

# Heritage Lifecare (BPA) Limited - Redroofs Rest Home

## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 (BPA) Limited
<b>Premises audited:</b>	Redroofs Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 23 April 2024    End date: 23 April 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>	34

# 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

Redroofs Lifecare is owned and operated by Heritage Lifecare Limited and provides rest home and respite services for up to 50 people. There have been no significant changes to the service and facilities since the previous audit.

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

A full-time care home manager (CHM) is supported by two registered nurses (RN), with a process underway to appoint one of the RNs into the clinical services manager (CSM) role for the facility. Additional support is provided by the regional manager and the regional clinical support manager. Significant changes have occurred within the facility leadership team since the previous audit. Three months ago, an experienced health manager was appointed into the CHM role, and there is a current process to appoint a RN into the CSM role to further strengthen the clinical support and oversight provided to residents.

Strengths of the service include the new (CHM and CSM) appointments, the supportive staff team, and the relaxed and peaceful environment. A decision was made to halt admissions at Redroofs while management appointments were made, which also provided the facility with the time to consolidate the services it provides. Four areas of improvement identified at the last audit relating to staff training and competency assessments, staff orientation records, and interRAI and care assessment for a client with complex needs, were reviewed and have all been closed. There were no new areas requiring improvement that were identified during the audit process.

**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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Redroofs Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. The facility provided an environment that supported residents’ rights and culturally safe care. There was a health plan that encapsulated 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 were in place to enable Pasifika people to be provided with services that recognised their worldviews and were 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 were 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 were 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 were followed wherever possible.

Complaints were 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 service is governed by Heritage Lifecare, with the board assuming accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori. Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals. A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated. The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery. Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 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 residents enter Redroofs 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.

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

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

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

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

Includes 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.
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The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas were personalised and reflect cultural preferences.

There is a current building warrant of fitness displayed. Fire and emergency procedures are documented, and trial evacuations completed in line with requirements. Adequate emergency supplies were available and staff are trained in the management of emergencies. Security is maintained and hazards identified.

## **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.
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The Heritage Lifecare Limited 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 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.

The governance group is committed to eliminating the need for restraint, which is supported by organisational policies and procedures. There were no restraint interventions in place on the day of audit. The restraint coordinator is an experienced registered nurse and is supported by the regional manager and regional clinical services manager. Restraint is discussed as a set agenda item at quality meetings which occur quarterly.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	50	0	0	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

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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>	FA	<p>Redroofs Lifecare (Redroofs) has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan is in place to ensure care planning for Māori incorporates cultural needs and engagement in te ao Māori. The service utilises Te Whare Tapa Whā model of care. The governance group is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. On the day of the audit there were staff who identified as Māori employed at Redroofs, and at other levels of the organisation. Through its regional manager, Redroofs has established networks in place that allow them to contact and connect with a variety of local Māori community organisations to benefit Māori individuals and whānau. It has access to cultural advice and support, through the regional manager, the organisation's cultural advisor, and access to support from cultural advisors through Te Whatu Ora Southern.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>Redroofs Lifecare provides services that are underpinned by Pacific worldviews. There were no Pasifika residents being supported on the day of the audit. Staff interviewed said they had received training on Pasifika worldviews and would be guided by the resident and their whānau around</p>

<p>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>the cultural requirements for care planning, activities, and meals.</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>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</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. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property is respected, and processes are in place to protect residents' finances.</p> <p>There is a code of conduct in place and professional boundaries are maintained.</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</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.</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. Consent was documented for all</p>

<p>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>residents in the facility at the time of audit.</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. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of consumer rights under the Code. All residents and their whānau are provided with information regarding the complaints process and advocacy services, on entry. Residents and family/whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>Information regarding the complaints process is displayed and is available in te reo Māori, and there are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion.</p> <p>A complaint register was maintained and showed that there have been two complaints received over the past year. These complaints were both received from families. Records reviewed showed that each of the complaints was managed in line with Right 10 of the Code, and that complaints had been acknowledged, investigated, and closed within the organisation's expected timeframes. An electronic file contained copies of all documentation and communications relating to the complaint, including the letter to the complainant advising them of the outcome of their complaint.</p> <p>There were no Health and Disability Commissioner or coroner complaints since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the</p>	<p>FA</p>	<p>Redroofs is governed by the board of directors of Heritage Lifecare. The board assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi, defining a governance and leadership structure (including for clinical governance) that is appropriate to the size</p>

<p>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>and complexity of the organisation, and in appointing an experienced and suitably qualified person to manage the service. The care home manager (CHM) confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. Members of the board have completed education on Te Tiriti, health equity, and cultural safety. The governance body has systems in place which allow it to monitor, review and evaluate the performance and direction of the organisation.</p> <p>Redroofs Lifecare is certified to provide care for up to 50 people. The service holds contracts with Te Whatu Ora Southern for age-related residential care (ARRC) rest home care and respite care. On the day of the audit thirty-four (34) residents were receiving services, this included 30 residents receiving rest home care and four people receiving respite care. One person who had been receiving rest home care had been admitted to hospital the previous day and has not been included in the resident numbers.</p> <p>There was no evidence of any barriers to equitable service delivery for Māori, Pasifika, and tāngata whaikaha. This was supported by interviews with staff, residents and their whānau.</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>	FA	<p>The board, through its policy, is responsible for identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies.</p> <p>Heritage Lifecare's (HLL) commitment to quality and risk management is evident in quality and risk documentation and management reports sighted. Ethnicity data is being consistently gathered for residents and</p>

