

Heritage Lifecare Limited - Karina 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Heritage Lifecare Limited

Premises audited: Karina Lifecare

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 23 January 2024 End date: 24 January 2024

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: 31

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

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

Key to the indicators

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

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

General overview of the audit

Karina Lifecare is certified to provide rest home services for up to 39 residents. The service is owned and operated by Heritage Lifecare Limited.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts with Te Whatu Ora – Health New Zealand Te Pae Hauora O Ruahine o Tararua MidCentral (Te Whatu Ora MidCentral). It included a pre-audit review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents, whānau, governance, staff, and a general practitioner. The facility is managed by a care home manager who is experienced in healthcare, and a registered nurse; the manager also has clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

Improvements are required to address deficits related to the quality system, staff education and competencies, resident activities, medication management, the environment, and the availability of first aid certified staff.

Ō tātou 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.

Karina Lifecare provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. Karina Lifecare worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery.

There were no Māori or Pasifika residents in Karina Lifecare at the time of the audit; however, systems and processes were in place to enable Māori and Pacific people to be provided with services that recognised their worldviews and are culturally safe. Mana motuhake (self-determination) was respected and this was confirmed by the whānau of residents and staff interviewed. There were Māori and Pasifika staff employed by the service during the audit.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumer' Rights (The Code) and these are upheld by staff. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse. Staff undertake cultural training which includes Te Tiriti o Waitangi.

Residents, whānau, and the residents' legal representatives receive information in a format which meets their needs and felt overall they were included in making decisions about their care and treatment. Open communication is practised. Interpreter services are available to the staff. Advance directives when available are followed where possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The organisation is governed by Heritage Lifecare Limited. The board of directors work with the manager at Karina Lifecare to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

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

The quality and risk management systems are generally focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. The approach taken at Karina Lifecare includes collection and analysis of quality improvement data, identifying trends in most instances that leads to improvement. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. Ongoing learning and competencies are identified by the organisation. The programme, where delivered, supports safe and equitable service delivery. Staff performance is monitored.

Residents' information is accurately recorded, securely stored, was not on public display, or accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.

Relevant information is provided to potential residents, their whānau and referrers about the services provided. From commencement of services the staff work in partnership with the resident and their whānau to undertake assessment and plan care in a person-centred approach.

Care plans are individualised based on a comprehensive multidisciplinary assessment and accommodate any new issues and changes to the residents' requirements. Files reviewed demonstrated that care meets the needs of the resident and their whānau and regular time-based evaluations were undertaken.

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

Food services are based on nutritional needs of the elderly residents, with special diets, likes and dislikes as well as cultural needs catered for. A registered Food Safety Plan supports safe food management.

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

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

Includes two 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 medium or high risk and/or unattained and of low risk.

The facility meets the needs of residents. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and tested as required. External areas are accessible, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

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

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

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

Subsections applicable to this service fully attained.

The Heritage Lifecare 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. The governing body oversees the implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme were reported to the board, as were any significant infection events.

A senior team oversees the programme and Karina Lifecare. A registered nurse, with training as the infection control coordinator, leads the programme.

The senior management team is involved in procurement processes and any facility changes, with regular reports on infection control matters.

Staff demonstrated good principles and practice around infection control, including outbreak and pandemic response. Residents and whānau were familiar with the infectious diseases' response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken with follow-up action taken as required.

Overall, the environment supports both the prevention of infection and reduction in transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four 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 restraint at the time of audit, and restraint has not been used at Karina Lifecare since at least 2016. A

comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator, who is a registered nurse, manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	21	0	3	3	0	0
Criteria	0	161	0	3	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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 Limited (HLL) had a Māori health plan which guided care delivery for Māori using the Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Input from Māori is supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. The group provides information through the clinical governance structure to the board. There were no Māori residents at Karina Lifecare (Karina) during the audit, but the service can access support through Te Whatu Ora MidCentral, through a local Māori health provider (Te Wahahuia Manawatu Trust) and through its local marae (Te Hotu Manawa O Rangitane O Manawatū Marae) should it require assistance in the future.</p> <p>The staff recruitment policy reviewed (December 2022) is clear that</p>

