

Heritage Lifecare Limited - Granger House Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare Limited

Premises audited: Granger House Lifecare

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

Dates of audit: Start date: 6 June 2023 End date: 6 June 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: 69

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Granger House Lifecare is certified to provide rest home and hospital level care for up to 70 residents. The facility is owned by Heritage Lifecare Limited. Most of the residents and family/whānau interviewed report that the care provided is of a high standard.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora - Health New Zealand Te Tai o Poutini West Coast. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, governance, managers, staff, and a general practitioner.

Improvements are required in the areas of complaints management, risk management, education, staff orientation, provision of first aid certificated staff on each duty, service response to tāngata whaikaha, informed consent for Māori service users, community relationships with Māori, interRAI assessment and care planning, and restraint management. Issues identified in the last audit in relation to staffing and the Granger House environment have been addressed by the service.

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.

Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

Granger House worked collaboratively with staff to support residents in the delivery of services. There were residents who identified as Māori in the service and these residents confirmed that they were treated equitably and that their mana motuhake (self-determination) was supported. The service was socially inclusive and person-centred.

Residents and their family/whānau reported that they were treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

There are policies and procedures in place to manage the complaints process.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

Heritage Lifecare Limited is the governing body and is responsible for the service provided. The directors work with the facility's manager to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored by the governing body and reviewed at planned intervals.

There is a documented quality and risk management system which includes processes to meet health and safety requirements. Quality data relating to adverse events and infection are collected and analysed to identify and manage trends. All incidents and infections are being reliably reported and recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents, workforce planning is fair and equitable, and includes input from staff. The care home manager has the required skills and experience for the levels of care provided. Staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Staff are suitably skilled and experienced, and competencies are defined and monitored.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

On admission to Granger House residents received a person-centred and family/whānau-centred approach to care. The service conducted routine analysis of entry rates, which included specific data for entry rates for Māori.

Residents and their family/whānau participated in the development of a pathway to wellbeing.

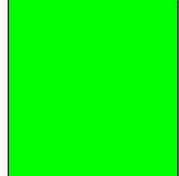
The activity programme offered a range of activities and incorporated the cultural requirements of the residents. All activity plans were completed in consultation with family/whānau, with residents noting their activities of interest. The programme enabled opportunities for Māori to participate in te ao Māori. Residents and their enduring power of attorney, family or whānau expressed satisfaction with the activities programme in place.

Medicines were safely managed and administered by staff who were competent to do so. All residents, including Māori residents and their whānau, were supported to understand their medications.

The food service met the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau had menu options that were culturally specific to te ao Māori.

A documented plan was followed when residents were transferred or discharged.

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 are fully attained.
---	--	--

The environment is safe and fit for purpose and a current warrant of fitness is displayed. A recent refurbishment of the physical environment has been undertaken to create a safe environment for residents. The facility is designed in a manner that supports independence. Resident areas are personalised. Spaces are culturally inclusive, suited to the needs of the resident groups, and reflect cultural preferences.

Fire and emergency and civil defence procedures are documented, and related staff training has been conducted. Emergency supplies are available. All staff are trained in the management of fire and other emergencies. Security is maintained and hazards are identified and addressed.

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 are fully attained.
--	--	--

Granger House ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. The programme was coordinated by the clinical nurse manager. There was a pandemic plan in place which was assessed periodically.

Surveillance of infections was undertaken, and results were monitored and shared with all staff. Action plans were implemented as and when required.

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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
--	--	--

The service has policies and procedures that support the elimination of restraint. Restraint was in use at the time of audit.

The restraint coordinator is the clinical nurse manager who has a defined role providing support and oversight for restraint management.

