

# Heritage Lifecare (BPA) Limited - Flaxmore Care Home

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## 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:

<b>Legal entity:</b>	Heritage Lifecare (BPA) Limited
<b>Premises audited:</b>	Flaxmore Care Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 25 July 2023    End date: 25 July 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	39

# Executive summary of the audit

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## 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

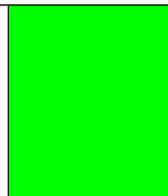
Flaxmore Lifecare is owned and operated by Heritage Lifecare Limited (HLL) and provides dementia and rest home level care for up to 48 residents. The service is managed by a care home manager (CHM) who was not available during the audit. The regional manager and a registered nurse (RN) who also works at Te Whatu Ora – Health New Zealand Nelson Marlborough (Te Whatu Ora Nelson Marlborough) were present to support staff. Supporting the CHM is a clinical services manager (CSM) who has been in their role for four months and has experience in aged-related services, including dementia units.

This surveillance audit was undertaken against the Ngā Paerewa Health and Disability Service Standard NZS 8134:2021. Two areas for improvement raised at the partial provisional audit undertaken in December 2022 and areas raised by the Te Whatu Ora Nelson Marlborough contracts manager were followed up. The audit process included review of policies and procedures, review of residents and staff records, observations and interviews with residents, family members, staff, a GP and managers.

The two areas raised at the previous audit related to the employment of further care staff and ensuring the ongoing renovations to the rest home area have been addressed. No areas requiring improvement were identified at this audit.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

Organisational and facility-based systems are in place to ensure Māori and Pasifika world views of health in service delivery would be supported for any Māori or Pasifika residents and their whānau. A goal of the service is to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse. Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed.

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

Information on how to make a complaint is readily available and all concerns raised have been responded to promptly and in an appropriate manner.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

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

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

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

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents, with special cultural needs and diets catered for. Food is safely managed.

Residents are referred or transferred to other health services as required

## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness.

There is a Fire and Emergency New Zealand approved evacuation plan and staff are trained in emergency procedures.

Security is maintained.

## Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is fully conversant with the role requirements as detailed in the role description.

Education in relation to infection prevention is ongoing and staff observed demonstrated good principles and practice. Staff and whānau interviewed were familiar with the pandemic/infectious diseases response plan and the required actions in the event of such an event.

Aged care specific infection surveillance is undertaken at facility, regional and organisational levels, with follow-up action taken as required.

The environment is clean, well maintained and supports prevention and transmission of infections. Waste and hazardous substances are well managed, with support from external contractors. Laundry services are effective.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint free environment. This is supported by the governing body, policies and procedures.

## 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	22	0	0	0	0	0
Criteria	0	61	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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 governing body is committed to meaningful inclusion of Māori and actively recruits and has Māori employed at all levels within the organisation. This was confirmed by the regional manager.</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>Heritage Lifecare Limited (HLL) has developed a Pacific peoples health plan (dated November 2022) with input from Pacific peoples. This document details how residents who identify as Pasifika will be supported to maintain their values and beliefs and outlines the Fonofale Pacific holistic framework for use by staff.</p> <p>There were no Pasifika residents. There were staff who identified as Pasifika.</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 and te reo Māori throughout the facility, as was a range of signage in te reo Māori. There were residents who identified as Māori. Not all had specific Māori cultural requirements. There was evidence that their mana motuhake was recognised and respected. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents who identify as Māori.</p> <p>Interviews with visitors, the GP and observation of interactions between staff and residents, confirmed staff are respectful and considerate of residents' rights in line with the Code.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The facility supports residents in a way that is inclusive and respects residents' identity and experiences. Residents and family/whānau, including tāngata whaikaha (people with disabilities), confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>All staff working at Flaxmore Lifecare undertake education in Te Tiriti o Waitangi and cultural safety. Residents identifying as Māori are supported in a respectful manner in line with Te Tiriti o Waitangi. Te reo Māori is encouraged among staff and a staff member was observed speaking te reo Māori with a resident that identified as Māori.</p> <p>Examination of the clinical notes indicated that staff are aware of how to act on residents' advance directives and personal wishes, and how to maximise independence wherever possible. Residents verified that they are supported to do what is important to them, and this was observed during the audit and during the document review where care plans were individualised. A resident with sensory</p>

