Heritage Lifecare Limited - Granger House Lifecare

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:

Legal entity:	Heritage Lifecare Limited
Premises audited:	Granger House Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 April 2024 End date: 9 April 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: 61

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 haumaru │ 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

Granger House Lifecare is certified to provide rest home and hospital level care for up to 71 residents. The facility is owned by Heritage Lifecare Limited. Most of the residents and whānau interviewed reported that the care provided is of a good standard, although some residents and their whānau expressed dissatisfaction with some areas of the services provided.

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 Te Tai o Poutini West Coast (Te Whatu Ora Te Tai o Poutini West Coast). The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, governance, managers, staff, a nurse practitioner, and a general practitioner.

Areas requiring improvement identified in the previous audit related to: complaints management; risk management; education; staff orientation; provision of first aid certified staff on each duty; service response to tāngata whaikaha; informed consent for Māori service users; community relationships with Māori; interRAI assessment and care planning; and restraint management have been addressed with the exception of care planning. Further improvements are required in relation to care planning (as identified in the previous audit), staff appraisals, and verification of the food control plan.

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.

Granger House Lifecare provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There are processes in place to ensure Māori can be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

There were no residents who identified as Pasifika residing in Granger House Lifecare on the days of audit. However, processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe.

Granger House Lifecare had formal processes in place to respond to the needs of tāngata whaikaha and enable their participation in te ao Māori. Training on best practice tikanga guidelines around consent have been provided.

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. Complaints were fully documented, with corrective actions in place where these were required.

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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities (tāngata whaikaha). Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems are focused on improving service delivery and care and these are supported at governance level. Residents and whānau provide regular feedback and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing competency and learning supports safe and equitable service delivery. Staff are orientated to the service.

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 are partially attained and of medium or high risk and/or unattained and of low risk.

When residents were admitted to Granger House Lifecare a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau. Meaningful partnerships with Māori communities or organisations to benefit Māori individuals and whānau have been developed.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care provided was based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care was evaluated on a regular and timely basis.

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

The food service met the nutritional needs of the residents with special cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.

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

There have been no changes to the building or evacuation planning since the previous audit.

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, care home manager, the relieving clinical manager, and the infection control nurse at Granger House Lifecare ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service.

The infection prevention (IP) and antimicrobial stewardship (AMS) programme was adequately resourced. The experienced and trained infection control nurse led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

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 service aims to be a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints (bedrails) at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used.

Restraint education/training is included at orientation and then annually, and competencies are assessed. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	19	0	1	2	0	0
Criteria	0	58	0	1	2	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	Granger House Lifecare (Granger House) have developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) and this was confirmed by Māori residents and staff interviewed. Residents and whānau interviewed reported that staff respected their right to self-determination (mana motuhake), and they felt safe. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisors and is used for residents who identify as Māori. There were Māori residents in the service during the audit; however, they chose not to identify as Māori in terms of their plan of care. Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.

Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Granger House identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. There were no residents who identified as Pasifika in the facility during the audit. Should it be required, the Fonofale model of care is available for the use of Pasifika residents. Partnerships enable ongoing planning and evaluation of services and outcomes. Active recruitment, training, and actions to retain a Pacific workforce are supported through Granger House. There were Pasifika staff employed by the service during the audit.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	A previous audit identified there was no formal process in place to respond to the needs of tāngata whaikaha and enable their participation in te ao Māori (criterion 1.4.6). This has been addressed as evidenced through observation, documentation, and interviews. It is now fully attained.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe	FA	Employment practices at Granger House included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Staff followed a code of

services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.		conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property was respected, and finances protected. While professional boundaries were maintained in most instances, some whānau reported that staff did not always behave in a professional manner (refer subsection 2.3). Eleven residents and eight whānau members were interviewed. Three whānau and four residents expressed areas of dissatisfaction. Dissatisfaction by four of eleven residents related to meals (refer criterion 3.5.5). Further dissatisfaction was expressed by three of eight family members related to a small number of staff not being willing to assist family members with residents' needs when asked (refer subsection 2.3). All other residents and families expressed satisfaction with the care provided by Granger House and described staff as always willing to assist.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or 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.	FA	Residents at Granger House and/or their whānau/legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent had been provided. This addresses a previous corrective action (refer subsection 2.3) whereby training had not been provided. Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. This is now fully attained and addressed in 1.7
Subsection 1.8: I have the right to complain	FA	Policies and procedures are in place to receive and resolve complaints that lead to improvements; these meet the requirements of consumer