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	13	0	3	8	0	0
Criteria	0	38	0	4	16	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The directors of Granger House Lifecare (Granger) have policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. They are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There were residents and staff at Granger who identified as Māori.</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</p>	FA	<p>A Pacific Health Plan is in place which utilises the fonofale model of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services are delivered. The plan has been developed with input from cultural advisers. There were Pasifika staff employed at Granger but there were no Pasifika residents in the facility during the audit.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English, te reo Māori, and New Zealand Sign Language (NZSL) throughout the facility, as was some signage in te reo Māori. Residents who identified as Māori have their mana motuhake (self-determination) recognised and respected. The service was guided by the cultural policies that outlined cultural responsiveness to residents who identified as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>PA Low</p>	<p>Records (eight) sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into the care provided daily.</p> <p>Staff at Granger have not received any training on Te Tiriti o Waitangi, and interviews verified staff did not understand what Te Tiriti o Waitangi meant to their practice. There was a number of signs around the facility in te reo Māori however, other than this, te reo Māori and tikanga Māori were not being promoted. The organisation had acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and their family/whānau reported that their values, beliefs, and language were respected.</p> <p>The service was responding to tāngata whaikaha (people with a disability) needs, however, there had been no formal specific engagement with tāngata whaikaha to enable their participation in te ao Māori if residents required this (refer criterion 1.4.6). These are areas requiring attention.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>Policies and procedure outlined the facility's commitment to promoting an environment that does not support institutional and systemic racism.</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>Discussion on institutional and systemic racism, and the ability to question its existence at Granger if it was thought to exist was encouraged. The care home manager (CHM), regional manager (RM) and the clinical nurse manager (CNM) stated that any observed or reported racism, abuse, or exploitation at Granger would be addressed promptly and that they were guided by a code of conduct.</p> <p>Residents expressed that they had not witnessed any abuse or neglect, they were treated fairly, they felt safe, and protected from abuse and neglect.</p> <p>During interview with the CHN, RM and CNM it was stated that a holistic model of health at Granger was promoted, that encompassed an individualised approach to care and support.</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>PA Low</p>	<p>Appropriate best practice tikanga guidelines around informed consent were not in place to guide staff. Staff had not received training on cultural safety and tikanga best practice (refer criterion 2.3.4). Two staff members who identified as Māori, and residents' whānau assisted staff to support residents with informed consent. Evidence was sighted of supported decision making, residents being fully informed, having the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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</p>	<p>PA Moderate</p>	<p>Policies and procedures are in place to receive and resolve complaints that leads to improvements; these meet the requirements of consumer rights legislation. Residents and their family/whānau have access to information regarding the complaints process and advocacy services. Information relating to the complaints process is displayed in the facility</p>

<p>their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>along with advocacy information.</p> <p>There has been one complaint related to care documented since the last audit, despite information received from residents and their family/whānau and in meeting minutes that there have been complaints made around staff noise, staff not wearing name badges, cold food, and missing clothes. The one documented complaint was not managed as per the policy and procedure of the organisation (refer criterion 1.8.1). There were processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion and this was understood by the management team at Granger. There have been no complaints received from Māori to date.</p> <p>There have been four complaints received from the Health and Disability Commissioner (HDC), one of which was received through a coroner's enquiry, since the last audit. A further (second) coroner's enquiry has also recently commenced. In all instances these have been managed appropriately with information being provided in the required timeframes. One of the HDC complaints has been closed; the others, including the two coroners' enquiries remain open.</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>Granger is governed by the directors of Heritage Lifecare Limited (HLL). The directors assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. There is a Māori health plan in place that guides care for Māori. Policies and procedure outline strategies to ensure that there are no infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. Staff, however, have not received any training on cultural safety, Te Tiriti o Waitangi, te reo Māori, tikanga Māori, or care for Pasifika and tāngata whaikaha (refer criteria 2.2.7 and 2.3.4).</p> <p>The directors have completed education on Te Tiriti o Waitangi, health equity, and cultural safety. There is a policy in place around enabling good lives directed at tāngata whaikaha.</p> <p>Granger is certified to accommodate 70 residents. The service holds contracts with Te Whatu Ora Health - New Zealand Te Tao o Poutini</p>

		<p>West Coast (Te Whatu Ora West Coast) for aged related residential care (ARRC) rest home and hospital services, long-term support - chronic health conditions (LTS-CHC), short-term care (respite), and palliative care. The service also currently holds a Ministry of Health (MoH) younger person disabled (YPD) contract. On the day of audit, 69 residents were receiving services: five at rest home level care, 61 receiving hospital level care, two on the LTS-CHC contract and one on the MoH YPD contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The directors of Heritage Lifecare are responsible for identifying the purpose, values, direction, scope, and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented quality and risk management system which includes processes to meet health and safety requirements. This includes quality and risk management plans, and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with the National Adverse Event Reporting Policy. Leadership commitment to quality and risk management was evident in quality and risk documentation provided to the board and board reporting documents. However, some reporting to the board was inaccurate (refer criterion 6.1.4). Ethnicity data is being gathered for residents and staff and analysed at facility, regional and national level.</p> <p>Quality data includes collection information on incidents/accidents, infection and outbreak events, complaints/compliments, and internal audits. Of these, however, only incident/accident and infection information are being collected and analysed by Granger to identify and manage issues and trends (refer criterion 2.2.2).</p> <p>Care plans for Māori residents have been completed, but no training has been given to staff in relation to the care required for delivery of high-quality care for Māori. Staff did not know what Te Tiriti o Waitangi meant to their practice (refer criterion 2.2.7).</p> <p>The service complies with statutory and regulatory reporting obligations. Eight section 31 notifications have been made since the last audit in relation to changes of the CHM (two) and CNM (one),</p>

