

Heritage Lifecare Limited - Carter House

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:	Carter House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 12 February 2024 End date: 13 February 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:	60

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

General overview of the audit

Carter House Lifecare provides aged residential care – hospital, rest home and dementia care services – rest home services for up to 65 residents. No changes have been made to the management or premises since the last audit.

This certification audit 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 Hauora a Toi Bay of Plenty (Te Whatu Ora Hauora a Toi Bay of Plenty). The audit process included a review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, a governance representative, management, staff, a contracted physiotherapist and a nurse practitioner.

Strengths of the service, resulting in continuous improvement ratings, included education, tikanga practices and the activities programme. Improvements are required to care planning, aspects of the environment and medication management.

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.
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Carter House Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. The facility is providing an environment that supports residents' rights and culturally safe care. There are health plans that encapsulate care specifically directed at Māori, Pasifika, and other ethnicities. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Systems and processes are in place that would enable Pasifika people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training which is reflected in day-to-day service delivery. Residents are safe from abuse.

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

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

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The organisation is governed by Heritage Lifecare Limited. A board of directors liaises with a team at head office whose members work collaboratively with the Carter House Lifecare care home and village manager and the clinical services manager. Organisational and service performances are monitored and reviewed at planned intervals to ensure ongoing compliance. The governing body assumes accountability for delivering high-quality services that are 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.

The purpose, values, direction, scope, and goals for the organisation are defined within relevant strategic planning documentation.

Quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data. Trends are established and associated improvement plans implemented. Actual and potential risks are identified and mitigated. Adverse events are documented, and the service complies with statutory and regulatory reporting obligations. Corrective action plans are developed and implemented when applicable.

Human resource processes are being implemented. These enable staff to be appointed, orientated, and managed according to current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care in a safe manner. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance and education requirements are 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 medium or high risk and/or unattained and of low risk.
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When residents enter Carter House Lifecare a person-centred and whānau-centred approach is adopted. 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 were individualised, based on comprehensive information and accommodated any new problems that arise. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular basis.

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

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

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 low risk.
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The facility meets the needs of residents and on the day of audit was clean, and a maintenance schedule was being upheld. A current building warrant of fitness was on display. Electrical and biomedical equipment has been checked and tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of the older adult and tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Sufficient supplies are available for use in the event of an emergency. 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 governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The environment supports prevention and mitigation of transmission of infections. Waste and hazardous substances were well managed. There were safe and effective cleaning and 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.

Carter House Lifecare maintains a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents in this service using restraint at the time of audit. 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 manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques, alternative interventions to restraint, and requirements related to 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	24	0	2	1	0	0
Criteria	3	162	0	2	1	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) has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model. Ensuring mana motuhake (self-determination) is respected is an integral aspect of the plan. The plan has been developed with input from cultural advisers and is being used for residents at Carter House Lifecare who identify as Māori. Te Whare Tapa Whā is used as a model to assist in the development of care plans for Māori residents.</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. Māori staff within Carter House Lifecare have provided managers with support and advice and linked them with a person from one of the local iwis who is now available as an advocate for Māori residents and whānau. The service can also access additional support through Te</p>

		<p>Whatu Ora Hauora a Toi Bay of Plenty.</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 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. A staff survey requested ethnicity data from current staff and such data is now gathered when staff are employed. 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 and eight are employed in a range of roles within Carter House Lifecare.</p> <p>Training on Te Tiriti o Waitangi, cultural safety and health equity are part of the HLL training programme, and staff at Carter House Lifecare have undertaken the required training in these topics. The training is geared to assist staff to understand the key elements of service provision for Māori, and tāngata whaikaha, including mana Motuhake, the importance of whānau and recognising 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 understood 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 are no local established Pasifika communities in Te Puke, however Carter House Lifecare does have a direct personal link should this be required. A HLL regional manager confirmed that the organisation can access links to Pasifika communities in Tauranga on behalf of the service should a Pasifika person be admitted.</p> <p>The staff recruitment policy reviewed July 2021 is clear that recruitment</p>