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. 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.		rights legislation. Residents and whānau are informed of the complaints process on admission and information relating to the complaints process is displayed in the facility along with advocacy information. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted for ten complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint. There have been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (eg, through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant). There were four historic complaints received from the Office of the Health and Disability Commissioner (HDC) and one coroner's enquiry reported in the last audit. In all instances, these have continued to be managed appropriately, with information being provided in the required timeframes. Since the last audit, the four HDC complaints remain open, and the coroner's enquiry has been closed. Since the last audit, a further complaint has been received (in March 2024) via the HDC Advocacy Service. The HDC has requested the facility to manage the complaint at facility level in the first instance; the service is currently looking to engage with the complainant, but this has not yet been successful. The complaint remains open. This is now fully attained and addressed in 1.8
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. As service providers: Our governance body is accountable for	FA	The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure. Heritage Lifecare has a strategic plan in place which outlines the

delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.		organisation's structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. The service's organisational philosophy and strategic plan reflect a person/whānau-centred approach to inform the services delivered at Granger House. Ethnicity data is collected to support equitable service delivery. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). Granger House utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted. 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 on a monthly basis. Internal data collection (e.g., adverse events, infections, complaints, internal audit activities) are aggregated and corrective actions (at facility and organisation level as applicable) actioned. Feedback is to the clinical advisory group and to the board. Changes are made to business and/or the strategic plans as required. The clinical governance structure in place is appropriate to the size and complexity of the service but this has been unstable. Since the last audit, there have been two changes of care home manager (CHM) and one change of clinical services manager (CSM). The CSM currently in place is in an acting capacity only; a new (experienced) CSM has been appointed and is due to commence in late April 2024. The current CHM has been in place since November 2023 and the acting CSM since January 2024. The current CHM and the acting CSM both have extensive aged-care experience; the acting CSM is a registered nurse (RN). They both confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within the field. The service holds contracts with Te Whatu Ora Health New Zealand Te Tai o Poutini West Coast (Te Whatu Ora West Coast) for aged-related residential care (ARRC) at rest home and hospital level. It also holds contracts to deliver long-term support-chronic health conditions (LTS-

		CHC) care, short-term (respite) care, and palliative care. Further contracts enable the service to care for residents under an Accident Compensation Corporation (ACC) contract, and an (under 65) Whaikaha contract. On the day of audit, nine residents were receiving rest home services and 52 hospital level services (including one under a like in age and condition contract, one under an ACC contract, and one on a Whaikaha contract). No residents were receiving services under the LTS-CHC contract, respite contract, or palliative care contract.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The CHM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The directors at Heritage Lifecare are committed to quality and risk via its quality and risk management plan, and through policy. The CHM and acting CSM both understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. 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, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Progress against quality outcomes was an area identified for improvement at the last audit. Not all quality data was being collected and analysed consistently in line with the requirements of the Heritage Lifecare quality and risk plan (criterion 2.2.2). This has now been addressed. Quality activities are being conducted, completed, analysed, and managed to improve service delivery. Relevant corrective actions are developed and implemented to address any shortfalls. Quality data is communicated and discussed, and this was confirmed by staff at interview. Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner. Granger House incident forms sighted were noted as recording adverse events. Actions required to minimise these events were recorded

		in the residents' progress notes and strategies to minimise recurrence were included in the residents' ongoing plan of care. Internal audits have been completed as per the Heritage Lifecare internal audit schedule. All internal audits were fully completed, had corrective actions identified where there were areas of non-compliance, and were appropriately signed off when corrective action had been addressed. Critical analysis of organisational practices to improve health equity is occurring with appropriate follow-up and reporting. A Māori health plan guides care for Māori. At the previous audit, staff were unable to describe the cultural requirements for Māori residents in their care and had not been given the appropriate training to address this (criterion 2.2.7). This has been addressed, documentation sighted, and interviews with staff demonstrated that staff have been trained in, and understand, their responsibilities for the delivery of high-quality care for Māori. Training has been delivered based around Te Tiriti o Waitangi and what this means to their practice, te reo Māori, Te Whare Tapa Whā model of care, tikanga guidelines, and access to Māori health supports. The CHM and acting CSM understood and have complied with essential notification reporting requirements. There have been 11 section 31 notifications completed since the last audit. Two relate to a change of facility manager and one to a change of the clinical manager, other notifications relate to a (pharmacy) medication incident, one for a pressure injury, two for resident incidents and four for RN shortage (affecting five shifts only). This is now fully attained and addressed in 2.2
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is	FA	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. There is 24/7 RN coverage in the facility. Though staff reported that they were short staffed, investigation of four weeks of roster (chosen at random) showed that there were adequate care staff on duty to manage residents' needs and absent staff were backfilled except on three occasions. On two of those occasions, there were two RNs and the CSM on duty and the other two