		health and safety risks (two) pressure injuries (two), and a fracture following a fall (one).
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7); however, there are insufficient first aid certified staff members to provide a first aid certificated staff member on duty 24/7 (refer criterion 2.3.1). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this.</p> <p>Rosters reviewed showed that staffing for the facility comprises registered nurse (RN) cover 24/7. Two RNs or one RN and one enrolled nurse (EN) are on the morning and afternoon shifts and there is one RN on night shift. The shortage of RNs identified in the previous audit was ameliorated after hospital level care residents were relocated to the hospital wing at Granger to maximise registered nurse cover into one facility. The RNs are supported by caregivers: 13 in the morning, 12 in the afternoon and five on night shift. Activities staff are available to provide the recreation programme five days per week. Domestic (cleaning and laundry) and food services are conducted by dedicated staff seven days per week.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. However, the education/training programme has not been delivered to the schedule (refer criterion 2.3.4). Mandatory training topics include medication management, infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of fire and emergencies and civil defence response, manual handling, and safe transfer. All staff who administer medicines are competency assessed annually to ensure compliance with known best practice and safe procedures in medicine management.</p> <p>Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora West Coast. One RN and one</p>

		EN maintains interRAI competency; the EN works under the direction and delegation of the RN. Other RN staff are currently undergoing interRAI training.
<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>	PA Moderate	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Records are kept confirming that all regulated staff and contracted providers have proof of current practising certification with their regulatory bodies (e.g., the Nursing Council of New Zealand, the NZ Medical Council, and the New Zealand Pharmacy, Dietician, and Podiatry Boards).</p> <p>There is an orientation programme in place, with an expectation that new staff will be 'buddied' with a peer and documentation covering the major aspects of the service and its delivery will be completed. Not all staff have completed the orientation programme (refer criterion 2.4.4).</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</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>	PA Low	<p>Granger conducts routine analysis of entry and decline rates, which has included specific data for entry and decline rates for Māori. No residents have been declined entry into Granger in the last two years.</p> <p>Granger has not developed formal meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. There was a local Māori health provider in the area that had been identified as a connection, however the CNM was unaware if the service offered access to traditional Māori healers and organisations to benefit Māori and whānau (refer criterion 3.1.6).</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 Granger worked in partnership with the residents and whānau to support the residents' wellbeing. Eight residents' files were reviewed: six from the hospital and two from the rest home. Files included residents under 65 years, on Ministry of Health (MOH) contract, and residents being cared for under the Aged Related Residential Care (ARRC) contract. File reviews included residents who identified as Māori, residents with a pressure injury, residents with behaviours that challenge, residents who smoke, and residents with swallowing difficulties. Files reviewed verified a care plan is developed on admission by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment was based on a range of clinical assessments and included resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment and initial care plan met contractual requirements. Residents who identified as Māori had a Māori health care plan in place that addressed the residents' cultural needs. Timeframes for ongoing nursing assessments and review or updating of care plans had not been met. Six of eight files reviewed had no interRAI assessment in place (refer criterion 3.2.3). Six of eight long-term care plans were not reflective of residents' need, did not identify fully the strategies required to address the residents' needs and had not been updated (refer criterion 3.2.4). Evidence was sighted that care at times was not being provided in accordance with residents' needs. The general practitioner (GP) reviewed residents monthly or three-monthly as per the GP's authorisation or residents' need. An interview with the GP verified instructions were followed and assessment was completed well. Communication of the timeliness of the required medical intervention, had in the past been a concern, but this had improved. There were five residents at Granger with pressure injuries, some facility acquired, and others present on admission. Three of these residents had more than one pressure injury. Specialists' input was being provided appropriately.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring, and regular evaluation of responses to planned care. Where progress was different to that</p>
--	------------------------	---

		<p>expected, changes were made to the care provided in collaboration with the resident and their family or whānau. However, this was consistently not recorded in the care plan, and at times not conducted (refer criterion 3.2.5). Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>No evidence was sighted to confirm that Granger had worked with tāngata whaikaha to develop policies and procedures that ensured tāngata whaikaha and their families/whānau participated in service development (refer criterion 3.2.6).</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>	FA	<p>A diversional therapist and an activities coordinator provide an activities programme at Granger five days a week. The programme supported residents to maintain and develop their interests and aspirations. The service did not have processes in place to encourage their workforce to support community initiatives that meet the health needs and aspirations of Māori residents and their whānau.</p> <p>Opportunities for Māori, staff and whānau to participate in te ao Māori were facilitated. Matariki, Māori Language Week, and Waitangi Day had been celebrated. The diversional therapist uses te reo Māori in daily greetings. Māori myths and legends are incorporated into daily discussions.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	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 audit. All staff who administer medicines had been assessed as competent to perform the function they managed.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices met requirements. The required three-monthly GP review was consistently</p>