		<p>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 two staff at Carter House Lifecare who identified as Pasifika. Training on culturally specific care, including care for Pasifika and use of the Fonofale model, is part of the HLL training programme, and this is implemented in the service. The training is geared to assist staff to understand the key elements of service provision for Pasifika and providing equity in care services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Heritage Lifecare Ltd and Carter House Lifecare management are aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure residents' rights are respected. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>The rights of Māori in relation to self-determination (Māori mana motuhake) were recognised and understood by staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents are supported in a respectful manner that is inclusive of their identity, preferences and life experiences. During interviews, residents and whānau, including people with disabilities, confirmed that they receive 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. All residents have a private room.</p>

		<p>Te reo Māori, tikanga Māori and cultural safety are being actively promoted and incorporated through all activities at Carter House Lifecare. This is now occurring at an ongoing level of continuous improvement; hence a continuous improvement rating has been awarded under 1.4.4. Managers encourage the use of te reo Māori on a day-to-day basis and are consistently promoting staff knowledge of tikanga. Signage and forms are bilingual, staff greet people in te reo Māori and having Māori kai, hangi, kapahaka entertainers and the blessing of rooms have become part of daily life. A whanau room is now available, and an initiative focused on ensuring people's needs are met, especially for those who identify as Māori during the end-of-life phase.</p> <p>Staff have undertaken training in health equity, tikanga Māori and Te Tiriti o Waitangi. They understood the principles of Te Tiriti o Waitangi and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</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>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. There is a code of staff conduct in place and professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed understood the concept of institutional racism and stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic, encompassing the pillars of Te Whare Tapa Whā and is based on the identified strengths of residents. Wellbeing outcomes for all residents including Māori, are evaluated as part of the assessment and care planning process six-monthly to ensure the needs of residents are met.</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</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in easy to</p>

<p>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>understand verbal and written formats. Changes to residents' health status were communicated to whānau in a timely manner. Where other health professionals were involved in care, communication had occurred.</p> <p>Examples of open communication was evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Whānau were included in decision making with the consent of the resident. Consent was documented for all residents in the facility at the time of audit.</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. Tikanga guidelines are available to support staff when working with Māori residents and whānau; these were on display and known to staff.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Thirteen of the fourteen residents in the secure dementia unit had a documented enduring power of attorney or welfare guardian on file that had been activated by an appropriate medical practitioner. Actions had been taken to ensure a welfare guardian is appointed for the remaining resident.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints. The system is documented within policies and procedures and meets the requirements of the Code. Information about how to make a complaint and to access advocacy services was provided at the time of admission and staff discuss the complaints process at the time of admission with the new resident and with</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>whānau. Residents and whānau interviewed reported that they understood their right to make a complaint and knew how to do so.</p> <p>Although not required to date, the care home and village manager advised of the process to manage complaints from Māori residents and/or whānau, which is also documented. This would involve whānau, use of hui, appropriate tikanga and te reo Māori, as applicable. Complaints forms are available in English and te reo Māori. A representative from the local Māori community visits approximately once a month and assists as an advocate for residents who identify as Māori.</p> <p>Nine complaints or concerns requiring formal responses were received by the service over the past twelve months. These related to issues such as call bell response timeframes, mask use during COVID-19, noise from a resident and laundry. All complaints were in a register and all except one, which is still under investigation, had documentation to evidence that the complainant had been informed of the outcome of their complaints and of their options if they were not satisfied with the outcome. These are discussed at meetings and complaints data and trends are analysed at both organisational and facility level.</p> <p>Carter House Lifecare has not received any complaints from external services over the past 12 months. All recorded complaints originated from residents and/or whānau.</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 that monitors 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 may prevent an individual's access to information. Heritage Lifecare also</p>

