

Heritage Lifecare (BPA) Limited - Broadview Rest Home & Hospital

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 (BPA) Limited
Premises audited:	Broadview Rest Home & Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 1 July 2024 End date: 2 July 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:	83

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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

Broadview Rest Home and Hospital provides rest home, hospital, dementia, and psychogeriatric care for up to 87 residents. The service provider had, prior to the previous audit, notified their intention to exit the provision of mental health care services and increase the number of psychogeriatric beds by 10; this change has now been implemented. The service is owned and operated by Heritage Lifecare (BPA) Limited. Residents and whānau were complimentary about the care provided.

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

Improvements identified at the last (certification/partial provisional) audit relating to the effectiveness of cleaning, and documenting medication allergies, have been addressed. Improvements identified during this audit are required to address specific education deficits related to staff working in the dementia care and psychogeriatric areas of the service.

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 are fully attained.
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Broadview Rest Home and Hospital provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There are processes in place to ensure Māori can be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori residents and their whānau reported they received care that was culturally specific to their needs and embraced te ao Māori.

There were residents who identified as Pasifika residing at Broadview Rest Home and Hospital on the days of audit. Pasifika residents and their whānau also reported that they received care that was culturally specific to their needs and respected their worldview.

Broadview Rest Home and Hospital had formal processes in place to respond to the needs of tāngata whaikaha (people with disabilities) and enable their participation in te ao Māori. Training on best practice tikanga guidelines around consent had been provided.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially are attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and tāngata whaikaha. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

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

Staff are appointed and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to learning is in place to support safe and equitable service delivery. Staff are orientated to the service.

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.		Subsections applicable to this service are fully attained.
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When residents were admitted to Broadview Rest Home and Hospital a person- and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau. Meaningful partnerships with Māori communities or organisations to benefit Māori individuals and whānau have been developed.

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

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, met the needs of tāngata whaikaha, and those resident in the secure areas of the facility (dementia and psychogeriatric care services).

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

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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The governing body, care home manager, clinical services manager and the infection prevention nurse at Broadview Rest Home and Hospital 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 infection prevention and antimicrobial stewardship programme was adequately resourced. The experienced and trained infection prevention nurse led the programme and was engaged in procurement processes.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service was a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents observed using a restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews in place should restraint use be required in the future.

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	1	0	0
Criteria	0	49	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Broadview Rest Home and Hospital (Broadview) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents and staff interviewed. Residents and whānau interviewed reported that staff respected their right to self-determination (mana motuhake), and they felt culturally safe.</p> <p>Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisors and is used for residents who identify as Māori. There were Māori residents in the service during the audit.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Broadview identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. The Fonofale model of care is available for Pasifika residents. There were residents who identified as Pasifika in the facility during the audit; they and their whānau reported that they were cared for in a way that respected their worldview and they felt culturally safe.</p> <p>Active recruitment, training, and actions to retain a Pacific workforce are supported at Broadview to support equity. There were Pasifika staff employed by the service, during the audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Training records verified training on the Code had been provided within the last year.</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. Information on the Code and the advocacy service was on display and accessible throughout the facility.</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 Broadview 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. Training records, provided within the past year, evidenced training around abuse and neglect, sexuality and intimacy, privacy, code of conduct, and professional boundaries. Signage at the entrance to the secure dementia care unit and the specialist hospital psychogeriatric unit informed those entering that closed-circuit television</p>

		<p>cameras (CCTV) were in operation.</p> <p>Residents and whānau expressed satisfaction with the care provided by Broadview and described staff as always willing to assist. An interview with the residents and independent advocate, who holds quarterly meetings with residents and their whanau, verified overall satisfaction with services.</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 Broadview 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 of residents reviewed in the secure unit and specialist hospital unit had an activated Enduring Power of Attorney in place, and a specialist's authorisation of the resident requiring placement in a secure environment.</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>Policies and procedures are in place to receive and resolve complaints that lead to improvements; these meet the requirements of consumer rights legislation. Residents and whānau were informed of the complaints process on admission, and information relating to the complaints process is displayed in the facility along with advocacy information. Residents and whānau understood their right to make a complaint and knew how to do so. The care home manager (CHM) advised there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or te reo Māori as applicable.</p> <p>A fair, transparent, and equitable system was in place to receive and resolve complaints that led to improvements. Documentation sighted for eight complaints received in the last 12 months showed that the complaints</p>