		<p>recorded on the medicine chart.</p> <p>A process is in place to identify, record and communicate residents' medicine-related allergies and sensitivities.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. Standing orders were not used at Granger.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Each resident had a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>The cook is well versed in addressing menu options that are culturally specific to te ao Māori. Whānau were welcome to bring culturally specific food for their relatives. The interviewed residents and whānau expressed satisfaction with the food options, however three residents reported they had made complaints that the food at times was cold, and this was also noted in resident meeting minutes (refer criterion 1.8.1).</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	FA	<p>There is a process in place at Granger to enable transfer or discharge from Granger to be planned and managed safely with coordination between services and in collaboration with the resident and their family/whānau.</p>

<p>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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, maintained and that they meet legislative requirements. A recent refurbishment of the physical environment noted in the previous audit has been completed to create a safe environment for residents. The refurbishment has seen the replacement of carpet and vinyl, repair of doorways and walls damaged from wheelchairs and other equipment, the upgrade of bathroom floors and walls to ensure surfaces are intact to maintain infection control, the replacement of older equipment including electric beds and dining tables in one wing, and the installation of heat pumps to maintain stable temperatures in the medication rooms.</p> <p>The building warrant of fitness for the facility is current, expiring on 1 July 2023. Spaces promote independence and safe mobility and are culturally inclusive and suited the needs of the resident groups, with smaller spaces for the use of residents and their visitors. Residents and their family/whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>While there are no plans for further building projects at Granger, the directors are aware of the requirement to consult and co-design with Māori should this be envisaged.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 12 April 2012. The scheme requires fire cell evacuation, and this was conducted on 17 January 2023.</p> <p>Residents and staff were familiar with fire and emergency, civil defence, and security arrangements. Staff wore uniforms and identification badges on the day of audit. Appropriate security arrangements are in place, and closed-circuit television cameras (CCTV) monitor the exterior of the building. CCTV warning notices are in place. External doors and windows are locked at a predetermined</p>

		time each evening. These are accessible from the inside but not from outside the building. A doorbell is in place at the front door.
<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>	FA	<p>A pandemic preparedness plan was in place, and this has been reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>Granger had no educational resources available in te reo Māori that were accessible to Māori. Partnerships with Māori had not been established for the protection of culturally safe IP practices.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections at Granger was appropriate to that recommended for long-term care facilities and was in line with priorities defined in the infection control programme. Surveillance data has been collected which included ethnicity data.</p> <p>There were culturally safe processes for communicating between service providers and people receiving services who developed a hospital-acquired infection.</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. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	PA Moderate	<p>The directors of Heritage Lifecare are committed to a restraint free environment, and this is outlined in the organisation's policy and procedure. However, the restraint policy and procedure were not operationalised at Granger and criterion 6.1.6 and subsections 6.2 and 6.3 were reviewed accordingly, identifying several areas requiring improvement.</p> <p>The restraint coordinator (RC) is a defined role undertaken by the</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>CNM, who is an RN. The CNM is relatively new to the service and was not familiar with the restraint standard. The RC has not yet completed any education/training around restraint and its use (refer criterion 6.1.3); this is in the process of being arranged. There is a job description that outlines the role.</p> <p>On the day of audit, there were seven residents using a restraint, all bedrails. None of the restraints in use had been consented, there were no restraint assessments (refer criterion 6.1.5), and reviews and evaluations had not been completed. There was no restraint register in place. This had been identified by the service as an issue prior to this unannounced surveillance audit and there was a plan already in place to rectify this (refer subsections 6.2 and 6.3).</p> <p>Restraint competency had been completed for 16 staff; however, staff interviewed reported that they were using bed rails, tables in front of residents, and 'lazyboy' chairs to prevent residents from getting up. No formal training around restraint had been given to caregiving staff in 2023 (refer criterion 6.1.6) and those interviewed were clearly unaware of the appropriateness of restraining residents without the proper protocols (they referred to this as being an RN job). Staff knew who the RC was and were able to confirm the monitoring of residents using a restraint, noting that restraint was documented in the progress notes of the resident.</p> <p>While documentation confirmed that restraint is reported by the CHM to the HLL board, the reporting was inaccurate and did not reflect the actual numbers of restraints in use at the facility (refer criterion 6.1.4).</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions,</p>	<p>PA Moderate</p>	<p>Assessments for the use of restraint, monitoring and evaluation have not been documented for any of the residents' using restraint. There were processes in place for the use of emergency restraint in the policies and procedures of HLL that include debrief following the event. No emergency restraint had been used in the facility.</p> <p>The RC has yet to complete education/training in the restraint process, but this has been arranged.</p> <p>There is no restraint register in place and no restraint approval group in</p>

