

Heritage Lifecare Limited - Stillwater Gardens 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:	Stillwater Gardens Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 27 May 2024 End date: 28 May 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:	67

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

Heritage Lifecare Limited (Heritage) owns and operates Stillwater Gardens Lifecare, known as Stillwater Lifecare and Village (Stillwater). The facility provides hospital, rest home and dementia level care for up to 88 residents: up to 69 residents in the main facility and up to 19 in rest home level care suites on the first floor.

The facility is managed by a care home and village manager supported by a Heritage Lifecare Limited regional operations manager.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and contracts held with Te Whatu Ora – Health New Zealand Nelson Marlborough. The audit process included review of policies and procedures, review of residents' and staff files, observations, interviews with residents and whānau, governance representatives, managers, staff, and a general practitioner.

There were no areas for improvement identified at the previous audit. This audit identified areas requiring improvement related to distribution of staffing, care planning and aspects of the environment.

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.

Stillwater provided an environment that supported residents' rights. Staff demonstrated an understanding of residents' rights and obligations.

Heritage has developed a health plan to guide care provided to Māori, Pasifika and other ethnicities. Heritage has supported Stillwater at organisational level to collaborate with internal and external Māori supports to encourage a Māori worldview of health in service delivery.

There were no residents residing at Stillwater who identified as Pasifika on the days of audit. However, there were Pasifika staff and processes were in place within the Heritage group to support Stillwater to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe.

Stillwater had processes in place to respond to the needs of tāngata whaikaha (people with disabilities). Training on best practice tikanga guidelines around consent had been provided.

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. 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 partially attained and of medium or high risk and/or unattained and of low risk.
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The Heritage governing body assumes accountability for delivering a high-quality service at Stillwater. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach and these are supported at regional and governance level. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staff are suitably qualified. Staffing levels are sufficient to meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When residents were admitted to Stillwater, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care provided was based on comprehensive information. 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 haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The facility is able to meet the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

There have been no changes to the building or evacuation planning since the last 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.
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The governing body, national infection prevention control liaison nurse and the infection control nurses at Stillwater ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service.

