

# Heritage Lifecare Limited - Colwyn House

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## 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:

<b>Legal entity:</b>	Heritage Lifecare Limited
<b>Premises audited:</b>	Colwyn House
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
<b>Dates of audit:</b>	Start date: 17 January 2024      End date: 18 January 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	63

# 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 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

Colwyn House is certified to provide rest home, hospital secure dementia and psychogeriatric services for up to 73 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 held with Te Whatu Ora – Health New Zealand Te Matau a Māui Hawke’s Bay (Te Whatu Ora Hawke’s Bay). It included a pre-audit review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, governance, staff, and a general practitioner. The facility is managed by an experienced manager supported by an experienced clinical services manager who has clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

Improvements are required to address deficits related to staff education and competency assessments.

## 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.

Colwyn House provides an environment that supports 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 people, and other ethnicities. Colwyn House worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) and this was confirmed by the whānau of Māori residents and staff interviewed.

There were no Pasifika residents in Colwyn House at the time of the audit; however, systems and processes were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe. There were Pasifika staff employed by the service during the audit.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse, and they received services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and whānau.

There was evidence that residents and their whānau were kept well informed. They confirmed that they received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

Concerns and complaints were addressed promptly and effectively in collaboration with all parties involved. There have been five coroner’s enquiries. Three are open. Two are historic and have been closed with no recommendation from the coroner. There are also two Health and Disability Commissioner investigations ongoing; one has been closed by the Commissioner with no recommendations for Colwyn House, the other remains open.

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

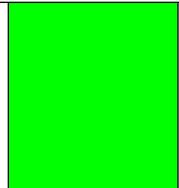
Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that leads to improvements. 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. Staffing is sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery.

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.		Subsections applicable to this service fully attained.
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When people enter the service a person-centred and whānau-centred approach is adopted. All relevant information is provided to the potential resident and their whānau.

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

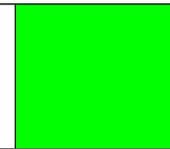
Residents are supported to maintain and develop their individual interests and are encouraged to participate in meaningful community and social activities, related to their culture, age and stage of life.

Medication is safely managed and administered by staff who have undertaken an annual medication competency assessment.

The food service meets the nutritional needs of residents, with their cultural needs catered for. Food is managed following safe food guidelines.

## 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.



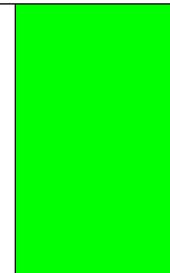
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

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

## 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.

Heritage Lifecare Limited and the senior care team at Colwyn House ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It was adequately resourced. The experienced and trained infection control nurse led the programme and was engaged in procurement processes, any facility structure changes, and processes related to decontamination of any reusable devices.

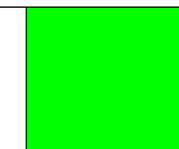
The governing body oversees the infection prevention and control programme through policy, and this is linked to the quality management system. Significant infection events are reported to the executive management team and to the board.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the current pandemic/infectious diseases response plan.

Infection surveillance specific to aged care is conducted, with follow-up actions taken as required.

The environment supports prevention and mitigation of transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry and housekeeping services at Colwyn House.

## 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 Colwyn since June 2023. 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	26	0	1	0	0	0
Criteria	0	165	0	2	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.

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 Te 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. The Māori health plan is used at Colwyn House (Colwyn) to inform care for 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 (the clinical advisory group) to the board. The service can access support through Te Whatu Ora Hawke’s Bay, through its local iwi (Ngāti Kahungunu) and through a Māori Mormon group who regularly visit residents involved in the Mormon faith.</p> <p>The staff recruitment policy (reviewed December 2022) is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect</p>

