# Heritage Lifecare (BPA) Limited - Maxwell Care Home

## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Heritage Lifecare (BPA) Limited

**Premises audited:** Maxwell Care Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 12 March 2024 End date: 12 March 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:** 24

# 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 |
|  | 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 (HLL) owns and operates Maxwell Lifecare, which is one of two HLL providers in Blenheim. Maxwell Lifecare provides rest home and hospital services for up to 25 residents.

This audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand Nelson Marlborough (Te Whatu Ora Nelson Marlborough). The process included review of policies and procedures, residents’ and staff files, observations, and interviews with residents, whānau, regional manager, managers, staff, and a telephone interview with a nurse practitioner.

Strengths of the service include the staff and management's commitment to their residents, and it was seen that the managers overseeing the services were well organised. The area for improvement from the last audit related to lack of documented long-term care plans was seen as being met and there were no areas for improvement identified at this audit.

## 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. |

Heritage Lifecare Ltd works collaboratively to support and encourage a Māori and Pacific peoples’ world view of health in service delivery within their facilities and this was observed at Maxwell Lifecare.

Maxwell Lifecare provided an environment that supported residents’ rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There were health plans that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities.

Maxwell Lifecare worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori whānau, and staff interviewed. Systems and processes were in place to enable Pasifika people to be provided with services that recognised their worldviews and were culturally safe.

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

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

Few complaints have been received and these were solved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

Maxwell Lifecare is governed by Heritage Lifecare Limited (HLL). There are processes for Maxwell Lifecare to report up to senior managers and on to the board to allow for monitoring of the organisation’s performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that leads to improvements. Actual and potential risks were identified and mitigated.

Adverse events were documented with corrective actions implemented. The service complied with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff were suitably skilled and experienced.

Staffing levels were sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance was monitored.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

|  |  |  |
| --- | --- | --- |
| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Subsections applicable to this service fully attained. |

When residents enter the service a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arise. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents, including younger persons with a disability, are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents were referred 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 being maintained. There was a current building warrant of fitness. Electrical and biomedical equipment have been checked and tested as required.

## 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 oversees the implementation of the infection prevention and control programme, which is linked to the quality management system. An experienced and trained infection control national coordinator leads the programme. Annual reviews of the programme were reported to the board, as were any significant infection events.

Staff education occurs and staff demonstrated good principles and practice around infection control.

Infection surveillance was undertaken with follow-up action taken as 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. |

Heritage Lifecare Ltd has a philosophy of having a restraint-free environment for all its facilities. Maxwell Lifecare is a restraint-free environment and has been for many years. This is supported by the governing body and policies and procedures. The clinical services manager oversees the care and staff interviewed were aware of the restraint-free environment.