The experienced and trained infection control nurses led the programme and were 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.
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Stillwater is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Restraint education is provided during orientation and staff complete an annual restraint competency thereafter. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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	15	0	0	3	0	0
Criteria	0	45	0	0	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Heritage has developed policies and procedures for use at Stillwater to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected.</p> <p>The manager has identified contact with local Māori.</p> <p>A Māori health plan has been developed with input from cultural advisors and was available to use for individual residents. However, residents who identified as Māori did not have their cultural values and beliefs included in care planning, refer criterion 3.2.3.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>There were no residents residing at Stillwater who identified as Pasifika on the days of audit. However, there were Pasifika staff, and processes were in place within the Heritage group to support Stillwater to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe.</p> <p>A Pacific plan has been developed by Heritage, in consultation with Pacific</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.		peoples, and is available to guide should a Pasifika resident be admitted.
<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 at Stillwater 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. Training programmes evidenced ongoing training on the Code was provided, with attendance records recorded.</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. The Code was on display in English and te reo Māori throughout the facility. A residents' advocate ran meetings with the residents every three months, although was unable to be contacted for an interview at the time of audit. Meeting minute records evidenced general satisfaction; however, concerns were expressed around the range and number of activities being provided at Stillwater (refer criterion 2.3.1 and criterion 3.2.4).</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>Employment practices at Stillwater 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 conduct.</p> <p>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. Professional boundaries were maintained.</p> <p>Residents and whānau expressed satisfaction with the care provided by Stillwater and described staff as responsive and always willing to assist. However, concerns were expressed around the minimal activities being provided.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at Stillwater and/or their Enduring Power of Attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. 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.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Files (4) reviewed of residents in the memory care unit verified residents had activated EPOAs in place, with a specialist's authorisation for placement.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. The manager advised there was a process in place to manage complaints from Māori using hui and appropriate tikanga, as applicable. Complaints forms were available in English and te reo Māori. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted for five (out of 16) complaints received in the last 12 months showed that complaints had been addressed in a timely manner. The complainant had been informed of investigation findings and the outcome of the complaint. Learnings had been identified from complaint investigations and where possible, improvements had been made.</p> <p>There have been no complaints received from external sources since the previous audit. One request for information from the coroner had been responded to within the time frame requested with all required information provided; the case remained open awaiting the coroner's verdict.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Heritage has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Heritage has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Each facility has its own business plan for its particular services, and Stillwater's plan was sighted during the audit. The business plan sets out the facility's own goals over the duration of the plan and is reviewed quarterly. The service's organisational philosophy and strategic plan reflect a person/whānau-centred approach to the services delivered at Stillwater.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service is managed by a care home and village manager (CHVM) with the support of the Heritage regional operations manager. A clinical services manager (CSM) oversees the clinical care provided at Stillwater supported by the Heritage regional clinical manager. The CSM was absent at the time of audit, and the support from the Heritage regional clinical manager was evident during this time.</p> <p>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, including Stillwater. Internal data collection (e.g., adverse events, infections, audits, and complaints) is aggregated, and corrective actions (at facility and organisation level as applicable) were actioned. Feedback is made to the clinical governance group and to the board.</p> <p>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., providing information in other languages for the Code of Rights, and infection prevention and control).</p> <p>The service holds contracts with Te Whatu Ora Nelson and Marlborough for age-related rest home and hospital level services, short-term care (respite), and secure dementia care. Contracts with Whaikaha for residential disability were aimed at the care of younger people with disabilities (YPD).</p>
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		On the day of audit 67 residents were receiving services; 24 residents were receiving rest home services (including four in care suites under occupation rights agreements assessed as requiring care and three under respite contracts, one being YPD), 28 hospital level services (including 2 younger persons under the YPD contract) and 15 secure dementia services.
<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 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, internal and external audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions were developed and implemented to address any shortfalls; this included ethnicity information to allow for inequity to be identified and addressed. Progress against quality outcomes was evaluated.</p> <p>The care home and village manager understood the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. Policies reviewed were current and covered the necessary aspects of the service and contractual requirements. Staff documented adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, and action plans developed and followed up in a timely manner. Ethnicity information was collected and analysed as part of adverse event reporting.</p> <p>The care home and village manager and the regional operations manager present at the audit understood and have complied with essential notification reporting requirements; this included notifications of registered nurse shortages and pressure injuries.</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</p>	PA Moderate	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. At least one staff member on duty has a current first aid certificate. Stillwater had a recruitment drive in 2023 and at the time of

<p>culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>audit, all registered nurse vacancies were filled.</p> <p>A review of seven weeks' rosters confirmed staff were replaced when on leave, there was 24/7 registered nurse coverage in the hospital, and a dedicated nurse was allocated to the secure memory care unit. Sufficient caregivers were allocated to the hospital wing, rest home, memory care unit and care suites to meet the needs of residents. Two full-time diversional therapists cover all areas of the facility Monday to Friday, with caregivers supporting activities outside these hours. However, the allocation and distribution of staff is such that aspects of care related to the activities programme are not being met, refer criterion 2.3.1.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures the service employs appropriate staff to meet the needs of residents.</p> <p>Continuing education is planned annually, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Caregivers working permanently in the dementia care area have either completed or are enrolled in the required education. Twenty-four caregivers have completed NZQA Level 4, eight have completed Level 3 and four have completed Level 2. The remaining staff are enrolled and are being supported by the manager and diversional therapist to complete the required training.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</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</p>	<p>FA</p>	<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. Job descriptions were documented for each role. Professional</p>