	<p>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. Ethnicity data is collected to support equitable service delivery.</p> <p>The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Each facility has its own business plan and both the 2023 and the draft 2024 versions (commences April) for Carter House Lifecare were viewed. 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. Internal data collection (related to adverse events, infections, audits, and complaints for example) are aggregated and corrective actions actioned (at facility and organisation level as applicable). Systems in place ensure the clinical governance group and the board receive ongoing feedback. 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. The care home and village manager are suitably qualified in various aspects of management and has extensive experience in managing teams in a range of different environments.</p> <p>Heritage Lifecare supports people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being</p>
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		<p>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 the Manatū Hauora.</p> <p>Carter House Lifecare is a 65-bed residential care facility and holds contracts with Te Whatu Ora Hauora a Toi Bay of Plenty to provide care and support for up to 19 rest home care residents, 27 hospital level care residents and 17 dementia care residents. On the day of audit there were 60 residents of whom 19 were rest home level care, 27 hospital care and 14 dementia care. Three of the hospital level care residents are on long term chronic health care conditions contracts. One hospital level care person is fully funded, and one partially funded, by the Accident Compensation Corporation. All others, including three receiving respite care are funded under the age-related residential care agreement (ARRC).</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 (including completion of internal audits according to a schedule), 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. Information from the quality and risk system filters through to the HLL head office via the regional manager and the clinical governance group.</p> <p>The Care Home and Village Manager understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. A facility-based risk management matrix is utilised.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received substantial education/training in</p>

		<p>relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Separate staff meetings are held, and an independent advocate facilitates residents' meetings. Residents' and whānau satisfaction surveys showed the level of satisfaction with the services has increased and compares favourably with other HLL services. Corrective actions were developed to improve food and facility cleanliness in response to the survey results. A staff survey resulted in the introduction of a 'STOP, START and GO' initiative.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. Incidents are reported through an electronic platform. 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. Associated data is analysed and reported through the organisation.</p> <p>The care home and village manager and the clinical services manager understood and have complied with essential notification reporting requirements. There have been five section 31 notifications completed in the last 12 months. These covered behaviour related issues, fractures following falls and a power outage.</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>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is managed by a care home and village manager with support from a clinical services manager who is an experienced registered nurse. Both work Monday to Friday and share on-call duties. All registered nurses have a current first aid certificate and a minimum of one registered nurse is on duty 24 hours per day/seven days per week. Reviews of four weeks of rosters confirmed staffing levels are being maintained as per the documented process.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff from all service areas, including the dementia unit, reported there were now adequate staff to complete the work allocated</p>

		<p>to them. Residents and whānau interviewed supported this.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records viewed confirmed that staff working in the dementia care unit have completed, commenced or are enrolled in relevant dementia training. 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 - Hauora a Toi Bay of Plenty. The care home and village manager and the clinical services manager are both committed to ensuring staff competence and upskilling of staff. This was demonstrated through a focused staff education campaign that has resulted in an increase in staff skills, changing perspectives and ultimately improving residents' experiences. Hence a continuous improvement rating has been allocated for criterion 2.3.4.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling safe in the workplace. They have access to independent counselling services and the care home and village manager described how consideration is given to staff wellbeing needs on an individual basis, as applicable. At times this may relate to whānau needs.</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 eight staff records, which included health care assistants, registered nurses, and kitchen, household and activities staff were reviewed. These provided evidence of implementation of the documented recruitment processes including employment contracts, reference checking, police vetting and completed induction and orientation checklists. Missing documentation was accounted for as</p>

