

Heritage Lifecare Limited - Clutha Views Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Heritage Lifecare Limited
Premises audited:	Clutha Views Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 26 September 2023 End date: 27 September 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:	50

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Clutha Views Lifecare provides rest home, hospital level care and dementia care for up to sixty-eight residents. The service is operated by Heritage Lifecare Limited (HLL) and managed by a business care manager and a clinical nurse manager. There has been a change in both the business care manager and the clinical nurse manager since the last audit, with the current business care manager moving to another HLL facility, and a recruitment process underway to appoint a replacement.

This certification audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, family members, members of the governance group, managers and staff.

Seven areas requiring improvement were identified during this certification audit. These related to staff training and competencies, interRAI assessments and care planning, monitoring of neurological observations following falls, care plan evaluations, the 24-hour activity programme for dementia care, call bell response times and restraint evaluations.

Strengths of the service include the length of service of many of the employees, the loyalty the staff have to the residents they support, and the business care manager's relationships building strategy with the wider community to improve both the reputation and the occupancy of the facility.

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.

Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). Staff have received education on Te Tiriti o Waitangi and the Code.

The provider maintains a socially inclusive and person-centred service. Residents confirmed that they are always treated with dignity and respect.

Consent is obtained where and when required. Residents are safe from abuse. Residents and family/whānau receive information in an easy-to-understand format, felt listened to and were included in making decisions. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision-making. Advance directives are followed where applicable.

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

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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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. Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau 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.

The National Adverse Events Policy is followed with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<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 partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident, or family/whānau. Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Files sampled demonstrated that the care provided and needs of residents were reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required.

The planned activities programme provides residents with a variety of individual and group activities and maintains their links with the community. Opportunities for Māori residents to participate in te ao Māori are facilitated. 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.

The service uses a pre-packaged medication system. Medication is administered by staff who are competent to do so. Medication reviews are completed by the general practitioner and nurse practitioner in a timely manner.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. Residents verified satisfaction with meals. There was a current food control plan.

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.		Some subsections applicable to this service partially attained and of low risk.
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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. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Security is maintained, including in the secure dementia unit.

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.
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The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. A qualified registered nurse leads the programme, which is reviewed annually. Specialist infection prevention advice was accessed when needed. There is a current COVID-19 pandemic plan and outbreak management plan.

Staff understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training.

Hazardous waste is managed appropriately.

Prescribed antibiotics are recorded, and occurrence of adverse effects are monitored. Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action is taken 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 partially attained and of low risk.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process, with regular reviews is in place should restraint used. A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative intervention.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	4	1	0	0
Criteria	0	169	0	4	3	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Heritage Lifecare (HLL) has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori. HLL have introduced a head of cultural partnerships (HCP) who is part of the executive team and identifies as Māori/Pasifika. The function of the HCP is to assist with the implementation of Ngā Paerewa and inform the HLL models of care and service delivery.</p> <p>This role and work is allied to a Māori Network Komiti, a group of Māori employees. The Komiti is in the formative stage with a mandate to further assist the organisation in relation to its Te Tiriti obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses, and other care workers. The group provides information through the</p>

		<p>clinical governance structure to the board. The HCP is also assisting site managers in the facilities to connect to their local Māori/Pasifika/tāngata whaikaha communities.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. There is a diversity and inclusion policy in place that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support HLL's drive for staff to have a beneficial experience when working in the service. Education on Te Tiriti o Waitangi, Māori health and wellbeing, tikanga practices and te reo Māori is part of the HLL education programme and has been delivered in 2023. The education is geared to assist staff to understand the key elements of service provision for Māori, including mana motuhake and providing equity in care services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The HLL response to Pasifika works on the same principles as Māori. A culturally safe care policy and procedure has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. Engagements with Pasifika communities are being assisted at site level.</p> <p>HLL understand the equity issues faced by Pacific peoples and is able to access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team identify as Pasifika. They can assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p>
<p>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-</p>	FA	<p>Staff have received training on the Code as part of the orientation process as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. Copies of the Code in English and te reo Māori were posted</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>on notice boards around the facility. Information on advocacy services and the Code was included in the admission agreement.</p> <p>Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>Māori mana motuhake is recognised in practice. A Māori health care plan is utilised for residents who identify as Māori. Care plans are developed in collaboration with residents and family/whānau to enable residents to practice autonomy and independence to determine individual wishes and support needs.</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. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified through the admission assessment process. Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Residents were supported to maintain as much independence as possible, as verified by residents in interviews.</p> <p>Principles of Te Tiriti o Waitangi are incorporated in service delivery. Tāngata whaikaha needs are responded to as assessed. Residents are supported to participate in te ao Māori as desired.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated in all activities. Staff have received Te Tiriti o Waitangi training. Te reo Māori words and phrases were posted around the facility to increase residents' and staff awareness. Family/whānau for residents who identify as Māori confirmed satisfaction with the consultation process during assessment and care planning.</p>
Subsection 1.5: I am protected from abuse	FA	Professional boundaries, staff code of conduct, misconduct,