<p>needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>qualifications and registration (where applicable) had been validated prior to employment.</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. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at Stillwater worked in partnership with the resident and their whānau to support the resident's wellbeing.</p> <p>Fourteen residents' files were reviewed: seven hospital files, three rest home and four memory care. These files included residents who identified as Māori, those who were receiving care under a Whaikaha, physical disability contract, residents who self-administer medications, those who have a facility-acquired pressure injury, residents who have a number of co-morbidities, residents who have swallowing difficulties, those who have a high falls risk, those who have recently required transfer to an acute facility, residents who have behaviours that challenge, and residents who were on anticoagulant therapy.</p> <p>Files reviewed verified the RN documented a plan of care for the resident following a comprehensive assessment, including consideration of the person's lived experience, cultural values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). A resident with a facility-acquired pressure injury, had documentation in place regarding management of that injury. The evidence verified the injury was managed as per the management plan and the injury was observed to have nearly healed. Practices were observed to be occurring regarding minimising the risk of the resident's pressure injury risk, and other residents' pressure injury risk. At the time of audit, there was one stage two pressure injury in the facility. A resident who had recently deteriorated very</p>

		<p>quickly, was transferred to an acute facility in a timely manner, as evidenced by documentation and interviews.</p> <p>Residents who identified as Māori on the admission ethnicity data, had no Māori health plan in place, and residents in the memory care unit had no behaviour management plans in place. Five resident rooms in the memory care unit had locks on the residents' doors (refer criterion 4.1.1). There was no mention in the care plans where this strategy was used in managing the residents' care, nor evidence of the use of other de-escalation strategies. Two diversional therapists were responsible for providing activities programmes at Stillwater. Residents' activity needs were documented, and activity plans were in place, including 24 activity plans in the memory care unit. However, observations, documentation and interviews verified minimal activities were being provided at Stillwater to meet the needs of residents (refer criterion 2.3.1 and 3.2.4). These are areas requiring attention.</p> <p>Timeframes for the initial assessment, GP assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. This was verified by reviewing documentation, sampling residents' records, from interviews and from observation.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or their whānau. However, this was not consistently documented to ensure the required care could be provided. This also requires attention.</p> <p>Residents and whānau confirmed active involvement in the care planning process, including for residents with a disability.</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</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not in use at Stillwater.</p> <p>There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities.</p> <p>Self-administration of medication was facilitated and managed safely. Residents were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Stillwater was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in October 2023. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. Stillwater operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 9 February 2023. No areas requiring corrective action were identified and the plan was verified for eighteen months. The plan is due for re-audit on 9 August 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. The 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.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p> <p>Snacks and drinks were available 24 hours a day in the memory care unit,</p>

		and staff discussed making these available to residents who were unsettled.
<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 Stillwater was planned and managed safely to include current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Moderate	<p>The building has a current building warrant of fitness (BWof) which expires on 26 July 2024. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p> <p>The hospital, rest home and care suites provided an environment that was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>The dementia unit had spacious rooms all with an ensuite, and a ranch slider door allowing access to the secure outside area. There was a lounge/dining room and a separate small lounge available for residents. There is adequate space to provide group activities in these lounge areas. However, the lounges had minimal decoration. A refurbishment is planned, the larger lounge had a television installed two weeks ago and documentation confirmed carpet replacement quotes had been obtained and carpet replacement will occur in the near future. As part of the refurbishment a sensory area is planned, until this occurs this lounge area had no curtains, no pictures or wall decoration</p>

		<p>and the only furniture was cream recliner chairs placed along one wall, refer criterion 4.1.1. Residents were observed to be sitting in this area with activities or diversional therapy occurring, refer criterion 2.3.1.</p> <p>Five rooms in the secure memory care unit had lockable doors. These rooms could be locked from the inside by the resident, preventing staff access until a key was obtained. Two rooms were observed to be locked during the day, preventing the resident from accessing their personal bedroom or ensuite during the day unless facilitated by staff, refer criterion 4.1.1.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and were reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Residents and their whānau were educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</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</p>	FA	<p>Stillwater undertook surveillance of infections appropriate to that recommended for long-term care facilities, and this is in line with 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. Data collected included ethnicity data.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance data included ethnicity data. Results of the surveillance programme were reported to</p>