		<p>recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. There were Māori staff employed by the organisation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Training on Te Tiriti o Waitangi is part of the HLL training programme, and this has been implemented by Karina (refer criterion 2.3.4). The training is geared to assist staff to understand the key elements of service provision for Māori and tāngata whaikaha, 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>	<p>FA</p>	<p>Heritage Lifecare understands 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>A Pacific health plan is in place which utilises the Fonofale model of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan has been developed with input from cultural advisers. There were no Pasifika residents in the service at the time of audit. Karina has access to local Pasifika communities through the Papaioea Pasifika Community Trust.</p> <p>The staff recruitment policy (reviewed July 2021) is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Pasifika in the service. Training on culturally specific care, including care for Pasifika, is part of the HLL training programme, and this is implemented in the service (refer criterion 2.3.4). The training is geared to assist staff to understand the key elements of service</p>

		provision for Pasifika and providing equity in care services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. 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>Karina Lifecare recognises Māori Māori mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. Some rooms can accommodate two residents but were currently being used for only one. All residents had a private room at audit.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through education. When a resident who identifies as Māori is being admitted they are offered the support of whānau and local Māori services. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to.</p> <p>There were no Māori residents, but the care home manager (CHM) and staff spoke of support being available from a local Māori organisation and marae and they would support the resident and whānau to participation in te ao Māori.</p>
Subsection 1.5: I am protected from abuse	FA	Staff understood the service's policy on abuse and neglect, including

<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>what to do should there be any signs. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property is respected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable to raise any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and HLL have a Māori care plan which is based on Te Whare Tapa Whā model, which would be used if they had a Māori resident.</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 and whānau reported open and effective communication from the CHM and staff. They felt listened to and information provided was in an easy-to-understand format. Changes to residents' health status were communicated to whānau in a timely manner, evidenced in the care documentation and confirmed by whānau interviewed.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required, through Te Whatu Ora MidCentral.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or</p>	<p>FA</p>	<p>Residents and their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making, with the consent of the resident. There was evidence of whānau being included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code, and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting enduring power of attorney (EPOA) requirements, and processes for residents unable</p>

<p>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>to consent were 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 was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. The CHM advised there was a process in place to manage complaints from Māori by the use of hui, appropriate tikanga, and/or te reo Māori as applicable. Feedback forms for complaints were available in English and te reo Māori. Residents and whānau interviewed reported that they understood their right to make a complaint and knew how to do so.</p> <p>There had been 13 complaints received by the service since the last audit. All complaints had documentation to evidence that the complaints had been investigated and that the complainant had been informed of the outcome of their complaints. Complainants were also advised of their options if they were not satisfied with the outcome of the complaint. There had been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and has 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 (eg, information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare also utilises the skills of staff and senior managers and supports them</p>

	<p>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 incorporates the Ngā Paerewa standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery. Each facility has its own business plan for its particular services, and Karina’s was sighted during the audit. The business plan sets out the facility’s own goals over the duration of the plan and is reviewed quarterly.</p> <p>Governance and the senior leadership team commit to quality and 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 (eg, adverse events, infections, and complaints) is 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. Heritage Lifecare uses an interview panel for senior managers. Heritage Lifecare also uses feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage Lifecare supports people to participate locally through resident meetings, meetings run by an independent advocate, and through resident 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>Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora.</p> <p>Karina holds contracts with Te Whatu Ora MidCentral for aged-related residential care (ARRC) at rest home level, for long-term support-</p>
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		<p>chronic health conditions (LTS-CHC), and short-term care (respite). The service also holds a contract to provide ACC recovery for the Accident Compensation Corporation (ACC). Thirty-one (31) residents were receiving services on the day of audit, 26 at rest home level care, one at ACC recovery. There were four residents under 65 on individual Whaikaha young person disabled contracts. No residents were receiving services under the LTS-CHC or respite contracts on the days of audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview. Trends are graphed and displayed on notice boards in public and staff areas. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. The exception to this is in internal auditing. Internal auditing activities had not been completed to the internal audit schedule (refer criterion 2.2.3).</p> <p>The CHM and CSM 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. Health equity is managed through critical analysis of organisational practices utilising ethnicity data.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Whānau of residents have meetings facilitated by an independent advocate; the last meeting was on 13 December 2023. Feedback from the meeting is discussed with the CHM. Residents' satisfaction surveys are completed. The survey completed in 2023 had a response rate of only 73%. Results were below the benchmark for the HLL organisation but</p>