<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>		<p>discrimination, and abuse and neglect are discussed in the orientation process for all staff. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimisation, and systemic and institutional racism include the complaints management process and meetings with residents and family/whānau. Staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and/or exploitation.</p> <p>Residents' property is labelled on admission and residents are encouraged to deposit their money in the comfort account managed by the administrator. Residents, family/whānau and staff confirmed that they have not witnessed any abuse or neglect.</p> <p>Te Whare Tapa Whā model of care is used to ensure wellbeing outcomes for Māori.</p> <p>Residents' family/whānau and EPOAs for residents in the secure dementia unit (Balmoral unit), confirmed that residents are treated fairly.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents, family/whānau and/or EPOAs are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents, family/whānau and EPOAs for residents in Balmoral unit stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and family/whānau was mainly in the English language. Interpreter services are engaged when required. Family/whānau support Māori residents with interpretation where appropriate and a cultural advisor can be</p>

		<p>contacted if required. Written information and verbal discussions were provided to improve communication with residents, their family/whānau or EPOAs.</p> <p>Residents, family/whānau and EPOAs stated that all staff were approachable and responsive to requests in a sensitive manner. A record of phone or email contact with family/whānau and EPOAs was maintained. For non-verbal residents, communication strategies were documented and observed to be effectively implemented by staff during the audit.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents, family/whānau and EPOAs are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making.</p> <p>Appropriate best practice tikanga guidelines in relation to consent are followed. Staff interviewed understood the principles and practice of informed consent.</p> <p>General consent is obtained as part of the admission documents. Informed consent for specific procedures had been gained appropriately. EPOAs were activated for all residents in the Balmoral unit, and where applicable for hospital level of care.</p> <p>Resuscitation treatment plans were in place and advance directives where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents are supported by family/whānau, and support of advocacy services is accessed when required. Communication records verified inclusion of support people where applicable.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Ten complaints had been received over the past year, and these</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>included both internal and external complaints. One complaint had been raised by a former resident with the support of the advocacy service. Six of the complaints were raised through the Office of the Health and Disability Commissioner (HDC) including one referred to the HDC by the coroner. The quality team from the corporate office provide guidance and support around the management of external complaints. Of the six HDC complaints received over the past year, three had been investigated and were now closed. The remaining three HDC complaints, which include one the funder requested be followed up by the audit team, were each reviewed and all had been investigated in line with the requirements of the Code and HLL complaints policy. For these complaints HDC had requested further information be provided in relation to each complaint. In each case the requested information has been provided, and Clutha Views are waiting to see if HDC are going to close each of the complaints, request further information, or undertake further investigation.</p> <p>Following complaints in 2022 an action plan was developed by Te Whatu Ora Southern, to help address some identified areas of risk. Considerable work has been done to address these areas, which were reviewed as part of the audit process. There has also been changes in both CHM and CNM roles since the action plan was put in place, who have both worked to improve the quality of care and the communication with stakeholders.</p> <p>While some areas of improvement have been identified as part of this audit, they do not specifically relate to any of the above complaints, or the potential risks identified in the Te Whatu Ora action plan. A complaint raised by former resident regarding the call bell system was reviewed and has been addressed and closed. An area of improvement regarding call bell response times has been identified under criterion 4.2.5, but is not related to the call bell complaint.</p> <p>The care home manager (CHM) maintains an electronic complaint register, to track each complaint, and record and track progress in investigating and closing off each complaint.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation, and</p>
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		<p>information was provided to staff.</p> <p>The service assures the process works equitably for Māori by ensuring the rights and complaints forms are available in te reo Māori, and that cultural support and tikanga are provided as part of the complaint process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare Limited have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). HLL utilise the skills of staff and senior managers and support them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Clutha Views, and these are reviewed quarterly. Cultural safety is embedded in business and quality plans and in staff education. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team commits to quality and</p>