<p>national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>management and the governing body and shared with staff.</p> <p>Three outbreaks had occurred at Stillwater over the past six months. A review of these by the organisation's national IPC liaison officer identified staff training as a factor and this had been addressed. Recent incidents of potential outbreaks have been contained.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Heritage is committed to maintaining a restraint-free environment in all its facilities and this is documented in the policy and procedure in place to guide restraint. Stillwater has been restraint-free since the last audit. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of low/low beds and sensor mats). Five rooms in the memory care unit have locks on the doors, there was no evidence to suggest these had been used as environmental restraint at any time. 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.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2023 and 2024 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes an annual restraint competency).</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Moderate	A base roster documents staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Rosters evidenced there were sufficient staff, and staff were replaced when on leave. The manager described adjusting staffing levels to meet the changing needs of residents. There is a multidisciplinary team (MDT) approach to care and the facility employs two full-time qualified diversional therapists (DTs) who work Monday to Friday. However, the DTs were allocated to duties other than providing activities for residents, including the transition of records to a newly implemented electronic format, health and safety	Due to the diversional therapy staff being assigned other duties, activities have not been provided to meet the needs of the residents.	Ensure diversional therapy staff have the time available to provide an activities programme that enables residents to participate in meaningful community and social activities, and that care staff in the memory care unit are able to provide diversional therapy activities when the diversional therapist is not present. 30 days

		<p>responsibilities, NZQA training support and taking meeting minutes. As a result, the activities being provided at the time of audit were limited. On the two days of audit, one hour of activities was seen in the rest home (which included a small number of hospital and rest home residents), none in the hospital, and one hour of activities was provided in the memory unit. Newspaper reading with residents occurred in the morning in the hospital and memory care unit on day two of the audit, there was a church service in the rest home wing provided by a visiting chaplain, and a van outing for a small number of residents. Televisions were available in each area. Some games and puzzles were available stored in cupboards; however, these were not seen to be used and care staff stated they do not have time to assist residents in activities. The DTs were observed to be completing paperwork for the rest of their shift. In addition, care staff stated they do not have time to provide activities in the dementia unit when the DT is not present.</p> <p>Staff, resident and whānau interviews confirmed the level of activities seen was normal for the facility and identified DT staff were not able to provide activities regularly due to other duties. The 2023 resident and next of kin</p>		
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		satisfaction survey identified the activities programme was not meeting the needs of residents. Minutes from resident meetings, including with an independent advocate, also documented resident and whānau concerns that staff were not engaged with residents other than to provide care.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(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;</p> <p>(f) Strengths, goals, and aspirations are described and</p>	<p>PA</p> <p>Moderate</p>	<p>Files reviewed verified the RN documented a plan of care for the resident following a comprehensive assessment, including consideration of the person's lived experience, cultural values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Three residents who identified as Māori had their iwi identified; however, there was no documentation identifying the residents' cultural needs and the required interventions to address this. Interview with the care home and village manager identified that while there was a list of Māori supports available if required, no relationships with these organisations had been established. The regional clinical manager did offer options to access Te Piki Oranga, a local Kaupapa</p>	<p>Cultural needs, values and beliefs for residents who identified as Māori were not documented in the care plan, and the support required to meet these was not identified. Residents in the memory care unit had no plan in place to identify and address the behaviours that the residents presented with and how to manage these. This included the use of locks on doors, and where and when these were used.</p>	<p>Provide evidence the care plans describe the supports required to meet residents' needs.</p> <p>60 days</p>