		<p>above the results for Karina in 2022. In response to this, Karina has developed corrective action plans to ameliorate areas of dissatisfaction. Corrective actions have been discussed at resident meetings, independent advocate and whānau meetings, and information on the corrective action taking place is available on resident/whānau notice boards in the facility. Despite the results from the survey, residents and whānau interviewed reported a high level of satisfaction with the service.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents 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 and CSM understood and have complied with essential notification reporting requirements. There have been 12 section 31 notifications completed in the last 12 months. One related to the change of CHM, one due to an equipment failure at the care home, and the rest related to residents or resident cares.</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 services.</p>	<p>PA Moderate</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 service is managed by the CHM who is an RN and has worked at Karina for one year, having previously been a clinical manager at another facility. The CHM also has clinical oversight for Karina and is supported by RNs who work morning shifts Monday-Friday. The RNs are supported by senior caregivers with an RN on call in the afternoons and weekends. There is not always a first aid certified staff member on duty 24/7 (refer criterion 4.2.4).</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported timely response to requests for assistance.</p> <p>Continuing education and competencies are planned on an annual schedule and include mandatory training requirements, but these have</p>

		<p>not been adhered to at Karina (refer criteria 2.3.3 and 2.3.4). Education and competencies have been completed on the care of Māori and Pasifika to support equitable service delivery. These include Te Tiriti o Waitangi, Māori and Pasifika models of care, and cultural safety. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora MidCentral.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff cultural competency and education. Education relevant to models of care for Māori had been delivered (refer criterion 2.3.4). Support for people to participate in the service is through the care planning process, resident and whānau meeting, the resident satisfaction survey, and through the compliments and complaints process.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</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 and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of seven staff records were reviewed. The records evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual</p>

		<p>practising certificates (APCs) is maintained for RNs (three), and associated health contractors (10 general practitioners (GPs), a podiatrist, six pharmacists, and two dietitians).</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</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 maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are held securely and available only to authorised users.</p> <p>Residents' files are integrated electronic and hard copy files. Files for residents and staff are held for the required period before being destroyed. No personal or private resident or staff information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Karina is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	FA	<p>Residents who are under the Age-Related Residential Care Services Agreement (ARRC) enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency and others, such as under the Accident Compensation Corporation (ACC), by the CHM following review of the referral information. Files reviewed met contractual requirements. Residents enter the service based on documented entry</p>

<p>care. 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>criteria available to referrers and available to potential residents and their whānau.</p> <p>Residents and whānau spoke of a supportive entry process which they understood and were satisfied with the information that had been made available to them on admission.</p> <p>There is an HLL central repository for collecting data on prospective residents, including any who are declined. Karina had no declined entry recorded, which was confirmed by the CHM. HLL analyse the data, including decline rates for Māori.</p> <p>There were no Māori residents at the time of audit. However, the CHM was able to state how they have access to Māori organisations and a local marae which would support any Māori resident and their whānau when entering the service. The support given to a previous Māori resident was discussed and confirmed by staff spoken with.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. An individualised electronic HLL plan of care is developed by an RN following a comprehensive assessment, which included contractual requirements, and gave consideration of the person's lived experience, cultural needs, values and beliefs, and wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. This was confirmed by the GP interviewed. A sample of six residents' files were reviewed, including a younger person with a disability, respite care, and a resident under the ACC contract. The sample included residents with multiple medical conditions, falls and wound care management.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input and this was confirmed by the RN, residents and whānau interviewed. Timeframes for the initial assessment, GP, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements, except for activities planning (refer criterion 3.3.1). Staff understand the need to support Māori and whānau to identify their own pae ora outcomes in their care plan. There</p>