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Subsection** | 0 | 18 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 49 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **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 | Heritage Lifecare Limited (HLL) had a Māori health plan that guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori. Heritage Lifecare Ltd Māori Network Komiti, a group of Māori employees, assists the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. |
| 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 | Heritage Lifecare Ltd understood the equity issues faced by Pacific peoples and is able to access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team identify as Pasifika and assist the board to meet their Ngā Paerewa obligations to Pacific peoples.  A Pacific health plan is in place which utilises the Fonofale model of care documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan has been developed with input from cultural advisers. |
| 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 | The Code of Health and Disability Service Consumers’ Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. A copy of the Code is given to all residents on admission.  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 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe 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. | FA | Staff understood the Heritage Lifecare Limited policy on abuse and neglect, including what to do should there be any signs. Staff training had occurred. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff, resident and whānau interviews, or in documentation reviewed.  Residents reported that their property was respected.  Professional boundaries are guided by a Code of Conduct and were maintained by staff. |
| 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 and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.  Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.  Advance care planning, establishing and documenting enduring power of attorney requirements, and processes for residents/patients unable to consent were documented, as relevant, in the resident’s record. |
| Subsection 1.8: I have the right to complain  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. | FA | A fair, transparent, and equitable system was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. Residents and whānau are informed of the process as part of admission documentation. There were forms and a box available at the reception desk. Staff stated they would support residents and whānau who wished to make a complaint. Residents and whānau interviewed reported that they understood their right to make a complaint and knew how to do so.  The facility manager advised of the process to receive and manage complaints which includes equitable access for Māori. There were seven complaints received in 2023 and two year-to-date. These were recorded on the electronic register and a file related to each contains the documentation related to investigation and communication. Review of a sample of complaints showed that the process met the requirements of the Code, and the complainant was made aware of the outcome of the complaint.  There were no Health and Disability Commissioner or coroner complaints since the last audit. |
| 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 delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | 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. Ethnicity data is collected to support equitable service delivery.  Heritage Lifecare Ltd has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. Maxwell Healthcare has an annual business plan which follows the HLL template and is reported on regularly and at the end of each year. Governance and the senior leadership team, which forms the clinical governance structure are committed to quality and risk via policy, processes and through their key performance indicator monthly reporting structure. Internal data collection (e.g., adverse events, infections, audits, and complaints) is aggregated and corrective action (at facility and organisation level as applicable) actioned.  Maxwell Lifecare holds contracts with Te Whatu Ora Nelson Marlborough to provide residential rest home, hospital and respite care services under the age-related residential care agreement (ARRC) for up to 25 residents. It also has a contract with Whaikaha for younger persons with disability (YPD). On the day of audit, all residents were receiving hospital level care, including five residents under the Whaikaha 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 | Maxwell Lifecare follows the HLL planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, satisfaction surveys and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. The facility manager records quality improvement initiatives, three of which were currently being worked on and have yet to be fully evaluated.  Progress against key performance indicators is reported on monthly and quality data is communicated and discussed at staff meetings and this was confirmed by staff at interview. Trends were graphed and displayed on notice boards in the staff room and satisfaction surveys in the main corridor.  Heritage Lifecare Ltd organisational risk registers identify risks, mitigation strategies and reviews. Risks include health and safety risks. Maxwell Lifecare has facility-specific risk and health and safety registers, which follow HLL templates. The facility manager adds to these when new risks are identified.  Heritage Lifecare Ltd has adverse event processes in line with the National Adverse Events Reporting Policy. Staff report on patient and staff incidents, presently using a paper-based system which is being transferred to the electronic patient management system in the next few months. The monthly reporting on patient incidents showed that these were being monitored and investigated with corrective actions, where required, followed up in a timely manner.  The facility manager and CSM understood and have complied with essential notification reporting requirements. Few have been completed, the first being in October 2023 relating to an unstageable pressure injury. |
| 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 managed to deliver effective person-centred and whānau-centred services. | 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. The facility manager reported no current vacancies and having sufficient staff to complete the ongoing roster. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.  Heritage Lifecare Ltd orientation and annual education programme meets the requirements of the contract for services and the needs of the resident group. The facility manager provided evidence of staff undertaking the required competencies and ongoing training. Maxwell Healthcare carers have access to a New Zealand Qualification Authority (NZQA) education programme and of the 14-care staff, 11 have NZQA level four, two have NZQA level three and one is on NZQA level two. Staff confirmed they have access to monthly education and are supported to attend ongoing training. |