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.		Māori service. Four resident files reviewed in the memory care unit had no behaviour management plans in place to identify the behaviours presenting and the strategies to manage these behaviours. A resident in the memory care unit had minimal documentation regarding the specific care need requested by the whānau.		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk</p>	PA Moderate	<p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or their whānau. However, these changes were not always documented to ensure staff were aware of the care required to be provided. A review of 14 care plans identified activity assessments and activity care plans in place. Observations, documentation and interviews evidenced very few activities are being provided at Stillwater despite two diversional therapists being onsite five days a week for sixteen hours/ day. Five residents' rooms in the memory</p>	<p>The services provided at Stillwater were not always consistent with meeting the residents' assessed needs. Any change in resident need is not always documented and diversional strategies to manage behavioural needs were not always documented or implemented</p>	<p>Provide evidence the services provided at Stillwater are consistent with meeting the residents' assessed needs. Any change in resident need and diversional strategies to manage behavioural needs are documented and implemented.</p> <p>60 days</p>

assessments are an ongoing process and that any changes are documented.		care unit can be locked and two rooms were locked during the day preventing the resident access. This had occurred with the knowledge and approval of the EPOA who did not want other residents entering their family member's room. Diversional strategies to manage the behaviour of the other residents were not evident in care plans, and staff could not describe what other actions they had taken. A resident who has been assessed as requiring comfort cares, has no documentation in the care plan documenting this change. Changes to medication were not documented in the care plan to enable evaluation of the effectiveness of the changes to be monitored.		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Moderate	<p>The rooms in the secure memory care unit were spacious and all included an ensuite, and a ranch slider door allowing access to the secure outside area. Each room was personalised to the resident. Two lounges and a dining area were available.</p> <p>However, at the time of audit the environment was not suitable to meet the needs of residents with dementia who required distraction to manage behavioural needs. The lounges had minimal decoration, with few pictures on the walls and</p>	<p>The environment in the secure memory care unit did not meet the needs of residents who required diversional therapy.</p> <p>Five resident rooms in the secure memory care unit could be locked by the resident, preventing staff access unless a key was obtained.</p> <p>Two residents were being locked out of their bedrooms during the day, preventing access to their personal space and belongings and preventing access to the</p>	<p>Ensure the environment is stimulating and provides distraction to meet the needs of residents with dementia.</p> <p>Ensure residents are not locked out of their rooms and have access to their personal space and belongings.</p> <p>Ensure residents are not able to lock themselves into their rooms preventing staff access unless a key is obtained.</p>

		<p>there were no individual activities or sensory tools set out for residents such as activity boards, fidget blankets or sleeves, and none were seen to be available in storage. One lounge had no curtains and was bare except for chairs along one wall. Residents were observed to be sitting in this area without activities or diversional therapy occurring.</p> <p>A refurbishment is planned, and the larger lounge had a television installed two weeks ago. As part of the refurbishment, a sensory area is planned; however, until this is installed the environment does not meet the needs of residents in a secure memory care unit.</p> <p>Five rooms in the secure memory care unit had lockable doors. These rooms could be locked from the inside by the resident, preventing staff access until a key was obtained. Two rooms were observed to be locked during the day, preventing the resident from accessing their personal bedroom, or ensuite during the day unless facilitated by staff. This had occurred with the knowledge and approval of the EPOA who did not want other residents entering their family member's room. Other strategies to manage the behaviour of the other residents were not evident in care plans (refer criterion 3.2.4), and staff could not describe</p>	toilet unless facilitated by staff.	7 days
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		<p>what other actions they had taken. All rooms have an ensuite and the only toilet available to the resident was in their room. It was noted the only other toilet in the memory care unit was also locked on the day of audit, preventing resident access unless facilitated by staff.</p> <p>In locking residents out of their room, staff were reducing the independence of residents and limiting their access to their personal space and familiar belongings. The organisation's regional operations manager (onsite on the days of audit) requested the locks be removed from the doors, and a locksmith was booked for the next day.</p>		
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, 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.