

Heritage Lifecare (BPA) Limited - Waterlea Rest Home

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

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| Legal entity: | Heritage Lifecare (BPA) Limited |
| Premises audited: | Waterlea Rest Home |
| Services audited: | Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 30 July 2024 End date: 30 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: | 55 |

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 |
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| | 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 |
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| | 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 owns and operates Waterlea Lifecare. The facility provides rest home and dementia level care for up to 61 residents.

The facility is managed by the care home manager with support from the regional manager.

This unannounced surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members/whānau, managers, staff, and a nurse practitioner. High levels of satisfaction with the care and support provided was expressed by residents and family/whānau.

Strengths of the service include respect shown to the residents, the caring staff, the home-like clean and tidy environment, and the established and well-presented gardens.

The area requiring improvement related to medication management identified at the last audit has been addressed. No areas requiring improvement were identified in this audit.

Ō tātou motika | Our rights

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| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs. | | Subsections applicable to this service fully attained. |
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Waterlea Lifecare provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The care home manager and clinical services manager 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 residents 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 are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are 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. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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.

Hunga mahi me te hanganga | Workforce and structure

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| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. | | Subsections applicable to this service fully attained. |
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The organisation is governed by Heritage Lifecare Limited. The board of directors work with the manager at Waterlea Lifecare to monitor organisational 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 are identified and mitigated. Adverse events are documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

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

Residents’ information is accurately recorded, securely stored, and not on public display or accessible to unauthorised people.

Ngā huarahi ki te ora | Pathways to wellbeing

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| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. | | Subsections applicable to this service fully attained. |
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

Waterlea Lifecare 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 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 are safely managed and administered by staff who are 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 are referred or transferred to other health services as required.

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

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| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. | | Subsections applicable to this service fully attained. |
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The facility meets 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 tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of all residents.

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

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| Includes five subsections that support an outcome where Health and disability service providers’ infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance. | | Subsections applicable to this service fully attained. |
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The governing body, Heritage Lifecare Ltd, ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme at a national level for the organisation. Waterlea Lifecare has a facility infection control coordinator, who is a registered nurse.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the infectious diseases outbreak response plan.

Aged care-specific infection surveillance is undertaken, with follow-up action taken as required, and there are clear processes for communication.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections
applicable to this
service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator (the CM) manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
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| 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) |
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| 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 |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>Heritage Lifecare Limited (HLL) has a Māori health plan which 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.</p> <p>Input from Māori is supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist 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. The Māori Network Komiti has a kaupapa Māori structure, and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. The group provides information through the clinical governance structure (the clinical advisory group) to the board. The service can access support through Health New Zealand – Te Whatu Ora Nelson Marlborough (Te Whatu Ora Nelson Marlborough), and local Māori health providers they have relationships with – Te Piki Oranga and Te Kotahi O Te Tau Ihu.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The</p> |

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| | | <p>service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation, and this is outlined in its strategic plan and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Staff who identify as Māori are employed at all levels of the wider organisation, including in leadership and training roles. Waterlea Lifecare has three residents and two staff members who identify as Māori.</p> <p>Training on Te Tiriti o Waitangi is part of the HLL training programme, and this is implemented in the service and was confirmed through review of personnel files. The training is geared to assist staff to understand the key elements of service provision for Māori, including mana motuhake, and providing equity in care services.</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>Heritage Lifecare understands 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. They can assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p> <p>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. Waterlea Lifecare had no Pasifika residents and five Pasifika staff members at the time of 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>Heritage Lifecare Ltd and Waterlea Lifecare are aware of their responsibilities under the Code or the Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> |

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| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | FA | <p>Staff understood the Heritage Lifecare Limited policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff and resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property is respected.</p> <p>Professional boundaries are maintained by staff.</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 and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. Advance care planning, establishing, and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in the secure dementia unit have a documented EPOA or welfare guardian on file that has been activated by an appropriate medical practitioner.</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</p> | FA | <p>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. The care home manager (CHM) advised there was a process in place to manage complaints from Māori by the use of hui, appropriate tikanga, and/or te reo Māori, as applicable. Complaints forms are available in English and te reo Māori. Residents and whānau interviewed reported that they understood their right to make a complaint and knew how to do so.</p> |