		<p>deficits is given stimulating activities appropriate to their needs.</p> <p>Well maintained garden areas for each of the dementia and rest home wings allows residents to spend time outside, either on their own or with staff supervision depending on their degree of mobility. One resident in the dementia wing who became agitated was observed to be calmly and respectfully supported by staff in a quiet area of the facility.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A holistic model of health is promoted at Flaxmore with an individualised approach that aims to achieve the best outcomes for all. Staff sign a Code of Conduct when they commence with the service and the CSM understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice.</p> <p>Policies and procedures are in place that focus on abolishing institutional racism, and there is a determination to address racism should it arise. The staff spoken to at the facility stated that they felt comfortable addressing issues concerning institutional racism and unconscious bias, and that if raised, issues would be addressed appropriately.</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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	FA	<p>Residents and/or their legal representatives are provided with the information necessary to make informed decisions which are in line with tikanga guidelines.</p> <p>Residents and whānau feel empowered to actively participate in decision-making and they are provided with the necessary information on which to base their decisions. The nursing and care staff observed understand the principles and practice of informed consent and of individual preference whether it be how they take their medications, where they eat their meals, or the timing and</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>extent of personal cares.</p> <p>Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options or activities available to them.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</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 and concerns that leads to improvements. This meets the requirements of the Code.</p> <p>Complaint forms and boxes are available at reception and in the care areas. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Few complaints and concerns had been raised; three in 2022 and one in 2023. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>HLL, the governing body, assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through policies and supports the removal of barriers that prevent access. HLL utilise the skills of staff and senior managers to ensure</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>barriers to equitable service delivery are surmounted.</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>Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the Ministry of Health.</p> <p>The service holds contracts with Te Whatu Ora Nelson Marlborough for aged related residential care – dementia services, respite for people with dementia and rest home services. They have a contract with Te Whatu Ora Waitaha Canterbury for long term support chronic health conditions for under 65s (LTSCHC). Thirty-nine residents were receiving services, six for rest home level care and 33 for dementia level care with one receiving respite care and two under the LTSCHC contract at the time of audit.</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</p>	<p>FA</p>	<p>The organisation has a well-embedded quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of clinical outcomes, policies and procedures, clinical incidents including infections, falls and restraint use. Residents and whānau, including LTSCHC residents, contribute to quality improvement through annual satisfaction surveys and regular meetings which are facilitated by an external advocate. Where corrective actions are identified actions are taken in response to results. A trend was sighted from concerns raised verbally and in writing related to activities and this was being addressed (Refer subsection 3.3).</p>

<p>and support workers.</p>		<p>Follow-up on incidents raised by the Te Whatu Ora Nelson Marlborough contract manager showed that the patients involved in the incidents had been reassessed by the Needs Assessment Service and Coordination (NASC) service were either discharged or transferred to psychogeriatric care from Flaxmore.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements, with the majority sighted as being current.</p> <p>There is an HLL and facility-specific risk and hazard register. The regional manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>The regional manager described the process for the organisation to comply with essential notification reporting requirements. There had been no Health and Disability Commissioner (HDC) complaints and the use of Section 31 reporting had been used to report incidents and RN shortages to the Ministry.</p> <p>HLL is committed to ensuring their staff deliver high-quality health services for all, including Māori, with staff undertaking training on Te Tiriti o Waitangi and tikanga. The organisation gathers ethnicity data from residents and staff to allow for analysis of equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The CSM works Monday to Friday and an RN works five days a week, including Saturday and Sunday. The RN who supports the service and works at Te Whatu Ora Nelson Marlborough is on call at the weekend and works one day a week or extra when Flaxmore needs further RN support. In relation to caregivers, staffing levels showed that the area raised at the partial provisional audit related to staffing of the rest home area had been addressed. 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, a good team environment with staff who support each other and work flexibly to meet the residents' needs. Residents and whānau interviewed</p>

		<p>supported this. At least one staff member on each duty has a current first aid certificate.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Two RNs were interRAI competent, with the new RN still to complete training. Related competencies are assessed and support equitable service delivery. Caregivers have completed required training or are new to the service and are enrolled. Figures provided showed seven have completed a relevant New Zealand Qualifications Authority (NZQA) level 4 qualification, with three at level 3 and progressing to level 4. Four others having completed dementia competencies, two are in progress and three new staff are being enrolled. Records reviewed demonstrated completion of the annual competency assessments.</p> <p>Staff have access to high-quality health information and are supported in their understanding of Māori culture and equity by the activities coordinator who identifies as Maori. Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Health professionals' qualifications are validated prior to employment and on an annual basis. All health providers (including RNs, GPs, pharmacists, podiatrists, physiotherapists) who provide services to Flaxmore had a current annual practising certificate.</p> <p>HLL follow current good employment, induction and orientation processes as was sighted in a sample of staff files reviewed. Staff reported orientation met their requirements and that they felt supported through the process.</p> <p>Ethnicity data for staff is being collected, and Flaxmore has an ethnically diverse group of staff.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	FA	<p>Residents are welcomed into Flaxmore Lifecare when they have been assessed and their level of care requirements confirmed by the local NASC service. The accepting or declining of residents is based</p>