and only use approved restraint as the last resort.		the service.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>PA Moderate</p>	<p>There was no restraint committee in the service and the six-monthly review of all restraint use has not taken place. Restraint has been reported inaccurately to the governing body (refer criterion 6.1.4).</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.6</p> <p>Service providers shall respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p>	PA Low	The needs of tāngata whaikaha (people with disabilities) were observed to be attended to daily at Granger, however there was no formal process in place that enabled the needs of tāngata whaikaha to be responded to or to enable their participation in te ao Māori.	Granger had no formal process in place to respond to the needs of tāngata whaikaha and enable their participation in te ao Māori.	<p>Provide evidence that Granger has a process in place that enables a response to tāngata whaikaha needs and enables participation in te ao Māori.</p> <p>180 days</p>
<p>Criterion 1.7.9</p> <p>Service providers shall follow the appropriate best practice tikanga guidelines in relation to consent.</p>	PA Low	Staff at Granger had not received any formal training on following best practice tikanga guidelines around consent, and this was verified by interviews and documentation. Evidence was sighted of supported decision making and residents being kept	Training on best practice tikanga guidelines around consent had not been provided.	<p>Provide evidence that training on best practice tikanga guidelines in relation to consent has been provided.</p> <p>180 days</p>

		fully informed.		
<p>Criterion 1.8.1</p> <p>My right to make a complaint shall be understood, respected, and upheld by my service provider.</p>	<p>PA Moderate</p>	<p>There has been one documented complaint since the last audit, despite information received through interviews with residents and their family/whānau and through residents' meeting minutes that there have been complaints made around staff noise, staff not wearing name badges, cold food, and missing clothes. The complaint documented was acknowledged but there is no evidence that this was resolved to the satisfaction of the complainant.</p>	<p>Complaints are not being managed as per the requirements laid out in the organisation's complaints policy and procedure. Not all complaints made to the organisation are being documented.</p>	<p>Provide evidence that there is a process in place to accurately document complaints and that complaints are fully addressed with the complainant.</p> <p>90 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Low</p>	<p>While HLL have quality and risk management plans, policies and procedures in place which describe potential internal and external risks, not all information is being collected or analysed to improve service delivery. Internal audit results and complaints management activities have not been accurately captured and managed to improve service delivery. Not all internal audits have been completed as per the schedule set in place by HLL.</p> <p>A sample of incident/accident and infection forms showed that where monitoring activities</p>	<p>Not all quality data is being collected and analysed consistently in line with the requirements of the HLL quality and risk plan.</p>	<p>Provide evidence that all quality and risk management activities are conducted, completed, analysed, and managed to improve service delivery.</p> <p>180 days</p>

		identified a need for improvement, corrective actions were implemented.		
<p>Criterion 2.2.7</p> <p>Service providers shall ensure their health care and support workers can deliver highquality health care for Māori.</p>	<p>PA Moderate</p>	<p>Care plans relevant for Māori residents had been completed and were in use, but no training has been given to staff in relation to the care required for delivery of high-quality care for Māori (e.g., training on Te Tiriti o Waitangi, te reo Māori, TeWhare Tapa Whā model of care, or tikanga guidelines). Staff interviewed were not able to explain what Te Tiriti o Waitangi meant to their practice, were unable to describe the cultural or spiritual requirements for the residents in their care and did not know how they would be able to get cultural or spiritual supports for residents should this be required.</p>	<p>Staff interviewed were unable to describe the cultural requirements for Māori residents in their care and have not been given the appropriate training to address this.</p>	<p>Ensure staff have been trained in, and understand, their responsibilities for the delivery of high-quality care for Māori. Training is based around Te Tiriti o Waitangi and what this means to their practice, te reo Māori, Te Whare Tapa Whā model of care, tikanga guidelines, and access to Māori health supports.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>Only two staff at Granger have current first aid certification, and only one is an RN. These are insufficient staff with first aid certification to provide 24/7 first aid cover as required by the service's contract with Te Whatu Ora West Coast. There is a plan to address this already in motion and first aid certification courses</p>	<p>There are insufficient staff certified in first aid to cover the service 24/7.</p>	<p>Provide evidence that there is a certified first aid staff member on duty 24/7.</p> <p>60 days</p>

