

# Heritage Lifecare (BPA) Limited - Cargill Care Home & Village

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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:

**Legal entity:** Heritage Lifecare (BPA) Limited

**Premises audited:** Cargill Care Home & Village

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 18 October 2023      End date: 18 October 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:** 34

# 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
	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

Cargill Lifecare provides rest home services for up to 40 residents. It is owned and operated by Heritage Lifecare Limited. There have been no significant changes to the service and facilities since the previous audit.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora - Health New Zealand Southern (Te Whatu Ora Southern). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, managers, a nurse practitioner and staff.

Strengths of the service include the supportive staff team, the physical environment including the outdoor garden areas, and the support and availability of the care home manager to the residents and staff team.

One area requiring improvement was identified during the audit process, relating to the completion of residents' care plans and interRAI assessments within the required timeframes. The six areas requiring improvement identified at the previous audit were reviewed and have all been closed.

## 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.

Heritage Lifecare limited (HLL) has a Māori and Pacific peoples' health policy in place. The policy outlines HLL's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. Cargill Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Principles of mana motuhake practice were shown in service delivery.

Systems are in place to support Pacific peoples 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) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about their care and treatment. Open communication is practised. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The service is governed by Heritage Lifecare, with the board assuming accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. 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 have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

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

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

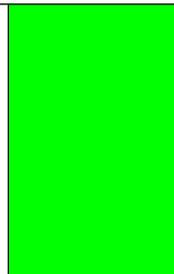
Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

## **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 HLL governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

Staff education occurs and staff demonstrated good principles and practice around infection control.

Infection surveillance is undertaken with follow-up action taken as 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.		Subsections applicable to this service fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

## 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	18	0	1	0	0	0
Criteria	0	51	0	1	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Cargill Lifecare (Cargill) has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. Manu motuhake is respected. A Māori health plan is in place to ensure care planning for Māori incorporates cultural needs and engagement in te ao Māori. Cargill Lifecare has developed meaningful partnerships with the local marae and the Māori community to benefit Māori individuals and whānau. They have access to cultural advice and support through the regional manager, the local marae, the organisation’s cultural advisor, and access to support from cultural advisors through Te Whatu Ora Southern.</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</p>	FA	<p>Cargill Lifecare provide services that are underpinned by Pacific worldviews. There were no Pasifika residents being supported on the day of the audit. Staff interviewed said they had received training on Pasifika worldviews and would be guided by the resident and their whānau around the cultural requirements for care planning, activities</p>

<p>tino rangatiratanga. 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>		<p>and meals.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-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>FA</p>	<p>Heritage Lifecare Ltd are aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination, and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse 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>FA</p>	<p>Staff understood the HLL policy on abuse and neglect, including what to do should there be any signs. Staff training had occurred. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff, resident and family/whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property is respected.</p> <p>Professional boundaries are guided by a Code of Staff Conduct and are maintained by staff. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model of care.</p>
<p>Subsection 1.7: I am informed and able to make choices 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>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Those interviewed felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving resident and whānau in the</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>process. Tikanga guidelines are available to support staff when working with Māori residents and whānau.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This process meets the requirements of the Code. All residents and their whānau are provided with information regarding the complaints process and advocacy services, on entry. Residents interviewed understood their right to make a complaint and knew how to do so.</p> <p>Information regarding the complaints process is displayed and is available in te reo Māori, and there are processes in place to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion.</p> <p>A complaint register is maintained and showed that there have been two complaints received over the past year. Records confirmed that the complaints were managed in line with Right 10 of the Code, and that complaints had been acknowledged, investigated, and closed within the organisation's expected timeframes. Documentation sighted showed that complainants had been informed of findings following investigation. Staff interviewed, confirmed that any corrective actions or learnings following a complaint are shared with them at shift handovers or staff meetings.</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>FA</p>	<p>Cargill Lifecare is governed by the board of directors of Heritage Lifecare. The board assumes accountability for delivering a high-quality service to users of the service and their whānau. Compliance with legislative, contractual, and regulatory requirements is overseen by the</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>leadership team and governance group, with external advice sought as required.</p> <p>The organisation’s purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed. Members of the board have completed education on Te Tiriti, health equity, and cultural safety. A commitment to the quality and risk management system was evident. Members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting and monitoring of clinical indicators to regional clinical support managers and on to the board.</p> <p>An experienced and suitably qualified person has been appointed to manage the service. The care home manager (CHM) confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p> <p>The service holds contracts with Te Whatu Ora Southern for aged-related residential care (ARRC) rest home care, respite care and long-term chronic health conditions. The service also has a contract with the Accident Compensation Corporation. Thirty-four (34) residents were receiving services on the day of audit. Of these, thirty-three (33) residents were receiving rest home services, and one resident was funded through the Accident Compensation Corporation (ACC).</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>FA</p>	<p>Heritage Lifecare (HLL) has a planned quality and risk system that reflects the principles of continuous quality improvement. Quality data is provided to the board through quality and risk documentation and management reports. This includes the management of incidents and complaints, an internal audit programme, staff training and competency framework, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls. A resident satisfaction survey had been completed and the results became available on the</p>

