment in equipment to support the removal of restraint, for example the use of low beds. No residents were using restraint at the time of the audit.</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>The CSM is the restraint coordinator providing support and oversight for any restraint management. Their position description was sighted.</p> <p>There are processes in place to report and analyse the use of restraint used, including the type and frequency of restraint.</p> <p>Policies and procedures meet the requirements of the standards and provide guidance on the safe use of restraints should they be used.</p> <p>Orientation and ongoing education included restraint policies and procedures, management of challenging behaviours, and restraint minimisation. Staff confirmed and documentation evidenced staff have received training.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	<p>PA Moderate</p>	<p>The service has a contract for and provides palliative care. At the time of the audit one of three registered nurses held a syringe driver competency. The CHVM and the CSM reported that external support was being sourced to provide cover when the competent registered nurse was not rostered on shift.</p>	<p>Two of three Coldstream registered nurses did not hold a current syringe driver competency.</p>	<p>Provide evidence that the Coldstream registered nurses hold a current syringe driver competency.</p> <p>7 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to,</p>	<p>PA Moderate</p>	<p>Timeframes for the initial assessment, GP or NP review, initial care plan, and interRAI assessments in seven of the eight files met contractual obligations. In five of the eight files reviewed the care plans had not been updated since June/September 2022 to reflect the residents' change in need. One resident admitted in November</p>	<p>Documentation in the care plans is not consistent with meeting the residents' assessed needs. The needs and risks assessments are not an ongoing process with any changes documented.</p>	<p>Provide evidence that the provision of services is consistent with meeting the residents' assessed needs, goals, and aspirations.</p>

<p>meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>2022, had no interRAI assessment completed and no long-term care plan in place. There was no consistency around how GP/NP consultations were to be recorded. Some were handwritten in files, some emailed, and some recorded electronically in the medication management system. The GP records were at times incomplete, several records were unavailable, and accessible records did not evidence regular medical reviews within the required timeframes were being undertaken.</p>		<p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and</p>	<p>PA Moderate</p>	<p>Residents' care at Coldstream is evaluated daily, and changes made as directed by the CSM. Documentation regarding those changes is recorded in the progress notes. In five of the eight files reviewed a planned review/update of the residents' care plans had not been undertaken in the last six months. This is a documentation issue; the care being provided at Coldstream is consistent with the residents' present need level. The medical notes of four of the eight residents' files were not available to verify the residents had had a medical review since December 2022.</p>	<p>There had been no review or evaluation in five of the eight care plans reviewed since June or September 2022, and no evidence four of the eight residents had been reviewed by the GP since December 2022.</p>	<p>Provide evidence GP and care plan reviews are carried out in the required timeframes.</p> <p>90 days</p>

whānau responds by initiating changes to the care or support plan.				
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Moderate</p>	<p>Registered nurses employed through the bureau are rostered night shift. The CHVM reported that at least two nights a week and on occasion up to seven nights a week no staff person on night shift has a current first aid certificate. One registered nurse from the bureau has a first aid certificate. This person works on a revolving roster and can work up to five night shifts per week. On occasion this person is rostered day shift to provide registered nurse cover.</p> <p>Documentation of two weeks' rosters evidenced that no staff person has a current first aid certificate on two afternoon shifts per week. Current certificates were sighted for two caregivers and the activities co-ordinator. Two caregivers and the CSM completed their first aid training in March 2023. Certificates were sighted. The CHVM reported that a caregiver and one RN are booked into first aid training. Staff working night shift are to be booked into first aid training.</p>	<p>No staff person on night shift at least two nights a week and on occasion up to seven nights a week has a current first aid certificate.</p> <p>No staff person has a current first aid certificate on two afternoon shifts per week.</p>	<p>Provide evidence that at least one staff person on every shift has a current first aid certificate.</p> <p>7 days</p>

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.