	<p>risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. 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 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. Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the NZ Ministry of Health.</p> <p>Heritage Lifecare Limited support people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Southern (Te Whatu Ora Southern) and ACC for rest home, hospital, respite and non-aged residential care. On the day of the audit there were 13 residents receiving rest home level care, including two on respite care, with one funded through ACC. There were 23 residents receiving hospital level care, including one person under 65 with a chronic health condition, and three people receiving</p>
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		respite care, including two funded through ACC. A further 14 people were receiving dementia care.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of hazards, accidents and incidents (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Quality group meetings are held bi-monthly, which includes representatives from all roles and areas of the facility. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview.</p> <p>The CHM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received education in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Heritage Lifecare and Clutha Views support people to contribute to quality improvement and participate locally through residents' meetings and through resident/whānau surveys. At the time of the audit preparations were underway for the resident survey which is scheduled for completion in October. The staff satisfaction survey had been completed at the time of the audit, but the results were not yet available from the external contractor who undertook this work. Feedback from interviews with staff was that they felt well supported to provide a high standard of care and support to the residents. They were involved in the quality management system and were kept informed of quality initiatives, and quality improvements. Results from the internal audit programme and the satisfaction surveys were used to improve services outcomes.</p> <p>Staff document adverse and near miss events in line with the</p>

		<p>National Adverse Events Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>The CHM understood and complied with essential notification reporting requirements. There had been 21 section 31 notifications completed in the last twelve months. Eleven of these related to RN shortages, with the remaining ones relating to a variety of clinical and operational matters, including the change of both the CHM and CSM.</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>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Staff work a six-week rotating roster, working set shifts. There is a registered nurse working onsite 24/7, with two enrolled nurses (ENs) on each day during the week, in addition to the CSM. The CSM provides on-call support after hours as required. The rosters show that there was a first aid qualified staff member on duty 24/7. The CHM explained that any available shifts are offered to staff, and these are generally filled. Bureau staff are generally not used, with the roster being managed within the staff team. Previously the service had some RN vacancies, which led to the RNs working 12 hour shifts to ensure 24/7 coverage. These vacancies have now been filled, with RNs now working 8-hour shifts. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>The service is managed by an experienced CHM who had been in the role at Clutha Views for eight months. The CHM is leaving to manage other HLL facilities in another region. A recruitment process to appoint a new manager is underway, with no appointment made yet.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery and the ability to</p>

		<p>maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development and care delivery.</p> <p>The review of training records showed that not all staff had completed the required training topics as determined by the organisation’s annual education plan, which has been identified as an area of improvement.</p> <p>After three months service, care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider’s agreements with Te Whatu Ora Southern. At the time of the audit, three staff were doing level 2 training and a further six staff were waiting to start. Staff in the dementia units have either completed or were waiting to commence the appropriate NZQA dementia training qualification to allow them to work in the dementia unit.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace by both the CHM, the CNM, and the wider staff team. Staff were aware that they could also access a confidential employee assistance programme (EAP) should they require it.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of nine staff records reviewed confirmed the organisation’s policies are being consistently implemented. There are position descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Role descriptions for the restraint coordinator (RC) and infection prevention coordinator (IPC) are in place and signed. Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors.</p>