<p>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>on availability of appropriate rooms at the service level required, and clinical safety. Family/whānau 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.</p> <p>New residents identifying as Māori are appropriately supported through the NASC service and by the facility by acknowledging their own whakapapa and tikanga.</p> <p>The facility has processes in place to identify admission and decline rates for Māori and non-Māori.</p> <p>When a resident is declined entry, the decision is based on clinical safety and the availability of a room at the appropriate level of care, and there are processes in place for communicating the decision to the person and/or whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six clinical files were reviewed including two using tracer methodology; one from the rest home wing and one from the dementia wing.</p> <p>A care plan is developed by an RN following an assessment, including consideration of the person's lived experience and their individual cultural needs, values, and beliefs.</p> <p>The care plan also considers wider service integration, such as physiotherapy, occupational therapy, or dietician input, where required. Assessments are based on a range of clinical assessments and include resident and their family/whānau input. Timeframes for the initial assessment, GP or nurse practitioner (NP) input, initial care plan, long-term care plan, and review/evaluation timeframes met contractual requirements in the files reviewed.</p> <p>Short-term care plans were instigated within an appropriate time frame and were followed and updated by care staff, and then closed or transferred onto the long-term care plan as required.</p> <p>The GP and NP visit the facility regularly and the GP was at the facility on the day of the audit. The GP spoke positively about the</p>

		<p>staff and the care provided to residents. After hours services provide clinical support to the facility when either the GP or NP are unavailable. A Te Whatu Ora Nelson Marlborough gerontology nurse specialist also provides regular clinical support to the facility and was at Flaxmore on the day of the audit.</p> <p>Three different family members, including a family member of one of the residents reviewed using tracer methodology, stated that they were very happy with the care provided and that staff were respectful and attentive to residents' personal needs in a timely manner.</p> <p>Evidence was sighted of residents who identify as Māori being supported with interventions which maintained both whānau ora and pae ora at an individualised level that was appropriate for the individual. Staff are encouraged and supported to utilise te reo Māori words and phrases for those residents that have highlighted this as being important to them.</p> <p>Behavioural management plans were sighted during the document review, and these have been developed in consultation with family/whānau. These were both person centred and culturally appropriate for the individuals concerned. During the course of the audit these behavioural plans were seen to be followed in a safe and respectful way as required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>At the time of audit, the present activities coordinator had been in their position for four months, and an assistant commenced the week of the audit. The additional resource was in response to issues raised by residents and whānau The team work in both the rest home and dementia wings and on a one-to-one basis where required. They provide person centred support seven days a week and documentation were viewed regarding interventions and activities 24/7 to support residents in the dementia wing. The activities team are currently supported and overseen by a diversional therapist at a local facility from within the same organisation.</p> <p>The programmes support residents in maintaining and developing</p>

		<p>their interests, tailored to their ages and stages of life. Activity assessments and plans identified individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests as confirmed by a newly arrived resident who was interviewed, who was able to participate in activities within the facility which reflected their lived past work experience. Each resident's lifestyle plan is reviewed six-monthly by the activities team.</p> <p>Activities include a group making a Māori kākahu, the regular use of poi when singing waiata, and the celebration of Matariki. Those more mobile residents are able to participate in accompanied trips out in the facility van to locations such as the local gardens in Nelson.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded during the review of 12 medication charts.</p> <p>There is space for documenting residents' allergies and sensitivities on the medication chart and in the resident's record and these were all completed appropriately in the charts reviewed. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored weekly. Medications are stored securely in a locked room in accordance with requirements.</p> <p>Controlled drugs are also stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of the</p>

		<p>required weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders and verbal orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. During the audit there was one resident that was self-administering some of their medications. Appropriate assessments and documentation for self-administering are recorded in the residents' notes and these are reviewed appropriately by the GP and CM.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage; current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Interviews with family members confirmed that changes to medications and the reasons for this are explained to residents or their EPOA as appropriate.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Flaxmore Lifecare is in line with recognised nutritional guidelines for older people. The kitchen manager and the sighted menu verified that the menu available included options that are nutritional, and varied and which can be adapted for specific cultural needs. In the event that items on the menu are unavailable, they are replaced with food of a similar nutritional value, whilst remaining cohesive with the other items on the menu.</p> <p>Each resident has a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, food allergies and modified texture requirements are accommodated in the daily meal plan and are visible in the kitchen. All residents have opportunities to request meals of their choice and the kitchen will address this. The kitchen prepares culturally specific foods for those</p>