		<p>had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint.</p> <p>There had been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the 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>	FA	<p>Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. There is 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. Ethnicity data is collected to support equitable service delivery. Each facility has its own business plan for its services, and Broadview'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-centred and whānau-centred approach to the services delivered at Broadview.</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 CHM with the assistance of a clinical services manager (CSM), and a unit coordinator (UC) who oversee the clinical services being provided at Broadview. The CHM has been in the role for eight months but has substantial previous experience in the sector and for Heritage Lifecare. The CSM and UC are both registered nurses (RNs) with experience in aged care. The CHM and CSM confirmed knowledge of the sector, and regulatory and reporting requirements. This leadership team is being supported by the regional manager, who is frequently on site, and receives further specialist support through the National Office.</p> <p>Governance and the senior leadership team commit to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including Broadview. Internal data collection (e.g., adverse events, infections, audits, and complaints) is aggregated, and corrective actions (at facility and organisation level as applicable) 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., information in other languages for the Code of Rights, and infection prevention and control). Broadview utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>The service holds contracts with Te Whatu Ora for rest home, hospital, dementia, psychogeriatric, and intermediate care services (six-week contracts following a hospital admission). Rest home and hospital care includes short-term/respite care, and long-term support – chronic health conditions (LTS-CHC). The service also holds contracts to provide services for the Accident Compensation Corporation (ACC). There were 83 residents on the first day of audit; 24 rest home residents (including one under a LTS-CHC contract and two who were under 65 on a 'like in age and interest' contract), 22 were assessed as hospital level care (one under a LTS-CHC contract), 19 residents in the specialist hospital psychogeriatric unit (three under the age of 65), 16 dementia care residents and three receiving services under the intermediate care services contract. Two residents were receiving services under an ACC contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, and clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls; these include ethnicity information to allow for inequality to be identified and addressed. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview.</p> <p>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</p>

		<p>was collected and analysed as part of adverse event reporting. Twenty adverse events were looked at in detail (four medication errors, one absconding, one bruising, six falls, one choking episode, two pressure injury, four physical and one verbal aggression); all 20 were fully completed, with actions required to minimise these events recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plan of care.</p> <p>The CHM and CSM understood and have complied with essential notification reporting requirements. There have been 75 Manatū Hauora Section 31 notifications completed in the last 12 months. The majority of these (58) related to resident aggression or unwanted behaviour, which reflects the scope of services being provided (psychogeriatric and dementia care); in most cases there are two or more Section 31s related to a single incident. Other than these, Section 31 notifications have been made relating to a medication error (one), absconding (two), smoking (one), fall with injury (one), fire alarms (three, all false alarms), unplanned power outage (one), RN shortage (one shift only), and one due to the recent change of CHM. No notifications have yet been made to the Health and Safety Quality Commission (HSQC) related to pressure injury.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is managed by the CHM who has extensive previous experience in the management of aged care and has worked at this facility for eight months. The CHM is supported by an experienced RN who has worked as the CSM at the facility for six years, and an experienced UC who has worked at the facility for two years. The CHM and CSM both work Monday to Friday, and the UC Tuesday to Saturday, on-call is shared. There are RNs on duty 24/7 and there is a first aid certified staff member on duty 24/7.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Staff have access to a New Zealand</p>

		Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora. Related competencies have been assessed and support equitable service delivery. However, under the Age-Related Residential Care (ARRC) Contract (E4.5 f) and Aged Residential Hospital Specialised Services (ARHSS) Agreement (D17.11 c), staff working in the dementia and psychogeriatric care areas are required to have specific NZQA approved education related to the role; however, not all care staff working in these areas have commenced or completed the appropriate education to work in the service within the required timeframes (refer criterion 2.3.2).
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio. Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>A sample of ten staff records were reviewed in detail (four RNs, five caregivers, one housekeeper); these evidenced implementation of the recruitment process, employment contracts, reference checking, visa checking (if applicable), police vetting, and completed induction and orientation. Staff who had completed orientation reported that the process had prepared them for their role. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for RNs, and associated health contractors (a specialist psycho-geriatrician, general practitioner (GP), nurse practitioner (NP), RNs, pharmacists, a podiatrist, and dietitians).</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team at Broadview worked in partnership with the resident and their whānau to support the resident's wellbeing.</p> <p>Eleven residents' files were reviewed; two residents receiving specialist hospital psychogeriatric care services, five hospital level services, two rest home, and two files of residents being cared for in the secure dementia care unit. These files included residents who identified as Māori, were under the age of 65, who have several co-morbidities or who have a high risk of falls, who were receiving care under an ACC contract, who were receiving care under a LTS-CHC contract, who had a wound, and residents who had episodes of behaviours that challenged.</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 needs, 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). Timeframes for the initial assessment, NP consultations, psychogeriatric assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. Residents residing in the specialist hospital psychogeriatric unit had documented prevention-based strategies to minimise the episodes of the residents' behaviour that challenges. Evidence verified changes were made to these strategies when they were documented to be ineffective, within the constraints of minimising the use of medications. Residents who had unwitnessed falls were evidenced to have RN assessments and neurological observations undertaken consistent with best practice guidelines. Specialist wound care support was accessed to manage long-standing wounds. Residents who identified as Māori or Pasifika had a culturally appropriate care plan in place that identified the cultural needs of the residents. Policies and processes were in place to ensure tāngata whaikaha and their whānau participated in the service's development, delivered services that gave choice and control over care and support activities, and removed barriers that prevent access to information. 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</p>
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		<p>were made to the care plan in collaboration with the resident and/or their whānau. Residents in the secure dementia care unit and specialist hospital psychogeriatric services unit had specialist input from a visiting psycho-geriatrician weekly or acutely as required. Residents and whānau in all areas confirmed active involvement in the process, including for residents with a disability.</p> <p>Interviews with the staff verified their familiarity with all aspects of the care the residents required, including the cultural aspects of Māori and Pasifika residents' care. An interview with the NP evidenced a high degree of satisfaction with the care provided by Broadview. Mention was made of some residents and whānau identifying difficulties understanding communications from RNs with international origins. This information was passed on to the CHM and CSM, to suggest some alternative methods of keeping residents and whānau informed. Younger residents residing at Broadview were satisfied with their care.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. 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 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 NP review was consistently recorded on the medicine chart. Standing orders were not in use at Broadview.</p> <p>The previous audit identified a corrective action around not all residents having allergies or sensitivities or 'no known allergies' recorded on the medication chart. This has been addressed. There was a process in place to identify, record and communicate residents' medicine-related allergies or</p>