<p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>day of the audit. The results included a comparison to the previous survey, as well as benchmarking against other HLL facilities. Quarterly food satisfaction audits are completed, and a staff satisfaction survey was being completed at the time of the audit.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls identified through the survey, internal audit, incidents or complaint reporting processes. As the resident survey results had only become available on the day of the audit, there had not been an opportunity to develop corrective action plans to address areas for improvement, although this was planned to occur. A register of corrective actions was maintained and discussed at the staff and quality meetings. Progress against quality outcomes is evaluated quarterly.</p> <p>The care home manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The care home manager understood and has complied with essential notification reporting requirements.</p> <p>The corrective action identified at the previous certification audit regarding policies and procedures being out of date, was reviewed and has been addressed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels dependant on occupancy levels. Care staff reported there were adequate staff to complete the work allocated to them. Residents interviewed supported this.</p> <p>Cargill Lifecare employs health care assistants to provide support and</p>

<p>services.</p>		<p>care for residents. They are overseen by the CSM, who provides oversight of residents' clinical health requirements, and provides after hours support as required. The review of the facility's roster showed all shifts were covered. Staff employed on a casual basis cover gaps in the roster, or staff pick up additional shifts if required. Agency staff are not used. At least one staff member on duty has a current first aid certificate.</p> <p>Continuing education is planned on an annual basis and includes a calendar of mandatory training topics. In addition, there is a list of competencies that staff are required to complete annually. Records reviewed demonstrated completion of the required training and competency assessments. There are processes in place for staff to complete any training they have not yet completed. Staff were appreciative of the training opportunities provided to them. Care staff are supported to complete qualifications through the New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with their funders.</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 staff records reviewed confirmed the organisation's policies are being consistently implemented. The recruitment process includes referee checks, police vetting, employment documentation and an orientation process. A system is in place to evidence qualifications, and records are kept confirming that all regulated staff and contracted providers have proof of a current annual practising certificate.</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. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Personnel records are accurate and stored in ways that are secure and confidential.</p> <p>The corrective action identified at the previous certification audit relating to the implementation of the employment policy has been reviewed and has been addressed.</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 Low</p>	<p>The multidisciplinary team at Cargill Lifecare work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by a registered nurse following a comprehensive nursing and medical assessment, including consideration of the resident's lived experience, cultural needs, values and beliefs and considers wider service integration where required.</p> <p>Clinical assessments including for mobility, falls risk, pain, pressure injury risk, continence, and nutritional needs inform care planning. An initial care plan guides care during the assessment process. Staff were aware of the need for an interRAI assessment to be completed within three weeks of admission and at a minimum of six-monthly thereafter. Long-term care planning detailed strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. Care plans included interventions to manage behaviours that challenge if needed.</p> <p>Cultural needs were identified for residents during the assessment process and supports to meet these needs were documented. Staff receive cultural training to ensure their cultural competency and the corrective action raised in the last audit has been addressed.</p> <p>Timeframes for the initial assessment and care plan and medical or nurse practitioner assessment, meet contractual requirements. There was evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Evaluation occurs daily and is documented in progress notes. Formal evaluation occurs through six-monthly interRAI assessments. However, not all interRAI assessments had been completed six-monthly and where progress was different to that expected or new needs were identified, changes were not always made to the care plan; refer criterion 3.2.5.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Short term care plans are developed, if necessary, and examples were sighted for infections and wound care.</p> <p>Staff understood the need for residents and whānau, including Māori, to</p>
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		<p>have input into their care and identify their own goals. Residents and whānau are given choices and staff ensure they have access to information. Those interviewed confirmed active involvement in the assessment, care planning and review process, including residents with a disability.</p> <p>Residents are supported to maintain their independence; residents described care staff encouraging them to complete their own personal cares.</p> <p>Sufficient equipment was available and was suitable to meet the needs of residents at Cargill Lifecare, including pressure relieving equipment and equipment to support mobility.</p> <p>Residents confirmed active involvement in the assessment and care planning process, and this included those with age-related disabilities. Examples of choices and control over service delivery were discussed with staff and residents.</p> <p>The nurse practitioner interviewed reported care was of a high standard, that nurses identify when a resident's condition changes and that the doctor or nurse practitioner was called appropriately.</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 medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit.</p> <p>All staff who administer medicines are competent to perform their role, including the safe receiving, storage, administration, monitoring, safe disposal and returning of drugs to pharmacy.</p> <p>Medications are supplied to the facility from a contracted pharmacy. All medications sighted were within current use-by dates, with medications stored safely, including controlled drugs. The required stock checks were completed safely in the correct timeframes. Medicines were stored within the recommended temperature range with good understanding from the registered nurse on how to respond to temperature variances.</p>