| Subsection 2.4: Health care and support workers  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. | FA | Qualifications are validated as part of the recruitment process and prior to employment. A register of health professionals’ annual practising certificates (APCs) was maintained for RNs, ENs and associated health contractors (e.g., five general practitioners (GPs), two nurse practitioners (NPs), a physiotherapist, two podiatrists, four pharmacists, and two dietitians).  Heritage Lifecare Ltd induction and orientation processes were being undertaken for all new staff and this was evident in the staff files reviewed and confirmed by staff interviewed, who stated they felt well supported through this process and ongoing. A buddy is identified to support these new staff members. The workbooks provided for orientation cover the essential components of service provision and cover core competencies.  Staff performance is reviewed at three months of employment and annually, this was confirmed through documentation sighted and interviews with staff. |
| 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. | FA | The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan, based on the HLL model of care, is developed by a registered nurse following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.  Assessment is based on a range of clinical assessments and includes resident and whānau input. Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual requirements and the corrective action raised at the last audit is now closed.  Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. A Māori health plan based on Te Whare Tapa Whā is used for Māori residents to ensure their cultural needs are met.  Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Short-term care plans document short-term needs. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.  Sufficient equipment was available and was suitable to meet the needs of residents at Maxwell Lifecare, including pressure relieving equipment and equipment to support mobility.  This was verified by sampling residents’ records, observations and from interviews with clinical staff, residents and whānau.  Residents, including those with disabilities, were given choices and control over their care. Tāngata whaikaha can independently access information.  Residents were supported to maintain their independence and care plans described how this is supported. The nurse practitioner confirmed care was of an acceptable standard and they were called appropriately when needed. |
| 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 observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.  All medications sighted were within current use-by dates.  Medications are supplied to the facility from a contracted pharmacy. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.  Prescribing practices met requirements. Medication reconciliation occurs. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber. The required three-monthly general practitioner reviews were consistently recorded on the medicine chart. Standing orders are not used.  Self-administration of medication was facilitated and managed safely.  Residents, including Māori residents and their whānau, are 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. | FA | The food service is in line with recognised nutritional guidelines for people using the services. The food safety plan was current and the verification audit in February 2024 had one recommendation which had been closed. The summer menu had been reviewed by a qualified dietitian in October 2023, with no recommendations being made at that time. The regional manager stated the winter menu is being reviewed currently .  All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.  Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that are culturally specific to te ao Māori.  Evidence of resident satisfaction with meals was verified by residents and whānau interviews.  Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. |
| 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 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. | FA | Transfer or discharge from the facility is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. |
| 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 were in place to ensure the residents’ physical environment and facilities (internal and external) were fit for their purpose and being maintained. The facility manager provided evidence of ongoing maintenance of equipment, including biomedical, and were current. This was confirmed by observation.  The building had a current building warrant of fitness which expires on 23 July 2024. No building changes have occurred since the last audit. There were currently no plans for further building projects requiring consultation. HLL directors were aware of the requirement to consult with Māori if this was envisaged. |
| 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 clinical services manager (CSM) who is a registered nurse is the infection prevention and control resource nurse and is responsible for overseeing and implementing the infection prevention programme with reporting lines to senior management and to the Heritage Lifecare Ltd regional manager and national infection prevention lead. The CSM has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support.  The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. An annual infection prevention programme is in place and has been approved by the Heritage Lifecare Limited governing body. The programme is linked to the quality improvement programme and has been reviewed annually. Reporting to governance and feedback to staff has occurred.  Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly.  Residents and their whānau are educated about infection prevention in a manner that meets their needs. |
| Subsection 5.4: Surveillance of health care-associated 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. | FA | Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the aged residential care services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data included ethnicity, and is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are reported to governance and shared with staff.  Communication between service providers, and residents experiencing a health care-associated infection (HAI) and/or their whānau was culturally safe. |
| 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 Ltd has a philosophy of having their facilities restraint-free environments. Maxwell Healthcare has been restraint-free for many years with no records of restraint being undertaken. There was no evidence of restraint being used. Staff interviewed were aware of the no-restraint environment and steps were taken to ensure the restraint-free environment was maintained, with residents being reassessed if the service felt the resident was unable to be managed in the facility.  Staff undertake training related to challenging behaviours and restraint-free environment.  Heritage Lifecare Ltd monitors restraint use within their facilities on a monthly basis. |

# Specific results for criterion where corrective actions are required

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

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

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

|  |
| --- |
| No data to display |

# 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.