		<p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and into their goals that are set as part of the process.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements. Staff information is secure and accessible only to those who are authorised to use it.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The service used an electronic resident information management system. All necessary demographic data was collected including residents' ethnicity. Staff have individual passwords to access the electronic system with permission granted as per portfolio held. Accurate data was collected with files being well organised. All entries were legible, dated, and identifiable. Archived records were securely stored.</p> <p>The CHM is the privacy officer and any requests for access to a past resident's information is managed through them. There is an appropriate storage area for past residents' files and for files which become too bulky to be kept in the office.</p> <p>All residents come with their National Index Number as part of the referral process.</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>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Service Coordination (NASC) Service. Residents in Balmoral unit were admitted with consent from EPOAs, and sighted documents verified that EPOAs consented for referral to specialist services. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written</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>information about the service and the admission process.</p> <p>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services data is documented, including ethnicity data. Entry data, including specific entry and decline rates for Māori, is analysed at the national office levels. The organisation has an appointed Māori cultural advisor who provides cultural support for Māori residents and whānau when required. Additional Māori cultural support can be accessed from the family/whānau as desired.</p> <p>Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p>
<p>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 registered health professionals (RHPs) complete admission assessments, care planning, and evaluation. The residents, family/whānau, or enduring power of attorney (EPOA) for residents in the dementia unit consented to the assessment and care planning process. Interviews with residents and family/whānau confirmed this. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Care plans completed by the enrolled nurse are countersigned by a registered nurse. Cultural assessments were completed by staff who have completed appropriate cultural training.</p> <p>Te Whare Tapa Whā model of care supports kaupapa Māori perspectives to permeate the assessment and care planning process. Staff have received cultural safety training. Tāngata whaikaha and family/whānau are involved in the care planning process to ensure their choices and wishes are respected. The service enables accessible services by encouraging whānau support and enabling access to kaumātua or cultural support as required. Residents, family/whānau and legal representatives expressed satisfaction with the level of involvement in planning care.</p> <p>A range of clinical assessments, including interRAI assessment</p>

	<p>outcome scores, referral information, and the Needs Assessment and Service Coordination assessments (NASC) served as a basis for care planning. However, some initial interRAI assessments and initial care plans were not completed within three weeks of an admission. (Refer to criterion 3.2.1.)</p> <p>Management of specific medical conditions were well documented. Wound management plans and pain management plans were completed with regular evaluation completed. The CSM monitors the wound management programme and routinely evaluate the wounds with the registered nurses. Staff have received education in wound management that includes pressure injury management.</p> <p>Six-monthly care plan evaluations were completed. However, evaluation of care did not always evidence the degree of achievement towards residents' agreed goals and aspirations, collaboration with residents and whanau, and some interRAI triggered items were not addressed in the care plans. (Refer to criterion 3.2.5.) Falls assessment was completed for all residents and management plans were completed for residents who were at risk of falls. Incident forms were completed for accidents and incidents with investigation of incidents completed regularly. Interviewed staff understood processes implemented to prevent falls. However, neurological observations were not completed at the required frequency post unwitnessed falls. (Refer to criterion 3.2.4.)</p> <p>Long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Behaviour management plans were completed with identified triggers and strategies to manage the identified behaviours documented where applicable, and for all residents in the dementia unit. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. Family/whānau goals and aspirations identified were addressed in the care plan where applicable.</p> <p>Onsite medical services are provided twice per week and on-call after hours services are provided when required. Medical assessments were completed by the general practitioner and nurse</p>
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<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>PA Low</p>	<p>The activities programme is overseen by trained diversional therapists from a sister facility owned by the same organisation. There were two activities coordinators who run the activities programme. Activities calendars were posted on notice boards around the facility. Twenty-four-hour activity plans were not completed for residents in the Balmoral unit. There is a wide variety of activities offered.</p> <p>Residents are supported to access community events and activities where possible. Opportunities for Māori residents and family/whānau to participate in te ao Māori are facilitated. Māori art was displayed in several areas within the facility. Residents are supported to go out to visit family/whānau and friends where applicable.</p> <p>Leisure care plans were completed in all residents' files sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the residents' abilities. Residents and</p>

		<p>family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. The service uses an electronic medication management system. RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and the NP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Administered pro re nata (PRN) medicines were consistently evaluated for effectiveness in files sampled. Over the counter medicines and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>Medicines are supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use by dates. The medicines, including controlled drugs and associated documentation, were stored safely. The required stock checks have been completed. Clinical pharmacist input was provided six-monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medicine rooms sampled were within the recommended range. Residents and their family/whānau are supported to understand their medicine when required. The NP</p>