		<p>were no Māori residents in the facility during the audit.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, using a range of appropriate tools. This was sighted for residents who were on insulin and had wound care management. Where progress was different to that expected, escalation had occurred, and changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through resident satisfaction surveys, and meetings. An independent advocate undertakes meetings quarterly and provides feedback to the CHM on issues raised. These meetings are well attended, and residents feel listened to and free to bring issues to the advocate. The CHM and advocate reported this as working well and issues are being resolved.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Low</p>	<p>There is a new activities coordinator (ACO), who is being supported in this role by regional managers and a diversional therapist at another facility, who signs off on the monthly activities programme. The ACO was tasked with undertaking a review of the resident's activities plans and has been working through these. Some activities plans have not been reviewed for some time. This is an area for improvement (refer criterion 3.3.1).</p> <p>The ACO is working through the programme to include items of interest to the residents, with an example of a recent meeting with male residents to see if there was support for a men's club. They are well organised and have started planning for upcoming events, such as birthdays, Valentines Day, and ANZAC day, with assistance of other staff such as the cooks. There was evidence that YPD residents were given the opportunity to be involved in the activities; and maintain their independence, such as going into town on a regular basis, as do other residents. Samples of recent activity programmes show a wide range of activities to support residents in maintaining independence and age-specific activities. Two activities are available Monday to Friday, with movies and other activities undertaken by carers at the weekend.</p>

		<p>Feedback on the programme is provided through meetings with residents on a one-to-one basis and during group activities. Residents interviewed confirmed they find the programme meets their needs, and there were requests for more outings. There has been an ongoing problem with the vehicle used for outings and a capital expenditure (CAPEX) request has gone in for this to be fixed (refer criterion 4.1.2).</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>PA Low</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. There were four carers who were medication competent, and one was on leave. A greater number had completed the 'second checkers' competency. Review of rosters and medication charts showed that not all staff who had administered medicines had current medication competency certification (refer criteria 2.3.3 and 3.4.1). This is an area for improvement.</p> <p>Medication reconciliation occurs on admission and on transfer back from acute care. This was confirmed by the GP. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. However, the six-monthly stocktake and checks, undertaken by a pharmacist, did not include all the requirements of legislation (refer criterion 3.4.1). Medicines were stored within the recommended temperature range, and these are continually monitored.</p> <p>The prescribing practices meet requirements, including the three-monthly review by the general practitioner. Medicine-related allergies or sensitivities are recorded. Any adverse events are responded to appropriately; this process was confirmed by the RN and senior carer. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. Several residents are on supplements.</p> <p>Standing orders are not used at Karina.</p> <p>Self-administration of medication is facilitated and managed safely.</p>

		Residents, including Māori residents and their whānau, are supported to understand their medications.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for the elderly. The menu has been reviewed by a qualified dietitian within the last two years. The menu has options such as vegetarian and Māori, and the cook spoke of how they manage diabetic residents' needs.</p> <p>A Food Control Plan is registered with the local council and expires September 2024. A recent verification audit had two recommendations which have been signed off. All aspects of food management comply with current legislation and guidelines. Observation of the kitchen identified some environmental areas for improvement (refer criterion 4.1.2).</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences are recorded in this plan which is available in the kitchen as well as on a board, describing the individual plan as well as meal size requests, for easy access to the serving staff. There were no Māori residents, but the cook was able to identify how they meet culturally specific food for Māori, as well as celebrating special occasions, such as a hangi for Matariki.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance such as prompting 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>	FA	<p>Transfer or discharge, of which there are few, are planned and managed safely with coordination between services and in collaboration with the resident and whānau.</p> <p>Policies and processes are in place to ensure essential documentation is transferred with the resident to an acute facility. Risks and current support needs are identified and managed.</p> <p>Options to access other health and disability services and</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>social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</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>PA Moderate</p>	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas. These were sighted and were all recorded as within normal limits, though some were low with no corrective action identified (refer criterion 2.2.3).</p> <p>The building had a building warrant of fitness which expires on 26 July 2024. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment was homely but there was a need for refurbishment and cleaning in some areas (refer criterion 4.1.2). Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade, although access to these is difficult for some residents (refer criterion 4.1.2).</p> <p>Residents' rooms allowed room for the use of mobility aids and moving and handling equipment if required. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. Electric heating is</p>