managed to deliver effective person-centred and whānau-centred services.		RNs. Clinical adverse events were noted to be low during these periods (e.g., falls, pressure injuries). At least one staff member has a current first aid certificate on each duty, addressing a finding at the previous audit (criterion 2.3.1). Twenty-one staff had current first aid certification, including staff who take residents on outings outside of the facility. Position descriptions reflected the role of the respective positions and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio. Most residents and whānau expressed satisfaction with the care being provided by Granger House and described most staff as always willing to assist. There was a level of dissatisfaction expressed by three of eight whānau members interviewed related to a small number of staff not being willing to assist whānau with residents needs when asked, in some cases being rude in their refusal. The service is aware of the dissatisfaction and has been actively addressing any occurrences of service refusal and rudeness via the performance management policies of the organisation. The CHM and acting CSM reported that they had no tolerance for poor behaviour from staff toward residents and their whānau. Continuing education is planned on an annual basis and outlines mandatory requirements including education relevant to the Code of Rights, cultural safety, Māori and Pasifika models of care, Te Tiriti o Waitangi, te reo Māori, tikanga guidelines, care for Pasifika and tāngata whaikaha, and equity. This addresses a finding at the previous audit in relation to education (criterion 2.3.4); education has been delivered according to the Heritage Lifecare schedule. Related competencies are assessed and support equitable service delivery, and these have been undertaken as required (including cultural competency and medication management competency). Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora West Coast.
Subsection 2.4: Health care and support workers	PA	Human resources management policies and processes are based on

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. 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. 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.	Moderate	good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. Staff entering the service do so following interview, reference checking, and police vetting. Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs, enrolled nurses (ENs), and associated health contractors (four general practitioners (GPs), two nurse practitioners (NPs), pharmacists, podiatrists, and a dietitian). Physiotherapist services are provided by Te Whatu Ora West Coast. A sample of ten staff records were reviewed, six of the staff had been employed by the service during or prior to 2022, and four of the staff were employed after 2022. For staff employed after 2022, there was evidence of completed induction and orientation and a three-month appraisal. This addresses a finding from the previous audit (criterion 2.4.4). Granger House policy requires an annual performance appraisal, but this had not been completed as per policy requirements (refer criterion 2.4.5).
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	The previous audit identified meaningful partnerships with Māori communities and/or organisations had not been developed (criterion 3.1.6). This has been addressed. Relationships have been established with the cultural advisor at Te Whatu Ora West Coast, and Poutini Waiora, a kaupapa Māori health provider.

Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	The multidisciplinary team at Granger House worked in partnership with the resident and their whānau to support the resident's wellbeing. Ten residents' files were reviewed: eight hospital level files, and two rest home level files. These files included residents receiving care under a Whaikaha contract, under an ACC contract, residents who identified as Māori, residents recently admitted, residents with a pressure injury, residents who had recently fallen, residents with a wound, residents with diabetes, residents with respiratory conditions and residents recently transferred to an acute facility. The ten files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP or NP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. A previous audit identified that residents' care plans did not consistently include an interRAI assessment, and the support required to achieve the residents' goals or aspirations were not clearly documented. This had been partially addressed with all interRAI assessments up to date. However, the support required to achieve the residents' goals or aspirations remain unclearly documented. In addition to this, the nursing management of specific medical conditions and the required monitoring to detect early warning signs to reduce the likelihood of and adverse impact on the resident, was not documented (refer criterion 3.2.3) and requires attention. This was identified as being a documentation issue only. Two residents who had had a fall, had a post-fall assessment and neurological observations undertaken, as the fall had resulted in a knock to the head. An incident form had been filled in, an investigation undertaken, and whānau notified. Wound care plans included assessments, treatment plans and photographs to monitor progress. Specialist input was sought when the wound was not progressing. Residents with a history of 'wandering' were noted to be monitored. Residents on Clozapine had regular monitoring. Where progress was different from that expected, changes were made to the care provided in