		<p>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. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Staff who identify as Māori are employed at all levels of the organisation, including in leadership and training roles. Training on Te Tiriti o Waitangi 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 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. There are members in the executive team who 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. Colwyn has access to local Pasifika communities through Te Whatu Ora Hawke's Bay and its staff, dependent on the Pacific nation ancestry of the resident. There were no Pasifika residents in the facility during the audit.</p> <p>The staff recruitment policy (reviewed December 2022) 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 care for Pasifika is part of the HLL training programme, but this has not been fully implemented</p>

		in 2023 (refer criterion 2.3.4).
<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>The Code of Health and Disability Services Consumers' Rights (the Code) was available and on display at Colwyn in te reo Māori, English, and New Zealand Sign Language (NZSL). Brochures on the Nationwide Health and Disability Advocacy Service (Advocacy Service) were available in the reception area in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights.</p> <p>Staff interviewed at Colwyn understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their individual needs and wishes. Education for staff on the Code had not been undertaken in 2023 but was planned in the 2024 programme (refer criterion 2.3.4). Residents identifying as Māori confirmed that mana motuhake was recognised and respected.</p> <p>An independent advocate visits Colwyn House to meet with residents quarterly; the last quarterly meeting took place on 15 December 2023. Colwyn had a range of cultural diversity in their staff mix, and staff could assist if interpreter assistance was required. The service also had access to external interpreter services and cultural advisors/advocates as required. Relationships had been established with the local Te Whatu Ora Hawke's Bay, with the local iwi at Ōmahu Marae (Ngāti Kahungunu) and the Māori Mormon church, to provide support for residents who identified as Māori. Support for Pasifika people was available through staff linkages into the local community.</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>	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 receive services in a manner that has regard for their dignity, and their individual social identities and</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>characteristics. Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>Processes were in place to assess individual resident needs during admission, care planning and at review. Residents and whānau (as applicable) confirmed that they were involved in the assessment process. The care home manager (CHM) and clinical service manager (CSM) reported that residents are supported by staff to maintain their independence through daily activities. Examples of this included resident-led activities, and individualised mealtimes. Residents were able to move freely within and outside the facility in secure garden areas.</p> <p>All staff working at Colwyn House were educated in Te Tiriti o Waitangi, cultural safety and health equity (refer criterion 2.3.4). The staff could speak and learn te reo Māori, with the assistance of staff and residents who identified as Māori, and the facility's kaumatua contact.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents had an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room.</p> <p>Te reo Māori and tikanga are promoted within the service. Staff attention to meeting tikanga needs of residents was evident in policies and procedures reviewed and this was sighted during the audit. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters with key information in the facility were in English and te reo Māori. 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 receive services in a manner that meets their needs.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>Policies and procedures outlined the facility's commitment to promoting an environment that does not support institutional and systemic racism.</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Staff understood the service’s policy on abuse and neglect, including what to do should this become evident at Colwyn. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with the CHM or CSM if they had any concerns about racism or discrimination. The CSM stated that any observed or reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by a code of conduct.</p> <p>Residents interviewed reported they had not witnessed any abuse or neglect. Residents able to be interviewed stated they were treated fairly, they felt safe and were protected from discrimination, coercion, harassment, abuse and/or neglect. Whānau interviewed had no concerns about how staff interacted with residents. Observation at audit also verified staff were respectful of residents.</p> <p>Policies and procedures for handling residents’ property and finance were evident. Colwyn House has implemented a sound process to manage residents’ comfort fund expenses.</p> <p>Professional boundaries are explained to staff during induction and orientation and were maintained by staff as observed during the audit. This was also verified by residents, whānau and in interviews with the general practitioner (GP) and an advocate from the Hawke’s Bay advocacy service.</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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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 (those able to be interviewed) and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format as well as accommodating different languages, sign language and text sizes for sight impaired people. Changes to residents’ health status were communicated to whānau in a timely manner. Staff knew how to access interpreter services, if required. Information was made available in te reo Māori. Staff understood the principles of open disclosure, which were supported by policies and procedures.</p> <p>Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Residents’ meetings were held monthly, and meeting minutes verified satisfaction</p>

		<p>with services provided. A telephone interview with an advocate from Hawke’s Bay Advocacy Services verified advocate meetings with residents and their whānau every three months.</p> <p>Residents, whānau, and staff reported the CHM and CSM responded promptly to any suggestions or concerns. Heritage Lifecare has a company-wide newsletter that provides all its sites with updates on all its facilities. Copies of the newsletter were available at reception.</p> <p>Changes to residents’ health status or reported incidents/events were communicated to whānau in a timely manner and these communications were documented in the residents’ records. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents’ care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. The one (under 65) resident interviewed felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the residents’ records.</p> <p>Consent is obtained as part of the admission process with admission agreements and informed consent signed by the residents’ legal representatives and EPOAs. Staff were observed to seek consent from residents where applicable. Signed consent forms were available in residents’ files. Staff understood the tikanga best practice in relation to consent.</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>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</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>tikanga, and/or te reo Māori as applicable. Complaints forms are 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 and wished to further their complaint to the office of the Health and Disability Commissioner.</p> <p>There have been five coroner's enquiries since the last audit, three received in 2022 and 2023 are open; the service has responded to requests for information in respect of these to the coroner. Two are historic (from 2019 and 2020) and these have been closed with no recommendation from the coroner. There have also been two Health and Disability Commissioner (HDC) investigations, one has been closed by the Commissioner with no recommendations for Colwyn, the other remains open. Colwyn has responded to the request for information related to the HDC complaint and has sent the required information to the Health and Disability Commissioner in a timely manner.</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 have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure and quality activities. 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</p>