		<p>Medicine-related allergies or sensitivities were recorded clearly, and any adverse events were reported and responded to appropriately.</p> <p>Prescribing practices meet requirements, including consideration of over-the-counter and herbal medications. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Policy is in place to ensure self-administration of medication is safely facilitated, and the registered nurse was able to describe how this is safely managed.</p> <p>Residents and their family/whānau are supported to understand their medications. Partnerships with local Māori providers are in place to support Māori residents who wish to access traditional Māori medicines if requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, allergies, any special diets, and modified texture requirements are made known to the kitchen and accommodated in the daily meal plan. Cultural preferences are accommodated and provided in consultation with individual residents. Cultural protocols around food are followed including the laundering of kitchen and food related items separately.</p> <p>Residents interviewed were very happy with the food. Evidence of resident satisfaction with meals was verified by resident interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<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. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate.</p> <p>Files reviewed confirmed documentation and transfer of information when a resident is transferred to hospital. Residents reported being kept well informed during the transfers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness, electrical and bio-medical testing, and maintenance of building services.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, maintenance and the outdoor spaces and gardens.</p> <p>The corrective action identified at the previous certification audit relating to hot water temperatures, was reviewed and has been addressed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the HLL national infection prevention specialist. The IP and AMS programmes were appropriate to the size and complexity of the service, had been approved by the HLL governing body, were linked to the quality improvement system, and were being reviewed and reported on annually. Policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Infection prevention and AMS information is discussed at the facility level, at national IP meetings, at clinical governance meetings, and reported to the board at board meetings.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Education for staff and residents was relevant to the services being provided. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data, including ethnicity data, is collated and analysed to identify any trends, possible causative factors and required actions.</p> <p>Benchmarking with other facilities in the group occurs. Results of the surveillance programme are reported to clinical governance and shared with staff.</p> <p>There are clear processes for communication between staff and residents. Residents and whānau interviewed were happy with the communication from staff in relation to health care-acquired infection.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Policy is developed and approved at a national level for all HLL facilities. Policies included a comprehensive laundry policy which meets the requirements of the standard and has been approved by the HLL governing body. The corrective action related to this criteria raised at the last audit is now closed.</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>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by a regional manager who is the restraint coordinator for the organisation at a national level, and the clinical nurse manager as the restraint coordinator at the facility level. At the time of audit there was no restraint used, and this has been the case since the previous audit. Any use of restraint is reported to the governing body.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The corrective action identified at the previous certification audit relating to the restraint policy and procedure was reviewed and has been addressed.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-</p>	PA Low	<p>Evaluation of care occurs daily and was seen to be documented in progress notes. Regular medical or nurse practitioner assessments were evident in all files reviewed. Formal nursing review occurs six monthly using the interRAI assessment and processes are in place to ensure the care plan is updated. However, ten interRAI assessments were overdue by up to seven weeks, and in five of five files reviewed care planning did not document interventions to meet all the residents’ identified needs. This included one resident whose needs changed following surgery, and four residents’ where care planning had not been updated following the interRAI assessment, and clinical assessment protocols triggered in the interRAI assessment were not included in long-term care planning.</p> <p>The facility had identified this deficit was due to</p>	<p>Planned review of care using interRAI had not always occurred six-monthly as required and care planning had not always been updated to reflect each resident’s current needs.</p>	<p>Ensure all interRAI assessments are completed within 21 days of admission and at a minimum of six-monthly thereafter.</p> <p>Ensure all residents’ needs identified in the interRAI assessment are included in care planning.</p> <p>Ensure that when a resident’s needs change the care plan is updated.</p>

<p>assessment and review process, and ensure changes are implemented;  (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>the resignation of the previous registered nurse and delay in appointment of a new clinical services manager (CSM). The new CSM is now in place and has completed orientation to the facility. When interviewed, both nursing and caregiver staff were very knowledgeable about each resident's needs, and caregivers stated verbal handovers from the registered nurse were comprehensive. Residents interviewed were happy with care provided and the resident discharged from hospital post-surgery stated all post operative rehabilitation requested by the hospital and physiotherapist had been provided. A corrective action plan is already in place and actions have been taken to address the shortfall. For these reasons the finding is rated low risk.</p>		<p>180 days</p>
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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.

No data to display
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End of the report.