		have been booked. The previous corrective action related to overall staffing from the certification audit has now been addressed.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>Continuing education is planned on an annual basis, but the programme has not been delivered to schedule. Only three training sessions have been delivered in 2023. There has been no training on the Code of Rights, cultural safety, Māori and Pasifika models of care, Te Tiriti o Waitangi, te reo Māori, tikanga guidelines, care for Pasifika and tāngata whaikaha, or equity. Sixteen (16) of the 73 staff employed by Granger have completed an education session on falls management, incident reporting, progress notes writing, infection prevention and control, and restraint management. Twelve (12) of the 73 staff have completed an education session on vital signs recording, weight management, and pressure injury prevention.</p>	<p>The education programme at Granger has not been delivered to schedule and staff have not received education on the Code of Rights, cultural safety, Māori and Pasifika models of care, Te Tiriti o Waitangi, te reo Māori, tikanga guidelines, care for Pasifika and tāngata whaikaha, or equity.</p>	<p>Provide evidence that the education programme is being delivered to the schedule and that it includes education on the Code of Rights, cultural safety, Māori and Pasifika models of care, Te Tiriti o Waitangi, te reo Māori, tikanga guidelines, care for Pasifika and tāngata whaikaha, and equity.</p> <p>60 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers</p>	<p>PA Moderate</p>	<p>Five files were reviewed of staff who had commenced employment in 2022-2023. Of these, four of five did not have a</p>	<p>Not all staff are completing an orientation programme on entry to the service.</p>	<p>Provide evidence that all staff entering the service have completed an orientation programme specific to their role.</p>

the essential components of the service provided.		documented completed orientation programme on file. Staff interviewed confirmed the lack of orientation stating that they felt they did not feel adequately prepared for their role following their employment into the service.		60 days
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;</p> <p>(b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.</p>	PA Low	There is a local Māori health provider in the area of the service. However, Granger has not developed a partnership with the organisation, and was unaware if it provided access to Māori health practitioners or traditional Māori healers to benefit Māori. Residents who identified as Māori were happy with the services being provided.	<p>Meaningful partnerships with Māori communities or organisations to benefit Māori individuals and whānau have not been developed.</p>	<p>Provide evidence that meaningful partnerships with Māori organisations have been developed to benefit Māori and whānau.</p> <p>180 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or</p>	PA Moderate	On admission, the resident is admitted by the RN, and a comprehensive range of clinical assessments conducted. An initial care plan is developed within 24 hours of admission. The initial care plan in six of eight files reviewed did not fully identify the strategies required to address the residents' needs, and four of those had a range of needs that	The residents' care plans did not consistently include an interRAI assessment, and the support required to achieve the residents' goals or aspirations were not clearly documented.	<p>Provide evidence there is a comprehensive assessment in place and that the residents' care plans describe the required support to achieve the residents' goals.</p> <p>90 days</p>

<p>support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>		<p>were not being fully addressed InterRAI assessments were not completed in six of the eight files. Cultural assessments were completed and the files of residents who identified as Māori had a Māori health plan in place (refer criterion 2.2.7).</p>		
<p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau;</p>	<p>PA Moderate</p>	<p>Six of eight care plans reviewed did not always fully describe the care the residents required to meet their assessed needs, nor did the evidence consistently verify that the cares required were always implemented. A</p>	<p>Six of eight care plans reviewed did not fully describe the care the resident required to meet their assessed needs.</p>	<p>Provide evidence that care plans describe the required support needed to address the resident's assessed needs.</p>

<p>(b) That the provision of service is consistent with, and contributes to, 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>resident with episodes of challenging behaviour had the behaviours that presented documented and monitored; however, no plan was in place to manage the behaviours. A resident who is a smoker had no documentation to verify a risk assessment had been undertaken, and documentation as to whether the resident is safe to smoke independently. Residents at risk of pressure injury had no strategies documented to minimise risk, and they had subsequently developed pressure injuries. Residents with swallowing difficulties had no documentation in the care plan to identify how to minimise the risk associated with this deficit. A resident who was unwell was observed to require mouthcares, but this requirement was neither documented nor observed to be implemented. The CHM, CNM, and the RM, were all aware of these concerns and had plans in place to address these.</p>		<p>90 days</p>
<p>Criterion 3.2.5 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>PA Moderate</p>	<p>Eight of eight files reviewed, had not been reviewed every six months or as residents needs changed. Interviews, observations and documentation in regard to these residents' care provided no evidence that the</p>	<p>No evidence was sighted of a planned review of the residents' care plans being undertaken within the past six to eight months.</p>	<p>Provide evidence that a planned review of the residents' care plans has been undertaken.</p> <p>90 days</p>