		<p>provided in the facility which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Fire, disaster and civil defence plans and policies direct the facility in its preparation for fire emergencies and natural disasters and described the procedures to be followed, but some civil defence competencies had not been completed for all staff (refer criterion 2.3.3). Fire warden education had been completed for RN and senior care staff. All RNs and six care staff have current first aid certification. Rosters examined showed that a fire and emergency trained staff member was on duty 24/7 but there was not always a first aid certified staff member on duty (refer criterion 4.2.4). Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 16 April 2003 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held at six-monthly intervals in February and August. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	<p>FA</p>	<p>Karina uses the HLL infection prevention (IP) and antimicrobial stewardship (AMS) programmes. These are appropriate to the size and complexity of the service, have been approved by the governing body,</p>

<p>leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>link to the quality improvement system and are reviewed and reported on yearly. The Karina 2023 programme report had been completed and the 2024 HLL infection prevention plan template was due for completion at the end of this month. The CHM spoke of this being part of the next quality team meeting.</p> <p>The national assurance lead, who oversees the infection prevention work for HLL, stated expertise and advice is available to the organisation. Documented key performance indicators support risk-based monthly reporting of progress, issues, and significant events to clinical governance and the governing body. At facility level support, advice and expertise can be sought through Te Whatu Ora MidCentral. Infection prevention and control information presented to the board includes ethnicity data.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The CHM is supporting an RN who is new to the infection prevention and control coordinator (IPCC) role. This RN has responsibility for overseeing and implementing the IP programme, with monthly reporting lines to the national clinical quality senior management and the governance group.</p> <p>The IPCC has appropriate skills, knowledge and qualifications for the role and has access to the necessary resources and support. The national clinical quality team meet monthly, and the IPCC is part of these meetings; their advice is sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The HLL infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation, although not all staff have completed the required education (refer criterion 2.3.4). Residents and their whānau are educated about infection prevention in a manner that meets their needs. This was confirmed by residents and whānau spoken with; the example of a COVID-19 outbreak last year was given. Educational resources are available in te reo Māori, such as</p>

		<p>handwashing.</p> <p>The HLL infectious diseases and outbreak response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in its use.</p> <p>A small amount of reusable equipment is available such as sphygmomanometer cuffs and processes are in place to clean these between uses. The CHM confirmed single use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures.</p> <p>Review of the 2023 infection prevention review outlines how HLL has monthly reporting of antibiotic usage which is summarised and supports analysis.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for aged care services and is in line with risks and priorities defined in the infection control programme. Monthly key performance indicator surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. This is linked to the quality improvement processes of the organisation.</p> <p>Results of the surveillance programme are shared with staff.</p> <p>The data from an infection outbreak (COVID-19), in May 2023 was reviewed and showed that the infection was contained and well managed.</p> <p>Communication between management, staff, residents, and whānau experiencing a health care-associated infection (HAI) was managed</p>

		well and in a culturally safe manner. This was confirmed by whānau spoken with.
<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>	FA	<p>Overall, the environment was clean and tidy. Sickness has resulted in the cleaner being off work, with carers having to add cleaning duties to their daily routine. There were some areas identified as requiring improvement (refer criterion 4.1.2). The cleaning processes are supported by documented policies and processes and training undertaken, including by the external company which provides the chemicals.</p> <p>There are policies and processes for the management of waste and infectious and hazardous substances. Waste is removed from the facility for pick up by external contracted companies.</p> <p>Laundry and cleaning processes are monitored for effectiveness by the external company which provides the chemicals and by internal environmental audits, which includes the CHM and regional manager.</p> <p>Chemicals were stored safely, with safety data sheets available to staff. Staff involved with the use of chemicals have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the laundry was observed to be kept clean and tidy.</p> <p>Any building changes would have IPC input at a facility and national level.</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</p>	FA	<p>Heritage Lifecare is committed to a restraint-free environment, and this is documented in the policy and procedures in place which meet the requirements of the standard. Karina has been restraint-free since at least 2016 and there were no residents observed to be using restraint during the audit.</p> <p>Strategies in place to eliminate restraint included an investment in equipment to support the removal of restraint (eg, through the use of 'intentional rounding' (scheduled resident checks), high/low beds, and</p>