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| <p>escalate complaints in a manner that leads to quality improvement.</p> | | <p>There had been six formal complaints received by the service since the last audit. Minor concerns were discussed with the CHM and CM and resolved. This was confirmed through interviews with residents and family/whānau. All complaints had documentation to evidence that the complainant had been informed of the outcome of their complaints, and their options if they were not satisfied with the outcome of the complaint and wished to further their complaint to the office of the Health and Disability Commissioner. 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> | <p>FA</p> | <p>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 and Pasifika. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information obtained from these sources translates into policy and procedure. Equity for Māori and Pasifika is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information, including providing the Code of Rights and infection prevention and control information in other languages. Heritage Lifecare also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are addressed.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery. The clinical governance structure is appropriate for the size and scope of the organisation. Each facility is supported by a regional manager and a regional clinical manager. There is an organisational infection control coordinator.</p> <p>Each facility has its own business plan for its particular services. Waterlea's business plan was reviewed during the audit. It was current</p> |

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| | | <p>and being implemented by the onsite management team. 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. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, infections, audits and complaints) are aggregated and corrective actions (at facility and organisation level as applicable) actioned. Feedback is made to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Waterlea Lifecare holds contracts with Te Whatu Ora Nelson Marlborough for rest home, respite and dementia care services. It also has a contract with the Accident Compensation Corporation (ACC) for respite care.</p> <p>The facility has 61 certified beds: 42 rest home and 19 dementia. On the day of the audit, there were 55 occupied beds: 39 rest home and 16 dementia. The residents receiving rest home level care included one resident funded by ACC for respite care.</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 and hazards; the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors; complaints and compliments; audit activities; and policies and procedures. Relevant corrective actions are developed and implemented to address any identified shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview. Trends are graphed and displayed on notice boards in staff areas. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The CHM and CM understood the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual</p> |

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| | | <p>requirements and were current. A Māori health plan guides care for Māori. Staff have received substantial education/training in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents have meetings facilitated by an independent advocate. The advocate's recent feedback included the comment that residents' cultural, social and holistic needs were being met without question. Residents' satisfaction surveys showed a high level of satisfaction with the services and staff. Residents and whānau interviewed reported a very high level of satisfaction.</p> <p>Staff document 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, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>The CHM and CM understood and have complied with essential notification reporting requirements. There have been four Section 31 notifications completed since the last audit, relating to incidents involving residents.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | FA | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is managed by the CHM, who has worked at this facility for 19 years. They are supported by an experienced RN, who works as the CM, and who has been at the facility for seven years. Both work Monday to Friday and share on-call.</p> <p>There are RNs on duty each morning shift, and on-call at all other times, 24 hours per day/seven days per week (24/7). There is a first aid certified staff member on duty 24/7. On the afternoon shift there are two senior caregivers (one in the rest home and one the dementia wing), with sufficient other care givers across the facility to meet the needs of residents. In addition to this, Waterlea employs two diversional therapists and two activities coordinators. There is a diversional therapist and an activities coordinator on duty every day of the week during the day.</p> |

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| | | <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. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora Nelson Marlborough.</p> <p>Staff wellbeing policies and processes are in place, and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services as needed.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | FA | <p>Human resources management policies and processes are based on good employment practice and relevant legislation, 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.</p> <p>A sample of seven staff records were reviewed: one registered nurse (RN), four caregivers (CGs), one diversional therapist, and one kitchen team member. This confirmed implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. 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, ENs (when employed), and associated health contractors (general practitioners (GPs), the nurse practitioner (NP), a podiatrist, the pharmacists, and a dietitian).</p> |

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| | | <p>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>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</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 Waterlea Lifecare work in partnership with the resident and their whānau to support wellbeing. A care plan is developed by a registered nurse following comprehensive nursing and medical assessment, including consideration of the resident's lived experience, cultural needs, values and beliefs, and which considers wider service integration where required.</p> <p>Five resident files were reviewed: three rest home level and two dementia care resident files. Files included one resident receiving respite care funded by the Accident Compensation Corporation (ACC), two residents receiving rest home care under an age-related residential care (ARRC) contract, and two residents receiving care in the secure dementia unit. These files included residents who identified as Māori, residents with a wound or infection, residents with medical comorbidities, and residents with challenging behaviour.</p> <p>Files reviewed confirmed that clinical assessments, including for mobility, falls risk, pressure injury risk, pain, continence, and nutritional needs, inform care planning. An interim care plan guides care during the assessment process. InterRAI assessments are completed within three weeks of admission and at a minimum of six-monthly thereafter. Long-term care planning details strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. Cultural and spiritual needs are identified for residents during the assessment process and supports to meet these needs are documented. Māori residents have a care plan based on the domains of Te Whare Tapa Whā to ensure cultural needs are met.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from</p> |