		collaboration with the resident and/or whānau. Interviews, documentation and observations verified care provided was in accordance with residents' needs and staff were familiar with the early warning signs of the residents' conditions. This finding addressed a previous corrective action, which identified the care provided to residents was not consistent with meeting their needs. The previous audit also identified there was no evidence sighted of a planned review of the residents' care plan being undertaken within the last six to eight months prior to the last audit, and this required action (criterion 3.2.5). This has now also been addressed with evidence sighted of a planned review of residents' care. The systematic monitoring and regular evaluation of responses to planned care was evidenced in progress notes, and additional clinical documents. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation. Residents and their whānau confirmed active involvement in the process, including younger residents with a disability.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines had been assessed as competent to perform the function they manage. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events. Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site. Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Granger House. There were no residents self-administering medications at the time of

		audit, but systems are in place should this be required. Residents, including Māori residents and their whānau, were supported to understand their medications.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	PA Low	The food service provided at Granger House was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in November 2022. Recommendations made at that time had been implemented. A verification audit of the food control plan was undertaken at Granger House on 29 February 2024 by the Grey District Council. Two areas of non-compliance were identified, along with eight areas of non-conformance. The corrective actions for these are required to be submitted by 19 April 2024. Documentation sighted verified these areas have been addressed; however, Granger House has not submitted these, and they have not been signed off (refer criterion 3.5.5). The food control plan is to be reaudited in nine months, due 30 November 2024. The areas of non-compliance included temperature control of heated food. This finding was further supported by several sources of evidence, including by residents complaining their meals were often not hot, by resident interviews on the day of audit, in residents' meeting minutes, and through food tasting on the day. The CHM has a plan in place to address residents receiving a hot meal. Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their	FA	Transfer or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.

transition, transfer, and discharge. 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.		
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, culturally appropriate, and that they meet legislative requirements. The building has a warrant of fitness which expires on 1 July 2024. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.
Subsection 5.4: Surveillance of health care-associated	FA	Granger House undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with

infection (HAI) 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.		priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management and the governing body and shared with staff.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Heritage Lifecare is committed to a restraint-free environment in all its facilities, and this is documented in the policy and procedure in place to guide restraint. The restraint policy (dated October 2022) outlined the documentation requirements for residents using restraint, the role of the restraint coordinator (RC), types of restraint used, competency requirements for the RC and staff, restraint meeting timeframes, education requirements, minimum safety checks for residents using restraint, and restraint review content and requirements. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of high/low beds and sensor mats). Restraint use has reduced since the previous audit from seven to two (both bedrails). Documentation confirmed that restraint is discussed at governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board. The RC is a defined role undertaken by an RN. They provide support and oversight of restraint use in the facility. There is a job description that outlines the role. A finding from the previous audit (criterion 6.1.3) related to the lack of restraint education for the RC at the time; this has since been fully addressed. Since then, a new RC has been appointed. The new RC has had specific education around restraint and its use. This included familiarisation with the restraint policy, the organisation's commitment to elimination of restraints, organising the provision of restraint education for other staff, acting as the chair of the monthly

		restraint meeting, ensuring restraint documentation has been completed, maintenance of the restraint register, consultation with the resident or the resident's whānau/EPOA, awareness of residents with behaviours that challenge, and monthly review of restraints through quality improvement reports. Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2023-2024 education programme. This addresses a finding from the previous audit (criterion 6.1.6). Training on restraint was provided for registered nurses on 14 June 2023 (eight attendees) and included pain management, restraint policy and use, incident reporting, documentation, and head-to-toe assessment. Restraint training attendance lists for other staff dated 8 June, 14 June, 9 August, and 10 August 2023 evidenced that a total of 38 staff had completed training on de-escalation and the restraint process. Annual restraint competency was completed by 31 staff in 2023. This is now fully attained and addressed in 6.1
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	Approval, monitoring, and evaluation of restraint were identified as requiring corrective action in the previous audit (criteria 6.2.1-6.2.4 and 6.2.7). These have now been fully addressed. Assessments for the use of restraint, monitoring requirements, and evaluation timeframes were documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated, as necessary. For residents using restraint (two), restraint documentation consisted of a restraint consent (dated and signed by RN, RC, the GP, and the EPOA or whānau of the resident), a restraint care plan which documented the type of restraint used, unsuccessful interventions, strategies and de-escalation techniques and monitoring requirements, a restraint monitoring record completed in accordance with the monitoring requirements documented in the care plan (the monitoring record included reporting on the social/spiritual/cultural interaction and safety), review and evaluation of restraint completed monthly, and progress notes demonstrating the use