<p>(b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (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; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>degree of achievement or identified required changes needed to achieve the residents' goals was planned.</p>		
<p>Criterion 6.1.3 There shall be an executive leader who is responsible for ensuring the commitment to restraint minimisation and elimination is implemented and maintained.</p>	<p>PA Moderate</p>	<p>The CNM, who is the RC, is relatively new to the service, was unfamiliar with the restraint standard, and has not yet completed any education/training around restraint and its use. For this reason, the RC was not in a position to ensure a commitment to restraint minimisation and/or elimination in the service. This was identified prior to the audit and education for the RC is in the process of being arranged.</p>	<p>The RC has not completed education/training around restraint and its use.</p>	<p>Provide evidence that the RC has completed education/training around restraint and its use.</p> <p>60 days</p>

<p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	<p>PA Moderate</p>	<p>Annual restraint competency is required of all staff annually. At the time of audit, only 15 (from 73) staff had completed the competency within the last year and there had been no education on restraint and its use, including in least restrictive practice, safe practice, the use of restraint, and alternative cultural-specific interventions. Staff reported that they had received training on behaviours that challenge but there was no documentation to support this. Staff interviewed did not fully understand restraint and the requirements around its use. The facility is aware of the lack of training and competency for restraint and has a plan already in place to address this.</p>	<p>Fifteen staff had completed a competency on restraint use but there was no evidence that education on least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and management of behaviours that challenge had been delivered and staff were not familiar with requirements.</p>	<p>Provide evidence that all care staff have completed the required competency on restraint and that education on providing the least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and management of behaviours that challenge has been delivered.</p> <p>90 days</p>
<p>Criterion 6.2.1</p> <p>The decision to approve restraint for a person receiving services shall be made:</p> <p>(a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;</p> <p>(b) After adequate time has been given for cultural assessment;</p> <p>(c) Following assessment, planning, and preparation, which includes available resources able to be put in place;</p>	<p>PA Moderate</p>	<p>There was no evidence of any interventions in the restraint process to ensure restraint is used as a last resort, after all other interventions or de-escalation strategies have been tried or implemented, or that there has been any cultural assessment. Seven residents in the service were using bedrails. None of the residents using restraint had documentation related to assessment of the need for restraint. The facility is aware of the lack of restraint</p>	<p>Restraint has been applied without any interventions to assess the need for restraint. Cultural needs had not been considered as part of the restraint process.</p>	<p>Provide evidence that all residents using restraint have had a documented assessment for the need for restraint that includes an assessment of the restraint being used as a last resort, after all other interventions or de-escalation strategies have been tried, implemented, and failed, and that the assessment includes a cultural assessment.</p>

(d) By the most appropriate health professional; (e) When the environment is appropriate and safe.		assessment and approval for the use of restraint in the facility and is already acting to rectify this.		30 days
Criterion 6.2.2 The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.	PA Moderate	There was no documentation in place to guide staff in the monitoring of restraint. Staff interviewed talked of 15-minute monitoring but there was no documentation to support that monitoring had been taking place at these intervals. Progress notes record that monitoring was taking place. The facility is aware of the lack of restraint education/training for the RC and is already acting to rectify this.	There was no documentation in place to guide staff around the frequency and extent of monitoring of individuals using restraint, by a registered health professional. The registered health professional who has the RC role has not completed education/training for the role. The frequency of monitoring was not evident in the clinical record.	Provide evidence that the RC has had the education/training to make appropriate decisions around the frequency and extent of monitoring of individual people during restraint, and that the monitoring is appropriately and consistently documented. 30 days
Criterion 6.2.3 Monitoring restraint shall include people's cultural, physical, psychological, and psychosocial needs, and shall address wairuatanga.	PA Moderate	There were no assessments or monitoring in place for people using restraint that addressed people's cultural, physical, psychological, and psychosocial needs, or that addressed wairuatanga. The facility is aware of the lack of these assessments and monitoring and are already acting to rectify this.	People using restraint did not have an assessment, and therefore monitoring, in place that addressed people's cultural, physical, psychological, psychosocial needs, or wairuatanga.	Provide evidence that people using restraint have had an assessment and monitoring which addresses their cultural, physical, psychological, psychosocial needs, and where applicable their wairuatanga. 30 days
Criterion 6.2.4 Each episode of restraint shall be documented on a restraint	PA Moderate	There was no restraint register in place and no documentation in the residents' files that provided an auditable record for the	There was no restraint register in place and no documentation in the residents' files that provided an auditable record of	Provide evidence that an accurate restraint register is in place and that there is documentation in the residents'