<p>restraint in the context of aiming for elimination.</p>	<p>sensor equipment) and through discussions with residents' whānau. The board's clinical advisory group is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at the clinical advisory group meetings and then reported to the board.</p> <p>The restraint coordinator (RC) is a defined role undertaken by the CHM who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. The RC in consultation with the Karina multidisciplinary team would be responsible for the approval of the use of restraint should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident's EPOA and/or whānau as part of the decision-making process.</p> <p>The restraint committee continues to maintain an electronic restraint register; the criteria on the restraint register contained enough information to provide a record of restraint use should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in meeting minutes. Restraint is also considered during the individualised care planning process, with alternative interventions put into place if the resident is thought to be at risk. Restraint is considered only when all other interventions have failed. Any changes to policies, guidelines, education, and processes are implemented if indicated. There are processes in place for emergency restraint in policy should this be required. Debrief is required if emergency restraint is used.</p> <p>Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme which includes annual restraint competency. Some, but not all care staff, have been trained in the management of restraint, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and management of behaviours that challenge, as part of the 2023 education programme (refer criterion 2.3.4). Not all care staff have completed competency as required (refer criterion 2.3.3). Annual competency on restraint has not</p>
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		<p>been completed for all staff (refer criterion 2.3.3). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</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 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>There is an internal audit programme at Karina laid out by HLL. However, not all internal audits have been completed to the schedule. In 2023, 24 audits were not completed. Some audits were scored at 100% where there were deficits or where results were not documented. In most instances, where deficits were found, corrective actions were not signed off as completed. Other risks are being managed at an acceptable level, eg. adverse events, complaints etc.</p>	<p>Not all internal audits have been accurately completed as per the HLL schedule nor were corrective actions signed off in most instances.</p>	<p>Ensure internal audits are accurately completed as per the HLL audit schedule with corrective actions signed off.</p> <p>180 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of</p>	PA Moderate	<p>There is a programme in place, developed by HLL, to assess competencies for staff, but this was not fully implemented in 2023 nor started in 2024. Not all staff who are</p>	<p>The competency assessment programme at Karina has not been delivered to schedule and staff have not completed the required competencies for their</p>	<p>Provide evidence that the competency assessment programme at Karina is being delivered to the schedule and that it includes competencies relevant</p>

<p>health care and support workers to meet the needs of people equitably.</p>		<p>required to complete competency assessment have done so. Critical competencies such as medication management (administering or checking medication), civil defence, and moving and handling had not been completed by all staff who are required to complete this. Restraint competency had not been completed (there is no restraint being used in the facility). Cultural safety, fire and emergency management, and infection prevention and control had also been completed for most staff in the service.</p>	<p>role. Critical safety competencies such as medication management (administering or checking medication), civil defence, and moving and handling have not been completed.</p>	<p>to the staff member's role in the organisation. Critical safety competencies such as medication management (administering or checking medication), civil defence, and moving and handling are completed in a timely fashion.</p> <p>90 days</p>
<p>Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>Continuing education is planned by HLL on an annual basis and includes mandatory training requirements including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. The programme has not, however, been fully delivered in 2023 and has not commenced in 2024. While training on Te Tiriti o Waitangi, cultural safety and health equity have been completed and most staff have completed this, other required education has either not been delivered, or staff who should have undertaken the training have not completed it. There are insufficient staff members with first aid certification available to the facility (refer criterion 4.2.4).</p>	<p>The education programme at Karina has not been delivered to schedule and staff have not received education at the level required by the programme and/or their role.</p>	<p>Provide evidence that the education programme is being delivered to the schedule and that all staff complete the required education according to the programme and/or their role in the facility.</p> <p>90 days</p>