		<p>stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>There were no residents self-administering medicines at the time of the audit. Appropriate processes were in place to ensure this will be managed in a safe manner when required. The registered nurse stated self-administration did not occur in Balmoral unit.</p> <p>The implemented process for analysis of medication errors is comprehensive and corrective actions are implemented as required. Regular medication management audits were completed, and corrective actions were implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian on 1 May 2022. Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Culturally specific to te ao Māori food options were on the current menu and the chef stated that these will be provided per residents' request. Family/whānau for residents who identify as Māori expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by the Ministry for Primary Industries. The current food control plan will expire in March 2025.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in</p>

		an unhurried fashion. Residents expressed satisfaction with the variety of the meals. Snacks and drinks were provided on a twenty-four-hourly basis for residents.
<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 the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOA. A documented policy was available to guide care. Residents' family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the residents' progress notes.</p> <p>Residents are supported to access Kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed where required as evidenced in the records sampled.</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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building had a current warrant of fitness, which was on display at the entrance. A maintenance book is used to communicate maintenance requests with the maintenance person. Tasks are prioritised and staff confirm they are addressed promptly. A planned maintenance schedule includes electrical testing and tagging, residents' equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities</p>

		<p>to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Residents' rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. Corridors are wide and fitted with handrails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids during the audit.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. There were no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult and co-design with Māori if this was 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>PA Low</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff are able to provide a level of first aid relevant to the types of risk for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance; these are present in all rooms, bathrooms, and communal facilities. Call bells are checked as part of the facility's internal audit programme. Call bell reports show that staff response is not always prompt, which has</p>

		<p>been identified as an area of improvement.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Heritage Lifecare Limited has IP and AMS outlined in its policy documents. This is now being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS programmes are being appropriately managed at facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Southern. Infection prevention and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board have been collecting data on infections and antibiotic use and is now adding ethnicity to its data. Over time the data will add meaningful information to allow HLL to have the ability to analyse the data at a deeper level than is available to them at present.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	FA	<p>The care services manager (CSM) coordinates the implementation of the infection prevention (IP) programme. The IP responsibilities and reporting requirements are defined in the infection prevention nurse position description. The CSM has completed external education on infection prevention in May 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme is</p>

<p>scope of our services.</p>	<p>reviewed annually, and it was last reviewed in January 2023. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflected the requirements of the infection prevention standards and include appropriate referencing.</p> <p>The COVID-19 pandemic plan and the outbreak management plan in place are reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic and outbreak management response plan.</p> <p>The clinical advisory group has input into other related clinical policies that impact on health care-associated infection (HAI) risk. Staff have received education in IP at orientation. However, ongoing education for some staff was not evidenced (refer to criterion 2.3.2). Education with residents was on an individual basis when an infection was identified and through infection control posters posted around the facility.</p> <p>The CSM is involved in the procurement of the required equipment, devices, and consumables through approved suppliers. The clinical advisory group will be involved in the consultation process when significant changes are proposed to the existing facility, though this has not been required so far as stated by the CSM.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Infection prevention practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>A Māori cultural advisor was involved in the development of IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available. Residents expressed satisfaction with the</p>
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		information provided.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented. Ethnicity was included in surveillance data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and family/whānau. The six infection outbreaks reported since the previous audit were managed effectively with appropriate notification completed. Post outbreak analysis was completed. Learnings from these outbreaks were adopted.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room. Cleaning products were in labelled bottles. Cleaning trolleys were safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaners and laundry staff have attended training appropriate to their roles. The care home manager has oversight of the facility testing and monitoring programme for the built environment.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Heritage Lifecare Limited is committed to a restraint-free environment in all its facilities. The governance group demonstrates commitment to this supported by a member of the executive leadership, and a restraint coordinator at the facility level. Restraint use is reported to the governing group. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of ultra-low beds). At the time of audit two residents were using a restraint.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>Restraint is discussed at the monthly quality group meeting, where</p>