		<p>staff. Equitable service delivery and positive outcomes for Māori are incorporated into the organisation's practices, quality framework and reporting.</p> <p>Residents, whānau and staff contribute to quality improvement through participation at resident and staff meetings, and quality and health and safety meetings.</p> <p>Quality data included incidents/accidents, infection and outbreak events, complaints, and resident and whānau satisfaction surveys, all of which are analysed to identify and manage issues and trends. The quality data analysis included benchmarking against other HLL sites. A sample of quality and risk and other documentation showed that where monitoring activities identified a need for improvement, corrective actions were implemented until improvement occurs. The service complies with the National Adverse Events Reporting Policy and statutory regulatory reporting obligations.</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>	FA	<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 this. At least one staff member on duty has a current first aid certificate.</p> <p>The care home manager (CHM) is an experienced manager and has been in the role for three months. The service employs two registered nurses (RN) and is going through a process to employ one of them as the facilities clinical services manager (CSM), to oversee residents' clinical health requirements. A section 31 notification was completed and sent to the Ministry of Health to notify them of the change of CHM, as per certification requirements.</p>

		<p>A review of the facility's rosters showed that staff worked a fixed two-week roster, with sufficient staff employed to cover all shifts. Redroofs also employs its own casual staff. Staff generally pick up additional shifts to cover any gaps in the roster, and occasionally agency staff are used. In addition, Redroofs employs activities, cook and kitchen assistants, cleaning and laundry staff and a maintenance person.</p> <p>Residents and whānau interviewed reported that staff were attentive to their needs and that call bells were answered within a reasonable time. Continuing education is planned on an annual basis and includes a calendar of mandatory training topics. In addition, there is a list of competencies that staff are required to complete annually. There has been a lot of effort put in to address gaps in the staff training and competency assessments. In addition, there is now a process in place to record when each employee has completed the training and competencies specific to their role. Based on the evidence reviewed, the two corrective actions (2.3.3 and 2.3.4) from the previous surveillance audit are now closed.</p> <p>Care staff are supported to complete qualifications through the New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with their funders.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. The recruitment process includes referee checks, police vetting, employment documentation and an orientation process. A system is in place to evidence qualifications, and records are kept confirming that all regulated staff and contracted providers have proof of a current annual practising certificate.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed.</p> <p>Opportunities to discuss and review performance occur three months</p>

		<p>following appointment and yearly thereafter, as confirmed in records reviewed. Personnel records were accurate and stored in a secure and confidential way.</p> <p>The corrective action identified at the previous surveillance audit relating to the orientation process for staff, including an orientation record on the employee file, has been reviewed and addressed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team at Redroofs work 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 which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input. Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan.</p> <p>Short-term care plans are developed if necessary, and examples detailing care for infections and wounds were sighted. These are reviewed weekly or earlier if clinically indicated and closed when the short-term need is resolved. Residents whose support needs are changing were identified and a referral to the local Needs Assessment Coordination Service (NASC) agency made if a change in level of care is required; examples of this occurring were sighted. A previous corrective action related to short-term care planning and reassessment of residents' changing needs has been addressed and is now closed. This was verified by sampling five residents' records, from interviews of clinical staff, residents, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of</p>

		<p>responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Residents, including those with disabilities, are given choices and control over their care. Tāngata whaikaha and 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 general practitioner confirmed care was of an acceptable standard, staff identified when a resident's needs changed and they were called appropriately when needed.</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>	FA	<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 were stored safely, including controlled drugs. The required stock checks had 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 practitioner review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>All staff who administer medications complete an annual competency and were observed to be competent to perform the function they manage.</p> <p>Self-administration of medication was facilitated and managed safely.</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>	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. 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>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	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, allied health professionals 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</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness expires on 28 February 2025. Spaces promote</p>

<p>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>independence and safe mobility and were culturally inclusive and suited the needs of the resident groups, with smaller spaces for the use of residents and their visitors. Residents and their whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance. There were no plans for further building projects requiring consultation. Heritage Lifecare Limited directors were aware of the requirement to consult with Māori if this is envisaged in the future.</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>	FA	<p>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. They have the 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 had sufficient stores of personal protective equipment (PPE) available and staff have been trained in the use of this.</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.</p>
<p>Subsection 5.4: Surveillance of health care-associated</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</p>

<p>infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and priorities defined in the infection control programme.</p> <p>Monthly surveillance data occurs using standardised definitions and included ethnicity data. Data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are reported to governance and shared with staff.</p> <p>A summary report for a recent infection outbreak was reviewed and demonstrated a thorough process for investigation and follow-up. Learnings from the event have been identified and steps are being taken to incorporate learnings into practice.</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>	FA	<p>The service aims to provide a restraint-free environment. The governance group is aware of its responsibilities in relation to restraint elimination, and this is outlined in policy and procedure. There is a national restraint manager role appointed for the Heritage Lifecare group. Restraint data for the organisation is aggregated and reported at board meetings. The restraint coordinator at Redroofs is a RN who has a defined job description outlining the role. They provide support and oversight for any restraint management should this be required, and they are supported by the regional clinical service manager. At the time of the audit there were no restraints in place at Redroofs, which had been the case for a number of years. A restraint register is in place, should this be required. Policies and procedures are in place to guide staff in the safe use of restraint and staff had received restraint training.</p>

# Specific results for criterion where corrective actions are required

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

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

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

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

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End of the report.