<p>register and in people's records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include:</p> <p>(a) The type of restraint used;</p> <p>(b) Details of the reasons for initiating the restraint;</p> <p>(c) The decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint;</p> <p>(d) If required, details of any advocacy and support offered, provided, or facilitated; NOTE – An advocate may be: whānau, friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent advocate.</p> <p>(e) The outcome of the restraint;</p> <p>(f) Any impact, injury, and trauma on the person as a result of the use of restraint;</p> <p>(g) Observations and monitoring of the person during the restraint;</p> <p>(h) Comments resulting from the evaluation of the restraint;</p> <p>(i) If relevant to the service: a record of the person-centred debrief, including a debrief by someone with lived experience (if appropriate and agreed to by the person). This shall document any support offered after the restraint,</p>		<p>rationale for its use, interventions tried prior to restraint being applied, duration and outcomes of the restraint. There was no evidence that advocacy and support had been offered to the resident or their family/whānau. The facility is aware of the lack of a restraint register and of documentation in residents' files and is already acting to rectify this.</p>	<p>the restraint in use. There was no evidence that advocacy and support had been offered to the resident or their family/whānau.</p>	<p>files to support restraint use that provides an auditable record of the restraint in use. Provide evidence that advocacy and support had been offered to the resident or their family/whānau.</p> <p>30 days</p>
---	--	--	---	---

<p>particularly where trauma has occurred (for example, psychological or cultural trauma).</p>				
<p>Criterion 6.2.7</p> <p>Each episode of restraint shall be evaluated, and service providers shall consider:</p> <p>(a) Time intervals between the debrief process and evaluation processes shall be determined by the nature and risk of the restraint being used;</p> <p>(b) The type of restraint used;</p> <p>(c) Whether the person's care or support plan, and advance directives or preferences, where in place, were followed;</p> <p>(d) The impact the restraint had on the person. This shall inform changes to the person's care or support plan, resulting from the person-centred and whānaucentred approach/reflections debrief;</p> <p>(e) The impact the restraint had on others (for example, health care and support workers, whānau, and other people);</p> <p>(f) The duration of the restraint episode and whether this was the least amount of time required;</p> <p>(g) Evidence that other de-escalation options were explored;</p> <p>(h) Whether appropriate advocacy or support was provided or facilitated;</p>	<p>PA Moderate</p>	<p>There was no evidence of restraint evaluation in any of the residents' files of the people using restraint. The service is aware of this and are already acting to rectify this.</p>	<p>Residents using restraint have no evidence of restraint evaluation in their files.</p>	<p>Provide evidence that the service understands the requirements in evaluating the use of restraint, and that evaluation is implemented in the service.</p> <p>30 days</p>

<p>(i) Whether the observations and monitoring were adequate and maintained the safety of the person;</p> <p>(j) Future options to avoid the use of restraint;</p> <p>(k) Suggested changes or additions to de-escalation education for health care and support workers;</p> <p>(l) The outcomes of the person-centred debrief;</p> <p>(m) Review or modification required to the person's care or support plan in collaboration with the person and whānau;</p> <p>(n) A review of health care and support workers' requirements (for example, whether there was adequate senior staffing, whether there were patterns in staffing that indicated a specific health care and support workers issue, and whether health care and support workers were culturally competent).</p>				
<p>Criterion 6.3.1</p> <p>Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including:</p> <p>(a) That a human rights-based approach underpins the review process;</p> <p>(b) The extent of restraint, the</p>	<p>PA Moderate</p>	<p>There was no evidence in the service that comprehensive reviews of all restraint practices used by the service have taken place at least six-monthly. The service is aware of the requirement to complete six-monthly reviews and are taking action to rectify this.</p>	<p>Comprehensive reviews of all restraint practices used by the service have not taken place at least six-monthly as required.</p>	<p>Provide evidence that comprehensive review of all restraint practices used by the service have taken place at least six-monthly.</p> <p>30 days</p>

<p>types of restraint being used, and any trends;</p> <p>(c) Mitigating and managing the risk to people and health care and support workers;</p> <p>(d) Progress towards eliminating restraint and development of alternatives to using restraint;</p> <p>(e) Adverse outcomes;</p> <p>(f) Compliance with policies and procedures, and whether changes are required;</p> <p>(g) Whether the approved restraint is necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau, perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care or support plans and documenting and analysing learnings from each event);</p> <p>(l) Service provider initiatives and approaches support a restraint-free environment;</p> <p>(m) The outcome of the review is</p>				
--	--	--	--	--

reported to the governance body.				
----------------------------------	--	--	--	--

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.