	<p>for the Code of Rights, complaints, and infection prevention and control). Heritage Lifecare also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. The service's organisational philosophy and strategic plan reflect a person/whānau-centred approach to the services delivered at Colwyn. Ethnicity data is collected to support equitable service delivery.</p> <p>Each facility has its own business plan for its particular services. Governance and the senior leadership team commits 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, audits, and complaints) is aggregated, and corrective action (at facility and organisation level as applicable) actioned. Feedback is made 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. Recruiting and retaining people is a focus for HLL, they look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also use feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage Lifecare support people to participate locally through resident and whānau meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff</p>
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		<p>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>The service holds contracts with the Te Whatu Ora – Health New Zealand Te Matau a Māui Hawke’s Bay (Te Whatu Ora Hawke’s Bay) for aged-related residential care (ARRC) at rest home and hospital level, dementia care, psychogeriatric care, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), and day care. Sixty-three (63) residents were receiving services on the day of audit, 26 at dementia level care (including two under the LTS-CHC contract), and 37 at psychogeriatric level care. There were five residents in the day care programme during the audit. No residents were receiving rest home services, hospital level services or respite 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>FA</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, audit activities, 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.</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.</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</p>

		<p>last meeting was on 15 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 29%. Results were generally below the benchmark for the HLL organisation. In response to this, Colwyn 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 Event 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 157 section 31 notifications completed in the last 12 months. Two related to RN shortage (2 shifts only), two to the recent change of CHM and the CSM, one due to an infection outbreak, two following an adverse event, and two related to residents absconding. The remainder (148) related to residents' behaviour that challenges; of these there are two section 31 notifications for 46 incidents and three section 31s for one incident.</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 Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). 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>The service is managed by an interim CHM who is an RN. The interim CHM is experienced in aged care and is working in the facility until a new CHM is recruited. The interim CHM is supported by an</p>

		<p>experienced RN who works as the CSM. The CSM only took up the post a month ago but has at least 12 years' experience in aged care. Both the CHM and CSM work Monday to Friday and share on-call. There are RNs on duty 24 hours per day/seven days per week (24/7) and there is a first aid certified staff member on duty 24/7.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. While training on Te Tiriti o Waitangi, cultural safety and health equity have been completed in 2023, the remainder of the programme has not been fully delivered (refer criterion 2.3.4). There is a programme in place to assess competencies for staff, but this has not been fully implemented in 2023 (refer criterion 2.3.3).</p> <p>Care staff have access to the required New Zealand Qualification Authority dementia education programme to meet the requirements of the provider's agreements with Te Whatu Ora Hawke's Bay. Of the staff working in the service, 37 have fully completed the required education to work in the service, 16 staff are in the process of completing the education and were enrolled and progressing within the appropriate timeframes, 12 were new staff who have recently entered into the service and are yet to be enrolled (this occurs once orientation has been completed), and three are yet to be enrolled due to administrative difficulty (issues getting an appropriate identification documents and/or clearance to allow a staff member on a visa to commence the training).</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</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 include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and</p>

<p>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>additional functions, such as holding a restraint, infection prevention and control (IPC) portfolio and for health and safety representatives.</p> <p>A sample of nine staff records were reviewed. Files evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, 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 practising certificates (APCs) is maintained for RNs, ENs and associated health contractors (three GPs, the podiatrist, four pharmacists, and the dietician). Registration of the diversional therapist (DT) with the DT Society was sighted.</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>	<p>FA</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and is username and password protected. Any paper-based records are held securely and are available only to authorised users.</p> <p>Residents' files are integrated electronic and hard copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident 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>