		<p>being the result of longer-term employees who commenced under the former owner. Documentation sighted and reports from the manager and in staff interviews, confirmed staff performance is reviewed at designated timeframes post-employment with annual appraisals thereafter.</p> <p>The new staff induction and orientation process is clearly documented and requires role-specific induction and orientation checklists to be completed. New staff are buddied for the first shifts they undertake with the length of the buddy timeframe being dependant on previous experience and the person's confidence. Interviews with line managers occur at two-week and three-month intervals following commencement of their role.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and other registered health professionals associated with the service including GPs, a health practitioner, dietitian, physiotherapist and podiatrist.</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>Staff have opportunities to debrief with the clinical services manager, the care home and/or the village manager following significant incidents. They also have access to a chaplain and external professional counselling services. 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 records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Paper-based records are held securely and only available 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 entered into the residents' files sampled for review. Overall, clinical notes were current, integrated, and legible and met current documentation standards (refer corrective action 3.2.4). Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Carter House Lifecare 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 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 enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Residents and whānau members interviewed stated they were satisfied with the admission process. Information was made available to them on admission. Files reviewed met contractual requirements.</p> <p>Enquiries and continuing contacts with the prospective resident are documented. It is unusual to decline a resident entry. If this should need to occur there are processes for communicating the decision. Data, including ethnicity, is documented and analysed at organisational level and data for Māori was sighted.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>	PA Moderate	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan, based on the Heritage Lifecare model of care, is developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. Early warning signs and risks with a focus on prevention or escalation for appropriate interventions were recorded.</p> <p>Assessment was based on a range of clinical assessments and includes resident and whānau input. Timeframes for the initial</p>

		<p>assessment, medical or nurse practitioner assessment, interim care plan, and reviews meet contractual and policy requirements. Not all long-term care planning met contractual requirements; refer criterion 3.2.4.</p> <p>Staff understand and supported Māori and whānau to identify their own pae ora outcomes in their care plan. A Māori health plan based on Te Whare Tapa Whā is used for Māori residents to ensure their cultural needs are met. This was verified by sampling residents' records, from interviews of clinical staff, residents and whānau.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. In the secure dementia unit, the EPOA or welfare guardian is involved at every step of the assessment, care planning and review process; this was confirmed in interview.</p> <p>Residents, including those with disabilities, are given choices and control over their care. Tāngata whaikaha/whānau can independently access information.</p> <p>Residents are supported to maintain their independence and care plans described the degree to which residents can complete their own personal cares. The nurse practitioner confirmed care was of an acceptable standard and they are called appropriately when needed.</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>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>A social profile and activity assessment inform care plans which identify individual interests and consider the person's identity. Not all care plans for residents in the dementia unit met contractual requirements in relation to activity planning, refer criterion 3.2.4.</p> <p>Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. An</p>

		<p>activity coordinator is rostered to the dementia unit seven days a week and caregivers support the programme outside these hours with access to diversional therapy resources.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated, including involvement in the community. Initiatives implemented to increase rest home and hospital residents' access to activities are above that expected for attainment of this standard and a rating of continuous improvement is awarded for criterion 3.3.1.</p> <p>Feedback on the programme is provided through resident meetings and surveys. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. All medications sighted were within current use-by dates.</p> <p>Prescribing practices meet requirements. Medication reconciliation occurs. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber. The required three-monthly general or nurse practitioner review was consistently recorded on the medicine chart.</p> <p>All staff who administer medications complete an annual competency. On the day of audit nurses were observed to engage in medication administration practice that was unsafe, refer criterion 3.4.1.</p> <p>Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely.</p> <p>Residents including Māori residents and their EPOA or whānau, are</p>

		supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.
<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 people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Snacks and drinks are available in the dementia unit 24 hours a day.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Residents and whānau reported being kept well informed during transfers.</p> <p>Communication between the district hospital specialists, general practitioner, nurse practitioner and the facility was evident in files reviewed.</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 Low</p>	<p>A range of systems were in place to ensure the residents' physical environment and facilities (internal and external) were safe and fit for their purpose; however, Carter House Lifecare is an older facility that is becoming dated, and a corrective action has been raised in relation to breakdowns in the bathroom, toilet and hallway wall surfaces, especially in the dementia area. Renovation of some residents' rooms was underway; a maintenance schedule was in place and legislative requirements were met. 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 included evidence that a plumber had been called when the accepted limits had been exceeded.</p> <p>A building warrant of fitness which expires 29 November 2024 was on display. There are not currently any plans for further building projects requiring consultation, but Heritage Lifecare directors are aware of the requirement to consult with Māori if this was envisaged.</p> <p>All areas, including the dementia wing were comfortable and accessible. Corridors had handrails that promote 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 there is a dedicated activities area. Adequate numbers of accessible bathroom and toilet facilities comprising a mix of shared ensuites, and communal shower/bathrooms are available. External areas with seating and shade are suitable for relaxation. The dementia service external area has recently been landscaped and upgraded.</p> <p>Residents' rooms allow 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. Heat pumps are in situ for heating and cooling purposes.</p> <p>Residents and whānau interviewed were happy with the environment,</p>

		including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.
<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>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. All registered nurses and some senior health care assistants have current first aid certification, which ensures there is a first aid certified staff member on duty 24/7. The diversional therapist and activities coordinator who may take residents outside the facility also have first aid certification. 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>Confirmation of the fire evacuation plan having been approved by the New Zealand Fire Service was dated 28 February 2000. The requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, with the most recent drill being 16 August 2023. Scheduled plans for another that is due soon were sighted. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region and are consistently audited. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>An older style call bell system alerts staff to residents requiring assistance and in addition to one to two monthly response time checks, these are checked and investigated when residents and/or whānau report a concern. Appropriate security arrangements are in place.</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>	FA	<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</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>annually.</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.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora – Hauora a Toi Bay of Plenty, including the public health units. Infection prevention, AMS information and escalation of significant events is discussed and monitored at facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>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 clinical services manager (CSM) who is a registered nurse is the infection prevention and control resource nurse and is responsible for overseeing and implementing the infection prevention programme with reporting lines to senior management and to the Heritage Lifecare Ltd regional manager and national infection prevention lead. The CSM has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the Heritage Lifecare Ltd national infection prevention lead has been sought when making decisions around procurement relevant to care delivery, and policies. There have been no facility changes or design of any new building, policy confirmed their advice would be sought should this occur.</p> <p>The 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>There is a Pandemic Plan in place which has been tested. The service has sufficient stores of personal protective equipment available (PPE), and staff have been trained in the use.</p> <p>Staff were familiar with policies related to the decontamination of reusable medical devices and shared medical equipment. Monitoring of</p>

		<p>compliance is included in the audit schedule. Single use items are not reused.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</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>An antimicrobial policy is in place, which is appropriate to the size and scope of the service and has been approved by the Heritage Lifecare Limited governing body. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. 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 the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data included ethnicity, and is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were reported to governance and shared with staff.</p> <p>Communication between service providers, and residents experiencing a health care-associated infection (HAI) and/or their whānau is culturally safe.</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>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. A refurbishment project is underway.</p> <p>Staff follow documented policies and processes for the management of</p>

<p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility is kept clean and tidy. This was confirmed through observations.</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>An aim of the service, from governance level to service delivery level, is to maintain a restraint-free environment. Heritage Lifecare’s governance group demonstrated commitment to this through documented policy and regular reporting requirements from each service, including Carter House Lifecare.</p> <p>The regional manager for Carter House is also the national restraint manager for HLL and therefore responsible for ensuring restraint minimisation is achieved. During interview they confirmed that the monthly reporting through the clinical advisory group (CAG) assists the executive management team to closely monitor the move towards a restraint-free environment for the entire HLL group. A dramatic decrease in the number of HLL facilities that use a restraint was reported.</p> <p>The clinical services manager reports to the senior leadership each month on the activities taken to ensure a restraint-free environment is maintained. Reporting includes staff training, incident reports, health and safety issues for health care and support staff, and any support provided to whānau to explore restraint-free alternatives when restraint is requested for a new admission or due to a change in health status.</p> <p>At the time of audit, no resident at Carter House Lifecare was using any form of restraint. It is more than four years since restraint was used in this facility.</p> <p>Training in the use of restraint, alternative culture-specific interventions and de-escalation is a component of the mandatory training for all staff</p>