		<p>residents who request them. Food intolerances and specific diets, including diabetics, are clearly documented so that all kitchen staff are aware and can prepare and deliver food in a safe and hygienic manner.</p> <p>Interviews with family members, observations, and documentation verified residents are satisfied with the meals provided. This was supported on the day of the audit when residents were seen to be enjoying the meals provided for them when observed in the dementia wing.</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 by staff in a respectful and supportive way that was not rushed. Fluids are regularly provided for residents both in the resident lounges and in their rooms, and extra fluid rounds have been introduced particularly during the hot summer months in order to encourage the intake of adequate fluids among residents.</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 coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Flaxmore Lifecare is 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 their family/whānau. This included the transfer of documentation, such as interRAI assessments and clinical information as appropriate, whilst maintaining resident confidentiality and privacy. A transfer document is used when transferring residents by ambulance to hospital. Whānau reported being kept well informed during the transfer of their relatives. Information provided includes falls risk, mobility and aids, continence, vision and hearing, as well as clinical presentation at the time of transfer.</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-</p>	FA	<p>The facility was observed to be fit for its purpose, well maintained and met legislative requirements. The refurbishment of the rest home area had been completed and met the residents requirements; this had been raised as an area for improvement in the partial provisional audit. LTSCHC residents have areas to meet their needs and can attend activities within the facility. The regional</p>

<p>centred and culturally safe for Māori and whānau.  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>manager spoke of consideration being given to ensuring the aspirations and identity of Māori were incorporated into the rest home refurbishment.</p> <p>There was a current building warrant of fitness (expiry date 5 July 2024). The facility was observed to be fit for its purpose, well maintained and met legislative requirements. The refurbishment of the rest home area had been completed and met the residents requirements; this had been raised as an area for improvement in the partial provisional audit. LTSCHC residents have areas to meet their needs and can attend activities within the facility. The regional manager spoke of consideration being given to ensuring the aspirations and identity of Māori were incorporated into the rest home refurbishment.</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>There is a Fire and Emergency New Zealand (FENZ) approved evacuation plan (dated 8 September 2006), with fire drills occurring. The last occurred in March 2023. The special needs of the residents, including LTSCHC, in evacuation have been considered.</p> <p>The dementia areas had controlled access, but residents in the rest home wing have open doors to the outside areas.</p> <p>Security policies and processes are in place and staff ensure the facility is secured in the evening. Call and emergency bells alert staff to residents and staff who require assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. All staff wear name badges and uniforms for identification.</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</p>	<p>FA</p>	<p>The infection prevention and antimicrobial stewardship programmes are led by the CSM. The manager reports monthly to the facility manager, regional manager and the organisation's head office.</p> <p>The CSM monitors all clinical issues, including infections, and ensures that infection prevention and antimicrobial stewardship programmes are appropriately managed at facility level.</p>

<p>navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>There is a pandemic plan in place which includes ensuring that in the event of an outbreak, there are separate 'bubbles' in the dementia area to reduce the risk of spread in a cohort were isolating in individual rooms is not appropriate. Any requirement for isolation is undertaken in a respectful manner which fully considers the individual's personal situation and family/supports. Sufficient personal protective equipment (PPE) is available for staff in the event of an outbreak.</p> <p>Education material and information is available either in printed form or through translation in order to support residents and to align with culturally safe practice and Te Tiriti o Waitangi.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of infections within the facility is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the infection prevention and control programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and actions plans are implemented. Ethnicity data is collected. The regional clinical manager, in consultation with the clinical manager/infection control coordinator, oversees the surveillance of infections. Data from the facility is collated and recommended follow-ups are made, which are shared with staff. Infections being monitored include those of the urinary tract, respiratory tract including COVID-19, wounds, skin and gastro-intestinal.</p> <p>In the event that a resident acquires an infection, appropriate interventions are put into place after discussion with the family and whānau and other members of the health team including the GP. Information is given to the resident or whanau in either the dementia or rest home wing in a culturally safe manner in a form that is most appropriate for them.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>HLL is committed to a restraint free environment in all its facilities. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (eg, use of low/low beds). Flaxmore has not had any restraint use for many years. Staff are trained in the meaning of restraint and how to avoid the use of restraint. This was confirmed by staff interviewed.</p> <p>The board clinical governance committee is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation. The national restraint coordinator is the executive member with responsibility for overseeing the organisation's restraint free commitment.</p> <p>Documentation confirmed that restraint is discussed at board clinical governance level and presented to the board.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.