		Colwyn is not responsible for National Health Index registration of people receiving services
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents entered Colwyn House when their required level of care had been signed off by a psychogeriatrician, and when they had been assessed and their level of care requirements confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements, and enduring power of attorney or welfare guardianship was in place for all residents.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed including decline rates for Māori and Pacific people.</p> <p>Colwyn had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the Te Whatu Ora Hawke's Bay, through the local marae (Ōmahu Marae), and through the Māori Mormon church. Assistance for Pasifika people could be accessed from Te Whatu Ora Hawke's Bay or from communities related to staff who are employed at Colwyn.</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>	FA	<p>The RNs and the enrolled nurse (EN) complete admission assessments, care planning and evaluation. The EN at Colwyn House works under the direction and delegation from the RNs. Assessment tools that include consideration of residents' lived experiences, clinical and cultural needs, values, and beliefs are used.</p> <p>Cultural assessments were completed by staff who have completed appropriate cultural safety training. The cultural safety assessment process includes tikanga such as karakia, rongoā and spiritual assistance. All eight residents' files reviewed evidenced that relevant interRAI outcome scores have supported care planning. Goals of care</p>

	<p>and appropriate interventions were documented. Behaviour management plans were completed for all residents. The identified behaviours of concern, known triggers and strategies to manage the behaviours were well documented. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. The long-term care plans reviewed identified partnership and support of residents and whānau (as applicable) to support wellbeing. Any barriers that prevent residents and whānau from independently accessing information or services are identified and strategies to manage these documented.</p> <p>Interviews with whānau or EPOAs/welfare guardians of residents confirmed that they had been involved in the assessment and care planning processes. Care planning for Māori residents included accessing cultural advice and tikanga Māori knowledge if required. Whānau were involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives are included in the assessment process.</p> <p>Eight whānau members interviewed confirmed satisfaction with cultural support provided by the service. The care plans identified residents' strengths, goals, and aspirations aligned with the residents' values and beliefs. Strategies to maintain and promote the residents' daily routines, safety, and wellbeing were well documented along with warning signs and risks that may affect a resident's wellbeing.</p> <p>The file reviews verified that specific medical conditions were documented with evidence of systematic monitoring and regular evaluation of responses to planned care. There was evidence of service integration with other health providers including specialist services (psychogeriatrician, Te Whatu Ora or mental health services), and medical and allied health professionals. Referrals to specialist services were completed after consultation with the EPOA/welfare guardian after consent had been sought. Any changes in residents' health were communicated with the EPOA/welfare guardian and escalated to the GP in a timely manner. This was also verified during an interview with the GP who was very satisfied with the clinical oversight and care being provided at Colwyn.</p> <p>File reviews verified that medical assessments were completed by the GP and routine medical reviews were completed on a regular basis and</p>
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		<p>more frequently if there was a change in a resident's condition. Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. Any changes noted were reported to the RNs, as confirmed in the residents' records reviewed. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with whānau, responded by making changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and interviews with the whānau of residents verified that care provided to residents was consistent with their assessed needs, goals, and aspirations.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents' whānau confirmed their involvement in evaluation of progress and any resulting changes. The staff confirmed they understood the process to support residents and whānau when required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A diversional therapist, and two activity assistants enrolled in the diversional therapy course, provide an activity programme that supports residents to maintain and develop their interests and is tailored to meet cultural needs and is suitable for the residents' age groups and stages of life. Resident activity plans reviewed included individualised and group activities. All plans were 24-hour, seven-days per week holistic plans with aspects of the residents' routines and past life experiences acknowledged. Evident in file documents was the involvement of whānau in the development of the plan. Whānau also acknowledged this involvement at interview during the audit.</p> <p>In-house activities included cooking, gardening, board games, book reading, cultural celebrations such as Waitangi Day and Matariki, and church services weekly. Community outings included walking to the local park, and van trips around the Hawke's Bay to places of interest.</p>