		<p>involved with residents' care and support. This was last provided June 2023 with a follow-up in November 2023.</p> <p>Organisational policies and procedures include the requirements for all aspects of the restraint standard. One of the registered nurses operates as the restraint coordinator and has undertaken role-specific training.</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 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations.</p> <p>Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p>	<p>PA</p> <p>Moderate</p>	<p>Care planning is completed by a registered nurse. Interim care plans were consistently completed within 24 hours of admission and included involvement of the resident and whānau. Long-term care planning contained sufficient detail to guide nonregulated staff providing resident care. However, the long-term care plans were not always completed within 21 days of admission and were not always based on the interRAI assessment as required by contract.</p>	<p>Long term care planning as implemented was not always completed within 21 days and were not always based on the interRAI assessment as required by contract.</p> <ul style="list-style-type: none"> · There was delay in completing long-term care planning for 11 of 12 residents admitted since June 2023 whose interRAI assessments were not completed within the contractually required 21 days, resulting in delay in completion of long-term care planning or care planning not based on the interRAI assessment. · Current care planning for four out of five residents with dementia reviewed did not meet 	<p>Ensure the contractual requirements in relation to care are met. This includes:</p> <ul style="list-style-type: none"> · The long-term care plan is to be completed within 21 days of admission and be based on the interRAI assessment. · Care planning for residents in the dementia unit should include a description of how the behaviour of the resident is best managed over a 24-hour period and a description of the activities that meet the resident’s needs in relation to individual diversional, motivational, and recreational therapy during the 24-hour period. These activities must

<p>(c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>			<p>contractual requirements. The care plans did not include up-to-date behavioural support plans that included a description of how the behaviour of the resident is best managed over a 24-hour period and did not include identified activities to meet the resident's needs in relation to individual diversional, motivational, and recreational therapy during the 24-hour period as required by contract.</p>	<p>reflect the resident's former routines and activities that are still familiar to the resident.</p> <p>90 days</p>
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>All staff who administer medications, nurses and medication-competent caregivers, undertake an annual medication competency assessment. However, on the day of audit two registered nurses were observed to engage in medication management practice that was unsafe. A controlled medication was prepared for three residents concurrently, the dose to be administered was different for each resident, was not labelled once prepared and was taken collectively to the residents for administration.</p> <p>Action was taken immediately by the clinical services manager; an incident report was completed, and arrangements made for re-education and competency</p>	<ul style="list-style-type: none"> · Morphine elixir for three residents was prepared in three syringes concurrently, the syringes contained different doses, were not labelled and were taken collectively to the residents leading to potential for error. · Action was taken by the clinical services manager on the day of audit, a medication error incident form was completed, and the registered nurses will undergo further education and a competency assessment. <p>Because action was taken promptly and was isolated to two nurses this corrective action is rated low risk.</p>	<p>Ensure all nurses are competent to administer medications and follow accepted medication administration practices of preparing and administering one resident's medication at a time.</p> <p>30 days</p>

		assessment of the nurses.		
<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>	PA Low	<p>Renovation of residents' rooms is underway and whenever possible rooms are being completed as residents move on. Examples of this were sighted.</p> <p>There are two bathrooms and a toilet where the wall linings have deteriorated and look unpleasant. Despite good cleaning practices these areas are presenting an infection risk.</p> <p>Internal areas around doors and skirtings in the hallways of the dementia wing not only look shabby but have the potential for splintering should anyone fall or catch themselves against them.</p> <p>This corrective action has been rated as low risk as the manager has already applied for funding to address the above-mentioned issues; however, they are currently further down on the priorities of the renovation budget.</p>	<p>Breakdowns in the integrity of bathroom/toilet surfaces are raising the risk of infections. Similarly, the paintwork in the dementia residential area is chipped and scraped and requires renovation.</p>	<p>That renovations are progressed to ensure residents' safety and a more aesthetically pleasing environment for residents and visitors.</p> <p>180 days</p>