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| | | <p>interviews (including with the nurse practitioner), and from observations.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Short term care plans are developed, if necessary, and examples were sighted for infections and wound care. These are reviewed weekly, or earlier if clinically indicated. Where progress is different to that expected, or new needs are identified, changes are made to the care plan.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals. Multidisciplinary review occurs with resident and whānau input when possible. Residents and whānau are given choices, and staff ensure they have access to information. For residents in the dementia unit, the EPOA or welfare guardian is involved at every step of the assessment, care planning and review process. Those interviewed confirmed active involvement in the assessment, care planning and review process, including residents with a disability.</p> <p>The nurse practitioner interviewed confirmed care is of a high standard, and they are called appropriately when needed.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | FA | <p>The medication management policy is 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, including the recording of allergies and sensitivities. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medicines were stored safely, including those requiring refrigeration, and all medicines were stored within the recommended temperature range. The corrective action raised at the last audit relating to medication use-by dates and the correct labelling of medications has been addressed, good practices are in place. The corrective action is now closed.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations</p> |

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| | | <p>and the required stock checks occur. This had been confirmed in an audit conducted by the contracted pharmacist, who completes the six-monthly physical checks.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP or NP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>No residents were self-administering medication at the time of audit, and the registered nurse was able to describe the processes to safely facilitate resident self-administration when required. The registered nurse stated self-administration did not occur in the dementia unit.</p> <p>Residents and their EPOA/whānau are supported to understand their medications. The registered nurse discussed including whānau in decision-making.</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 menu has been developed in line with recognised nutritional guidelines for older persons and has taken into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from residents and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The service operates with an approved food safety plan and registration.</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</p> | FA | <p>Transfer or discharge from Waterlea Lifecare is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Transfer and discharge planning includes open communication and handover of information between all services, including current needs and any risks identified. Escorts are provided as needed.</p> <p>Whānau reported being kept well informed during the transfer of their</p> |

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| 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>relative. Documentation evidenced EPOA and whānau were kept informed during transfer.</p> <p>The nurse practitioner interviewed confirmed the level of communication with staff was excellent.</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, well maintained and that they meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment.</p> <p>The building had a building warrant of fitness which expires on 1 July 2025.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance.</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 clinical services manager is the infection prevention and control resource nurse and is responsible for overseeing and implementing the IP programme, with reporting lines to senior management and to the Heritage Lifecare Ltd regional clinical advisor responsible for infection prevention and antimicrobial stewardship. The IPC resource nurse has appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. An annual infection prevention and antimicrobial stewardship plan is in place, has been approved by the Heritage Lifecare Limited governing body, and is reviewed and reported on annually. The plan is linked to the quality improvement activities.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner</p> |

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| | | that meets their needs; this was confirmed in resident interviews. |
| <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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data, including ethnicity data, is collated and analysed to identify any trends, possible causative factors and required actions. Benchmarking with other facilities in the group occurs. Results of the surveillance programme are reported to management and shared with staff. Documentation from a recent COVID-19 outbreak was reviewed and demonstrated a thorough process for monitoring and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>There are clear processes for communication between staff and residents. Residents and whānau interviewed were happy with the communication from staff in relation to health care-acquired infection.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | FA | <p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The clinical advisory group (CAG) monitors the use of restraint across the organisation and is chaired by one of the organisation's regional managers, who has responsibility for ensuring that restraint elimination is achieved.</p> <p>The CM reports to the senior leadership each month on the activities taken to ensure a restraint-free environment is maintained. The reporting includes staff training, incident reports, health and safety issues for health care and support staff, and any support provided to whānau to explore restraint-free alternatives when restraint is requested for a new admission or due to a change in health status. The regional manager confirmed that this monthly reporting assists the executive management team to closely monitor the move towards a restraint-free environment for the whole HLL group, and specifically at Waterlea.</p> <p>At the time of audit, there was no residents using restraint. Restraint has not been used at Waterlea since 2018.</p> |

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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.

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.