		<p>The activity programme also accommodated cultural preferences.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' and whānau goals and interests, ordinary patterns of life and included normal community activities. Colwyn facilitates opportunities for all residents, including Pasifika and Māori and whānau, to be involved in te ao Māori. Members from the Māori Mormon church and Ōmahu Marae visit residents who identify as Māori weekly. Whānau were involved in evaluating and improving the programme. Residents able to be interviewed confirmed the activities programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines have been assessed as competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Colwyn.</p> <p>At Colwyn House, there is no self-administration of medication, as all the people in the service require secure dementia care. Whānau are supported to understand residents' medications and are consulted about any change in medication. Over-the counter medication and supplements are considered as part of the residents' medication regimen and prescribed (as applicable) by the GP at Colwyn. This was evidenced in a file review.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 2 October 2023. All recommendations have been incorporated into the menu at Colwyn and signed off by the dietitian.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Hastings City Council. The food control programme was signed off on 19 December 2023.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets, modified texture requirements and 24-hour snack foods are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was observed at mealtimes. Whānau satisfaction was verified through interviews, whānau satisfaction surveys and meeting minutes. Residents could choose a time preference to eat their meals. Residents were observed to be given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Residents also had a choice of eating utensils.</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 Colwyn is planned and managed safely with coordination between services and in collaboration with whānau.</p> <p>Resident transfer documentation was noted to be comprehensive, with a full and accurate account of the event in the resident’s file being viewed. Prior to transfer of the resident back to Colwyn, the RN engaged with the hospital to ensure all relevant information for ongoing care of the resident was communicated and documented.</p> <p>In an interview, the CSM stated that when whānau are not available to accompany a resident in a transfer, staff escort the resident to ensure support and safety.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, relatively well maintained (parts of the building are starting to look a little 'tired' but work is due to be commenced when contractors are available), and that they meet legislative requirements.</p> <p>The 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 within normal limits.</p> <p>The building had a building warrant of fitness which expires on 28 February 2024. There were currently no plans for further building projects requiring consultation, but HLL directors were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. The environment is designed to allow for safe areas that encourage purposeful walking; this includes easy access to safe outdoor areas. 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 secure external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms were spacious and allowed room for the use of mobility aids and moving and handling equipment if this was 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 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</p>
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<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>	FA	<p>The fire evacuation plan was approved by the New Zealand Fire Service on 27 November 2014 and the requirements of this are reflected in the Fire and Emergency Management Scheme. The scheme considers the safety requirements of people with dementia in an emergency situation. A fire evacuation drill is held six-monthly, the most recent drill was on 27 November 2023. Staff have been trained and knew what to do in an emergency. All RNs and some other staff have current first aid certification. There is a first aid certified staff member on duty 24/7 and the DT and activities staff member who takes residents on outings outside the facility has first aid certification.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. 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. Whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Colwyn caters primarily for residents with differing levels of dementia. Currently all three wings are secured with either electronic fob, or keypad, access and egress. Appropriate permissions (eg, specialist assessments and EPOA requirements) have been completed for all residents in the service. There have been two instances (one resident) who has managed to bypass the security systems in the past year. This was investigated post the events and strategies were put into place to prevent further egress. Section 31 notifications were sent to Manatū Hauora for both events. Information on emergency and security arrangements is provided to whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</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>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly.</p> <p>Heritage Lifecare has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. Clinical specialists at HLL can access IP and AMS expertise through Te Whatu Ora Hawke's Bay. Infection prevention and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings. 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 infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme at Colwyn with reporting lines to the CSM and CHM. Their advice has been sought when making decisions around procurement relevant to care delivery and they can be consulted about new builds, facility changes, and policies. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support from Te Whatu Ora Hawke's Bay's IP clinical nurse specialist.</p> <p>The IP and AMS policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. These policies were developed by Heritage Lifecare with input from clinical specialists in infection prevention and control. Cultural advice was accessed by the HLL quality manager who developed the infection control policies and programme with input from the Māori Network Komiti. Policy and procedure and staff interviews demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment.</p> <p>The CHM is aware of the need to consult with infection prevention</p>