		<p>sensitivities or 'no known allergies or sensitivities.</p> <p>There was a process in place to ensure self-administration of medication could be facilitated and managed safely, although there were no residents self-administering medications at Broadview during this audit. Residents, including Māori residents and their whānau, 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>	FA	<p>The food service provided at Broadview was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 18 May 2024. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 27 February 2024. Two areas were identified as requiring further work. This included a list of trusted suppliers to be kept and the thermometer to be calibrated. These were addressed and the plan verified for 18 months. The plan was due for reaudit on 27 August 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. The personal food preferences, including 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. During Matariki, Māori Language Week, Waitangi Day and Pasifika day, the kitchen prepared culturally specific foods for those residents who requested them. The cook prepared a 'boil up' when the residents requested this. Residents' and whānau are able to supply selected foods for residents and the kitchen will prepare these for them.</p> <p>Interviews, observations and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident and whānau meeting minutes. This was supported on the days of audit, when residents responded favourably regarding the</p>

		<p>meals provided on these days. The residents' meal satisfaction survey evidenced residents were satisfied with the meals provided.</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 secure unit and in the specialist hospital unit.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Broadview 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>Residents from the secure dementia care unit and the specialist hospital psychogeriatric unit are supported to have someone accompany them during a transfer.</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>	FA	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, maintained and that they meet legislative requirements. Changes instigated at the previous (certification/partial provisional) audit to exit the provision of mental health services and increase the number of psychogeriatric beds by 10 have been completed (there are now 20 psychogeriatric beds available). There have been no further changes to the facility of its services.</p> <p>The building had a building warrant of fitness which expires on 22 June 2025. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and 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>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, had 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 are educated about infection prevention in a manner that meets their needs. This was particularly evident during a recent COVID-19 outbreak.</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 national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Broadview undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was 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.</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 management, the governing body, and shared with staff. Results evidenced a decrease in the number of urinary tract infections over the past six months.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the</p>	FA	<p>A previous audit identified a corrective action in relation to there being no regular processes in place for monitoring the effectiveness of the cleaning services. This has now been addressed. Cleaners sign off on the required cleaning tasks, and auditing of these tasks has been conducted as per the auditing schedule.</p>

environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Broadview is committed to a restraint-free environment in all its facilities, and this is documented in the policy and procedure in place to guide restraint. Broadview is restraint-free, and no residents were observed to be using a restraint during the audit. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., intentional rounding (scheduled checking of at-risk residents), use of high/low beds, and sensor equipment). 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>Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). The restraint coordinator is a senior RN who has completed restraint education relevant for the role. Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring as part of the 2023 education programme. This was confirmed through documentation and interviews with staff. Staff interviewed also reported that their input into residents at risk was welcomed at staff meetings.</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 2.3.2 Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.	PA Moderate	Under the ARRC Contract (E4.5 f) and ARHSS Agreement (D17.11 c), staff working in the dementia and psychogeriatric care areas are required to have completed or commenced (within appropriate timeframes) specific education related to the role. Four weeks of rosters were examined. Over the four weeks, only five of the staff working in these areas had fully completed the required NZQA approved education, with seven currently enrolled. Seven staff working consistently in the dementia and/or psychogeriatric care service areas had not completed the required education, nor had they been enrolled to commence the programme.	Not all staff working in the dementia and/or psychogeriatric care service areas of the facility had been enrolled in the required education programme for the service.	Ensure all staff working in the dementia or psychogeriatric care service areas of the facility are enrolled in the required education programme for the service within the appropriate timeframes. 30 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.