		and monitoring of restraints. This information evidenced that all residents using restraint have had a documented assessment for the need for restraint that included restraint being used as a last resort and that the assessment included a cultural assessment (criterion 6.2.1). Monitoring of restraint is overseen by the RC (criterion 6.2.2) and takes into consideration the person's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga (criterion 6.2.3). Evaluation of the use of restraint for the two residents using bedrails had been completed three-monthly and documented in the residents' notes. This addressed a finding from the previous audit (criterion 6.2.7). A restraint register is maintained and reviewed at monthly restraint approval group meetings; minutes were sighted that evidenced this. This addresses a finding at the previous audit (criterion 6.2.4). The register contained enough information to provide an auditable record including all requirements of the standard. The register listed the resident's name, ethnicity, method of restraint, date restraint approved, date the restraint was reviewed and the next review date.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	The restraint committee meets monthly to review restraint use and then undertakes a six-monthly review of all restraint use which includes all the requirements of the standard. Six-monthly review of restraint was a finding in the previous audit and has been addressed (criterion 6.3.1). Minutes sighted evidenced a review to ensure that all restraint practices used by the service have taken place including the extent of restraint used, the organisation's progress in reducing restraint, individual care plans to identify opportunities for alternative techniques to restraint; they also demonstrate restraint evaluation. The outcome of the review is reported to the governance body via the clinical advisory group. The national clinical advisory group oversees restraint use at Granger House (and other Heritage Lifecare facilities). Restraint use at Granger House is comprehensively reviewed at their bi-monthly meetings; the last meeting was held on 20 March 2024. Information provided to this group includes the number of residents on restraint, type of restraint used, ethnicity of residents using restraint, strategies implemented in relation to

		restraint (documentation, induction, equipment), monthly restraint meetings, and advice and follow-up to be provided to homes who have difficulties with individual residents. Any changes to policies, guidelines, education, and processes are implemented if indicated.

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)
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Moderate	Granger House policy requires an annual performance appraisal for all staff, but this had not been completed for four of the six staff files reviewed who were due to have a performance appraisal completed in 2023-2024. Poor performance is being managed as it occurs related to a small number of staff not being willing to assist whānau with residents needs or being rude when asked. The service has been actively addressing any occurrences of service refusal and rudeness via the performance management process (refer subsection 2.3).	Performance appraisals are not being completed annually for all staff as required by Heritage Lifecare policy and procedure.	Provide evidence that performance appraisals are being completed annually for all staff as required by Heritage Lifecare policy and procedure. 90 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that:	PA Moderate	A review of ten care plans identified all interRAI assessments, consents, advance directives, and care plans were in place and completed by a suitably qualified healthcare	The support required to achieve residents’ goals and aspirations are not clearly documented. Early warning	Provide evidence that care plans describe the support the residents need to achieve their

(a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		professional. The support required to achieve the resident's goals was not always comprehensively documented, nor the early warning signs to observe for, that could indicate a potential deterioration in the resident's condition. A resident with a catheter to manage continence had no mention in the care plan of the catheter's presence, the type of catheter (suprapubic or indwelling catheter, latex or silicone), the size of the catheter, or the management regime. No documentation was in place around the regime to manage a resident with diabetes, nor a note on the recent change in insulin status and action for hyperglycaemia or hypoglycaemia. There was no documentation that identified a resident had a potential for cellulitis and the observations required. Residents with a history of congestive heart failure had no documentation in the care plan that identified what to observe to indicate a resident's deterioration. Residents with a history of constipation had no management plan to ensure effective oversight and prevention.	signs and risks factors that may adversely affect a resident's well-being are not being documented.	goals and that early warning signs and/or risk factors are documented. 90 days

Criterion 3.5.5 An approved food control plan shall be available as required.	PA Low	A verification audit of the food control plan was undertaken at Granger House on 29 February 2024 by the Grey District Council. A number of areas requiring attention were identified. The corrective actions for these are yet to be submitted, as the agreed date for addressing these has not been reached. The food control plan is due to be reaudited in nine months, on 30 November 2024. The areas of non-compliance included temperature control of heated food. This finding was further supported by several sources of evidence, including by residents complaining their meals were often not hot, by resident interviews on the day of audit, in residents' meeting minutes, and through food tasting on the day. The CHM has a plan in place to address residents receiving a hot meal.	On the day of audit, the food control plan had not been verified as compliant. Residents were receiving meals that were not at an appropriate temperature.	Provide evidence an approved food control plan is operating. Provide evidence residents' meals are being provided to all residents at an appropriate temperature. 30 days

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.

No data to display

End of the report.