		<p>personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Staff interviewed at Colwyn were familiar with IC policies. Staff orientating to the facility had IPC as part of the orientation process. Staff were observed to follow policy and procedure correctly. Minimal education and competency had been delivered as required in the 2023 education and competency programmes (refer criteria 2.3.3 and 2.3.4). Not all staff had education on infection control, personal protective equipment (PPE) use, hand hygiene or outbreak management and not all competencies were assessed as required in the competency programme. This was addressed to some extent in the latter part of 2023 and is on the programme for 2024.</p> <p>Individual-use items were discarded after being used. Residents and whānau are educated about IP relevant to their needs. Staff who identify as Māori and speak te reo Māori can provide IPCC with infection advice in te reo Māori if needed for Māori accessing service. There were educational resources available in te reo Māori.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and PPE available, stocks were sighted, and staff verified their availability at interview.</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.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Colwyn has a documented AMS programme that is appropriate to the size, scope and complexity of the service. The programme has been approved by the governing body and sets out to optimise antimicrobial use whilst minimising harm. The AMS programme is overseen by the IPCC nurse at facility level and the national infection prevention RN at support office. Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use at facility and national level to inform ongoing antimicrobial prescribing in the service.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with</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>priorities defined in the infection control programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the HLL regional IP team, the CHM, CSM, staff, and whānau. Results of the surveillance programme were also reported to the board.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the IPCC.</p> <p>A summary report for a recent COVID-19 outbreak was reviewed. It demonstrated a thorough process of investigation and follow-up. Learnings from the event have been shared with HLL IPN regional groups and incorporated into practice at Colwyn. The Regional Public Health Unit (RPH) and Te Whatu Ora Hawke's Bay were informed of the outbreak.</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>A clean and hygienic environment supports the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Colwyn. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and cleansing gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>The IPCC has oversight of the facility testing and monitoring programme for the built environment. Staff interviewed and observed demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances.</p>

		<p>Laundry and cleaning processes are monitored for effectiveness via the internal audit programme and the whānau satisfaction survey, and these were sighted. Staff were observed to carry out duties safely. The key laundry staff person demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen.</p> <p>Whānau reported that the laundry is managed well, and the facility, communal and person spaces, are kept clean and tidy. This was evident through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint-free environment, and this is documented in the policy and procedure in place which meet the requirements of the standard. Colwyn has been restraint-free since December 2022 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 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 a senior RN 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 Colwyn 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 a restraint register; the criteria on the restraint register contained enough information to provide a record of restraint use should this be required. The restraint</p>

		<p>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>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2023 education programme (refer criterion 2.3.4). Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme which includes annual restraint competency. Annual competency on restraint has not 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 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>There is a programme in place to assess competencies for staff, but this was not fully implemented in 2023. Critical competencies such as fire and emergency management, moving and handling, and medication management (administering or checking medication) have been completed for staff in the service. Other required competencies such as infection prevention and control, chemical safety, food safety, cultural safety, civil defence, and restraint had not been completed (though education on cultural safety was completed). As with the education programme (refer criterion 2.3.4), in late 2023 the facility did a ‘stocktake’ of competencies not completed and made an effort to ‘catch up’ on competency requirements. In 2024, the competency assessment</p>	<p>The competency assessment programme at Colwyn has not been delivered to schedule and staff have not completed the required competencies on infection prevention and control, chemical safety, food safety, cultural safety, civil defence, and restraint.</p>	<p>Provide evidence that the competency assessment programme at Colwyn is being delivered to the schedule and that it includes competencies on infection prevention and control, chemical safety, food safety, cultural safety, civil defence, and restraint.</p> <p>180 days</p>

		programme has already commenced, and attention is being paid to staff competency completions.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>Continuing education is planned 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.</p> <p>While training on Te Tiriti o Waitangi, cultural safety and health equity have been completed, most of the other required education has either not been delivered, or staff who should have undertaken the training have not completed it. As with the competency programme (refer criterion 2.3.3), in late 2023 the facility did a 'stocktake' of education not completed and made an effort to 'catch up' on education requirements. Education towards the latter part of 2023 included the ageing process, maintenance of professional boundaries, death and dying, fire evacuation, falls and pain management, medication management, food and nutrition, continence management, communication, sexuality and spirituality, management of behaviours that challenge, end-of-life care, restraint, cultural safety, mana motuhake, abuse and neglect. Education specific to RNs was completed on the Nursing Council of New Zealand (NCNZ) Code of Conduct and direction and delegation, observing,</p>	The education programme at Colwyn has not been delivered to schedule and staff have not received education at the level required by the programme and/or their role.	<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>180 days</p>

		reporting and documenting incidents including 'ISBAR' use. Other education requirements from the programme (eg, the Code of Residents' Rights, open disclosure, and privacy and confidentiality) were not completed. In 2024, the education programme has already commenced, and attention is being paid to staff completion of staff education requirements.		
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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 audit.

No data to display
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End of the report.