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.4.4</p> <p>Te reo Māori and tikanga Māori shall be actively promoted throughout organisations and incorporated through all their activities.</p>	CI	<p>As per the statements above regarding promotion of te reo Māori and Māori tikanga, Carter House Lifecare has demonstrated a commitment to ensuring staff fully embrace tikanga Māori on a range of levels. All residents, especially those who identify as Māori, are experiencing the integration of Māori culture and tikanga into their daily lives. Local Māori people have supported the integration of tikanga into Carter House Lifecare. Changes occurring demonstrate continuous improvement.</p> <p>Staff education on tikanga and cultural competencies (refer continuous improvement in staff education under 2.3.3) has been diverse and supported by development of related competencies, a folder with cultural information, a cultural knowledge board and staff buddying for cultural support. Initial approaches from Carter House staff have seen local Māori people volunteering their support and advice.</p>	<p>The promotion of te reo Māori and Māori tikanga has created an environment in which staff have embraced related education; local Māori people have become increasingly involved in the service; and Māori culture is becoming progressively embedded into the daily lives of both Māori and non-Māori residents in a manner that is enhancing their lives until their time of passing and beyond.</p>

		<p>Karakia, waiata and Kapa haka have become fully integrated into the operations of the service and a special initiative has been promoted around the management of end of life. The embedding of cultural practices around and at the end-of-life phase for a person who identifies as Māori, and their whānau, has occurred and aspects of this are now used for the end-of-life phase for all residents. Details of these demonstrate respect and cultural safety.</p> <p>Staff, resident and whānau survey feedback, records of compliments (especially following residents' passing) an email from a funeral director and records of oral feedback were all positive. Comments of liking and wanting more of this style of approach were on record. Staff stated they want to continue to be involved, there has been an increase in the number of locals (especially Māori) wanting to assist, visit, or entertain in the service and suggestions for other ways of integrating Māori cultural practices such as mirimiri and increasing the use of te reo are ongoing. The care home and village manager and the clinical services manager informed they are committed to developing further on the improvements to date.</p>	
<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>	<p>CI</p>	<p>In 2022, the service provider developed a corrective action when an internal review revealed they were not meeting the staff education plan and this was impacting on resident care, especially with so many new and inexperienced staff being employed. Staff feedback about what might help them was sought and the care home and village manager and the clinical services manager used research-based information on learning theories to guide an initiative to address the training shortfalls. All learning styles were considered, as were differing</p>	<p>A continuous improvement process was evident in the staff education and training system which involved implementing a wide range of education styles to address the differing learning styles of staff. Not only have mandatory training requirements been exceeded, but staff are now pro-actively engaging in training and education opportunities that are subsequently improving resident care.</p>

		<p>learning/education achievements, the English as a second language dilemma and the differing cultures and values of staff.</p> <p>Many methods were used to address the initiative: a knowledge board (including a cultural one) was developed along a staff room corridor, toolbox talks increased, external trainers were brought in (e.g., a chef into kitchen staff, practical sessions) visual presentations were provided, reading opportunities offered, shared learning/group contributions established, one-on-one sessions, buddy learning, self-directed learning and smaller group sessions were all offered.</p> <p>Mandatory education requirements, and more, have now been achieved. Staff expressed gratitude to the managers, they validated what differences it is making in their work with residents and are requesting specific additional education in topics of interest. Health care assistants are offering skills to improve residents' lives, such as one who developed personal profiles of residents in the dementia unit and another staff person facilitated the engagement of a Māori Kuia to support registered nurses in improving the lives of Māori residents. This initiative has also been used to implement the changes as described in criterion 1.4.4 above, especially the staff buddying. Staff survey feedback confirmed staff want to continue with this and there was evidence in performance appraisals of how the training has supported their knowledge and work at Carter House Lifecare.</p>	
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to</p>	<p>CI</p>	<p>The programme is planned by a qualified diversional therapist and is based on the identified interests of the residents. A social profile and an activities assessment is completed for each resident on</p>	<p>Carter House Lifecare has implemented an activities programme that is meaningful and varied for residents. There are individual and group activities, areas for quiet times and a cafe</p>