		discussions are led by the CNM who fulfils the role of restraint coordinator for the facility and is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA are involved in decision making.
<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, and only use approved restraint as the last resort.</p>	PA Low	<p>When restraint is used, this is as a last resort when all alternatives have been explored. The review of the quality group meeting minutes show that assessments for the use of restraint, monitoring and evaluation are discussed at the monthly meetings. While a monthly evaluation of restraint use is discussed at the quality meeting, there is no documented process to evaluate each restraint episode against the required restraint evaluation requirements, which is identified as an area of improvement.</p> <p>Monitoring of restraint is overseen by the CNM in their role as restraint coordinator for the service and takes into consideration the person's cultural, physical, psychological, and psychosocial needs and addresses wairuatanga. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and reviewed at each quality meeting. The register contained enough information to provide an auditable record including all requirements of the standard.</p> <p>There have been no episodes of emergency restraint being used at the facility, but the restraint coordinator is aware that a person-centred debrief is required to be completed using the most appropriate member of the workforce to do so.</p>
Subsection 6.3: Quality review of restraint	FA	The restraint coordinator undertakes a six-monthly review of all

<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>restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>The review of staff training records showed that not all staff had completed the required training and competencies specific to their role as defined in the Heritage Lifecare annual education plan. When interviewed staff said they initially received a lot of training as part of their orientation process when they were first employed and felt well supported. The staff confirmed they had not completed all the required annual refresher topics and competencies as outlined in the HLL training plan. Staff confirmed they had attending training, including cultural safety, emergency evacuations and first aid training, but also confirmed that they had not completed other required training topics for example</p>	<p>While an annual training and competency plan is in place, not all staff have completed the required training topics or competencies relevant to their role.</p>	<p>Ensure all staff have completed the required training and competencies relevant to their role as determined by the Heritage Lifecare annual education plan.</p> <p>180 days</p>

		<p>the code of rights, prevention of abuse and neglect and infection prevention. Likewise some competencies were signed off, for example hand washing, donning and doffing of personal protective equipment (PPR) and medication competency for those people who give medications, while other required competencies were incomplete. Training records showed that there is no process in place for staff who did not attend a training session, to catch up on the training. This was particularly relevant for part time and casual staff who had completed less training than the full-time staff.</p>		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Residents, family/whānau and EPOAs for residents in Balmoral unit were involved in the assessments and care planning processes. This was confirmed in interviews with resident, family/whānau and EPOAs. Interim care plans and initial interRAI assessments were not always completed in a timely manner. A corrective action plan has already been implemented by the organisation to address this shortfall. Ongoing monitoring and evaluation were evident in the records reviewed. The CSM stated that new RNs were employed and there is now full RN cover to manage the assessments in a timely manner.</p>	<p>Four of eight residents' files sampled did not have an interim care plan completed in a timely manner. Three of five residents' files sampled did not have initial interRAI assessments completed in a timely manner.</p>	<p>Ensure interim care plans and interRAI assessments are completed in the timeframes required by the aged related residential care contract</p> <p>90 days</p>

<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, 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>PA Moderate</p>	<p>Residents, family/whānau and EPOAs confirmed being involved in the assessment and care planning process. Any family/whānau support needs, goals and aspirations identified were addressed in the care plans.</p> <p>Incident forms were completed following a resident's fall. Interviewed staff were aware of the monitoring requirements needed following an unwitnessed fall. Early warning signs and risks that may affect a resident's wellbeing were identified and documented where appropriate. Post fall physical assessments were completed. However, neurological observations following an unwitnessed fall were not adequately monitored as per the organisation's policy. The sampled records showed that the neurological observations were completed inconsistently, without following the recommended frequency. The service has already implemented a corrective action plan to address this shortfall and monitoring and evaluation of the interventions implemented is ongoing. The CSM stated that ongoing evaluation shows an improvement in following the appropriate processes.</p>	<p>Four or five incident forms reviewed related to unwitnessed falls did not have neurological monitoring completed at the frequency required by the organisation's policy.</p>	<p>Ensure neurological monitoring is completed post unwitnessed falls as per organisation's policy.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or</p>	<p>PA Moderate</p>	<p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any</p>	<p>- In two of eight residents' files reviewed, the degree of progress towards the</p>	<p>Ensure that care evaluation includes the degree of achievement</p>