<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>	<p>PA Low</p>	<p>The ACO has been in the role for a few months, having previously held the role of cleaner. This person has a good knowledge of the residents. The ACO has commenced review of the activities plans for residents, which did not include input from resident and whānau. Review of four plans, including a younger person with a disability and the person reviewed using tracer methodology, showed that they were not current, and did not reflect the residents' interests. Some had not been reviewed since 2021.</p> <p>Residents and family were generally happy with the activities provided and were observed to be enjoying activities during the audit.</p>	<p>The activities plans for four residents were not current, with examples last reviewed 2021. Work has commenced to review these.</p>	<p>All activities plans are reviewed with the resident and whānau to reflect the resident's goals and ensure they meet the resident's interests.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>Controlled drugs are checked weekly and six-monthly by a local pharmacist. Review of the register showed that the required six-monthly count did not meet the requirements of legislation; there was no full count in and out, only the total stock on hand.</p> <p>There are four carers who have current medication competency, one is on sick leave. Review of four weeks of staff rosters showed that on two afternoon shifts and four-night shifts there was no RN or carer on duty who had current medication competency. Review of the electronic medication system showed that on one afternoon</p>	<p>The pharmacist has undertaken the six-monthly controlled drug register check; however, all areas required by legislation were not undertaken.</p> <p>There are limited number of HCAs who are medication competent. Examples were sighted of rosters with no medication-competent staff being on duty and medications being administered.</p>	<p>The six-monthly controlled drug check be undertaken in line with the requirements of the legislation.</p> <p>Only staff who have completed the medication competency administer medication. A process be put in place to ensure that when staff leave or no longer have a current medication administration competency, they are removed from the electronic medication system. Where there is no medication administration competent person rostered on duty the organisation policy of calling in a person to perform this</p>

		duty and two night duties, carers who did not have current medication administration competency, had administered medications. The CHM stated these carers had been previously competent and had not been removed from the electronic system. There is a system where staff who are medication competent can be called in to administer medications where there is none on duty.		duty be followed. 90 days
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Moderate</p>	<p>The building is old and significant refurbishment is required across the facility. During the audit it was noted that the floor vinyl in some toilets and the laminate in some showers were in need of repair. There were a number of walls and doors which were in need of repair and painting/varnishing to ensure integrity of the surface for cleaning. One longer term resident's carpet was very worn in some areas. The ceiling in the kitchen dry stores cupboard was observed to be flaking and the non-slip covering on one of the fire escapes had moss on its surface (which would be slippery in wet weather).</p> <p>There are a few areas for residents to sit outside. One of these is a larger garden area which has been used for activities such as garden bowls. This has restricted access due to a steep ramp and stairs. This was an issue for some residents and confirmed by the ACO. The CHM stated this has been</p>	<p>Observations confirmed that the facility and areas external to the facility were not being cleaned or maintained to the required standard. There is a need for significant cleaning and refurbishment across the facility, both inside and out.</p>	<p>Provide evidence of a cleaning and refurbishment programme to improve the internal cleaning and maintenance, and external maintenance in the facility.</p> <p>90 days</p>

		<p>identified and will be put forward for capital expenditure approval.</p> <p>The household cleaner had been off work for three days prior to the audit. Carer staff have been filling in on top of their other duties. The majority of areas were tidy; however, two rooms were observed to have not been vacuumed during the two-day audit, some bathrooms had full rubbish bins, and toilets were in need of cleaning. Air vents in some areas were blocked with dust/debris. The kitchen window ledge had multiple dead flies on it and a spider's web in the corner. In behind equipment and next to the handbasin in the kitchen there was a layer of dirt. The kitchen cleaning sign-off sheet indicated that areas had not been signed off for three days. Kitchen staff spoken with reported this was the cleaner's duty.</p> <p>The vehicle used for outings has issues with residents being unable to enter the vehicle, with no handles or hoist to assist. This restricts the number of residents who can go on outings. A CAPEX to fix this problem has been sought.</p>		
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first</p>	<p>PA</p> <p>Moderate</p>	<p>Four weeks of rosters were examined and over these, there were 13 shifts that were not covered by a first aid certified staff member. These were primarily during afternoon shifts (six shifts) and night shifts (seven shifts).</p>	<p>The facility does not always have a first aid certified staff member available to render immediate first aid in an emergency.</p>	<p>Provide evidence that there are sufficient first aid certified staff members available for the facility to have a first aid certified staff member on shift 24/7.</p>

aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.		Whilst there was an on-call service available (from RN staff) there was no staff member on site on these days to render immediate first aid in an emergency situation.		90 days
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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 audit.

No data to display

End of the report.