<p>develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>		<p>admission which identifies their individual interests and abilities. The programme is diverse and includes a range of group and individual activities, outings and visiting entertainers.</p> <p>Outings are a strength of the service and have included picnic lunches prepared by the cook and collaboration with the local fish hatchery for resident fishing trips. Residents interviewed described how much they enjoyed being able to go fishing. Fish caught are returned to the rest home with the residents and sent offsite for smoking before becoming part of the menu. The diversional therapist has introduced an activity planning document to ensure outings are successful. The plan details the goal or purpose of the outing, benefits, numbers of staff required, and equipment and preparation needed. Plans were sighted for daily activities such as taking residents from the secure dementia unit for a walk outside, plus less frequent outings requiring greater planning such as the fishing trips. Planning to this level of detail is higher than that normally expected and increases the success of the outing and enjoyment of residents.</p> <p>The introduction of a cafe area for residents and whānau has proved popular. The area is set up with tables and allows residents to make their own drinks and to host visiting whānau. Daily newspapers, jigsaws and large print library books are available for residents and on the day of audit, a resident from the dementia unit was seen engaged with their EPOA completing a jigsaw in the cafe area.</p> <p>A 'resident of the week' initiative has been introduced allowing residents to identify and choose a special activity they would like to undertake. This gives the resident greater control. Examples were discussed and evidence sighted at the audit.</p> <p>A resident information board has been introduced.</p>	<p>area which provides space for social interactions.</p> <p>Outings are numerous and successful allowing residents to engage in activities not commonly provided in age care such as picnics and fishing. Visiting groups provide entertainment but also increase the cultural diversity and involvement in te ao Māori for residents.</p> <p>Feedback from resident surveys, meeting minutes and interviews on the day of audit verify the success and value of the programme.</p> <p>The depth and breadth of activities seen at Carter House Lifecare exceeds that expected for full attainment of this criterion.</p>
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		<p>This displays information for residents on activities but has been taken further to inform residents and whānau on other aspects of care. A display showing how the staff provide care using Te Whare Tapa Whā framework was seen during the audit. A folder of policies is also available for residents to view.</p> <p>Involvement in te ao Māori has been facilitated through connections with the Maketu community whose eukalele group are regular visitors to the facility sharing karakia and waiata with residents. Staff have introduced karakia kai at mealtimes, this is led by caregivers. Children from a local school with a strong te reo Māori focus visit twice yearly and engage in te reo with residents and staff. Te reo is incorporated into quizzes and activities and was seen on signage related to activities such as the days of the week. Celebrations of Matariki and Māori language week have also provided opportunities to increase involvement in te ao Māori. The facility has engaged with the Tauranga campus of Te Wānanga o Aotearoa and groups of residents visit for the morning to try traditional crafts such as flax weaving. The facility provided morning tea as a koha to the Wānanga.</p> <p>Resident meetings attended by staff, residents and whānau are held monthly. A local vicar conducts a weekly church service but also chairs an independent advocacy meeting for the residents. This meeting is not attended by staff and provides a forum for residents to express their views freely. Feedback is provided to the manager.</p> <p>Evaluation of the programme has occurred through satisfaction surveys and the resident meetings. The results of the surveys and resident meeting minutes show the programme is benefiting residents.</p>	
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End of the report.