<p>support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>changes noted were reported to the RNs, as confirmed in the residents' records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Residents' files sampled evidenced that relevant interRAI outcome scores have supported care planning. Eight files were sampled for review and seven of those files were eligible for interRAI assessments. However, not all triggered items were addressed in three of seven files for residents eligible for interRAI assessments. Goals of care and appropriate interventions were documented. However, the degree of achievement of agreed goals and aspirations were not documented in the care plans reviewed.</p> <p>Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Where progress was different from expected, the service responded by initiating changes to the care plan. However, the organisation's case conference tool was not utilised and evaluation of care in collaboration with the resident or family/whānau was not evident in the records reviewed. The CSM stated that residents' family/whānau and EPOAs are invited to three monthly residents' review by the medical personnel. In interviews family/whānau stated that they are</p>	<p>achievement of agreed goals and aspirations of residents and family/whānau was not evident.</p> <ul style="list-style-type: none"> - Six-monthly care evaluation did not evidence collaboration with residents and family/whānau. - In three of seven residents' files some interRAI triggered items were not addressed in the care plans 	<p>towards agreed goals and aspirations.</p> <p>Ensure six-monthly care evaluation occurs in collaboration with residents and family/whānau.</p> <p>Ensure that all relevant interRAI triggered items are addressed in the care plans.</p> <p>90 days</p>
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		advised of any changes to residents' care.		
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	PA Low	<p>Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests and included normal community activities. Individual, group activities and regular events are offered. Leisure care plans were completed for residents in Balmoral unit. However, twenty-four-hour activity plans were not evident in the files sampled for residents in Balmoral unit to guide care when required. Some interventions implemented for residents were documented in the progress notes. The residents' EPOAs confirmed satisfaction with the activities programme.</p>	<p>In three of three files sampled for residents in Balmoral unit, there were no twenty-four-hour activity plans completed.</p>	<p>Ensure residents in Balmoral unit have documented twenty-four-hour activity plans/programme.</p> <p>180 days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	<p>The call bell response time reports were reviewed for a two-month period. The first month's reporting showed that there were 21 pages of calls where it had taken over seven minutes for the call to be answered, with the longest wait time being 46 minutes. The second month showed 15 pages of calls where it had taken over seven minutes to answer, with the longest wait time being 39 minutes. The CHM said they had discussed call bell response times with the staff team, and also</p>	<p>An appropriate call system is available to summon assistance when required, although response times indicate not all calls are answered in a timely manner. While initiatives have been put in place to reduce response times, and some progress made, further improvement is required.</p>	<p>To monitor the call system response times and take action to reduce call bell response times to an acceptable level.</p> <p>180 days</p>

		<p>increased the tone to make it easier for staff to hear the bells, which had led to the improvement in response times. When interviewed, staff said that there were only two display units for the new call bell system, and there was not one that could be seen from the nurses' station. They also said that if they were in the kitchen area, they were unable to hear the call bell system. Resident meeting minutes record feedback from residents about call bell response times, and the CHM confirmed that there had been regular feedback from residents and whānau regarding wait time. The CHM said that with the improvements that had been made, the issue was no longer being raised. This corrective action has been given a low risk as an acknowledgement of the progress that has been made in reducing response times, however ongoing monitoring to ensure further improvement in response times is required.</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>	PA Low	<p>At the time of the audit two restraints were in place, both relating to the use of lap belts. These restraints are being evaluated at the monthly facility quality meeting where restraint is a standard agenda item, but limited details of each evaluation is recorded in the meeting minutes. There is no evidence to show that each episode of restraint is being evaluated against</p>	<p>Each episode of restraint is not being evaluated in line with the requirements of the standard.</p>	<p>Evaluate and document each episode of restraint against the evaluation requirements defined in criterion 6.2.7, points (a) to (n)</p> <p>180 days</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>(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</p>		<p>each of the restraint evaluation considerations required by the standard. Due to the low risk associated with the two restraints in place, and that there is currently a basic evaluation process in place, this corrective action has been given a low risk.</p>		
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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).				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.