

# Heritage Lifecare (BPA) Limited - Highfield 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:

<b>Legal entity:</b>	Heritage Lifecare (BPA) Limited
<b>Premises audited:</b>	Highfield Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 20 August 2024 End date: 20 August 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40

# 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

Highfield Lifecare (Highfield) is owned and operated by Heritage Lifecare Limited (HLL) and provides age-related residential rest home and hospital level care for up to 44 residents. No changes to management have occurred since the last audit. The facility began accepting residents for hospital level care in July 2024 following certification.

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

Four areas for improvement were identified during the audit process: these related to internal audits, education competencies including restraint education, and the completion of performance appraisals.

The corrective actions raised at the last audit (partial provisional) regarding registered nurse availability and confirmation of the fire evacuation plan are now closed.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Highfield Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are 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. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints are resolved promptly, equitably and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body Heritage Lifecare Limited (HLL) assumes accountability for delivering a high-quality service at Highfield. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

## 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 fully attained.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and 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 and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents are referred or transferred to other health services as required.

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

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

Subsections applicable to this service fully attained.

The environment at Highfield meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements.

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

Includes five subsections that support an outcome where Health and disability service providers’ infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control, supported by relevant IP education.

The ‘Surveillance of health care-associated infections’ programme is appropriate to the size and setting of the service, uses standardised surveillance definitions, and has an equity focus.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Processes are in place to ensure a comprehensive assessment, approval and monitoring process, with regular reviews, would occur should any restraint be used. Staff demonstrated an understanding of providing the least restrictive practice and alternative interventions.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	3	1	0	0
Criteria	0	46	0	3	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>Heritage Lifecare Limited has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi at Arowhenua Marae and Māori organisations, to support service integration, planning, equity approaches and support for Māori. There are close links with the Māori support team at the district hospital. A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there was one staff member who identified as Māori, and the facility is further supported by the regional manager who identifies as Māori. Staff ethnicity data is 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</p>	FA	<p>Heritage Lifecare Limited (HLL) 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</p>

<p>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>		<p>achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>Highfield staff are supported by the HLL management structure to implement safe services for Pacific peoples, ensuring their worldview, cultural and spiritual beliefs are embraced; however, no current residents identify as Pasifika. The Pacific peoples' health plan is readily available to staff online and in a printed format for easy access.</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.</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> <p>The code of rights was displayed on the wall at the front entry of the facility and included in the admission pack.</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>A review of documentation and interviews with staff, residents and whanau identified that residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed, confirming that those professional boundaries had been maintained.</p> <p>Residents reported that their property was respected. Fees are charged out to residents from the governing group. Residents have access to a comfort fund that utilises an electronic accounting system.</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</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</p>

<p>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>		<p>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. Consents for agreement of care, and advance directives including resuscitation and specific consents were sighted in the resident files.</p> <p>Staff were observed obtaining consents from residents prior to cares, and this was confirmed in resident and whānau interviews.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>There have been no complaints in the last 12 months. The care home manager (CHM) is responsible for the management of complaints, with support from the regional manager, who identifies as Māori. Documentation from 2023 sighted showed that investigation occurred, and complainants had been informed of findings. Where possible, improvements had been made because of the investigation. The CHM discussed face-to-face meetings or hui and the involvement of the regional manager to ensure the process worked equitably for Māori. Complaint forms are available in te reo Māori for Māori residents.</p> <p>There have been no complaints received from external sources since the previous certification 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>	FA	<p>The Heritage Lifecare Limited governing body assumes accountability for delivering a high-quality service at Highfield through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika and</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>tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. 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). Heritage Lifecare also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</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. Ethnicity data is collected to support equitable service delivery.</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 the organisation's 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 action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to the business and/or strategic plans as required. Each facility has its own business plan for its services and planning at Highfield included action taken resulting from the resident and whānau satisfaction surveys.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare uses an interview panel for senior managers. Recruiting and retaining people is a focus for HLL, the organisation looks for the 'right people in the right place' and aims to keep them in place for a longer period to promote stability. It also uses feedback from cultural advisers, including the Heritage Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p>
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		<p>Heritage Lifecare supports people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>Directors of Heritage Lifecare Limited have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora.</p> <p>Highfield Lifecare holds contracts with Health New Zealand – Te Whatu Ora South Canterbury to provide residential care services under the age-related residential care agreement (ARRC) for up to 44 residents requiring rest home or hospital level care. On the day of audit, there were 40 residents receiving care, and of these 34 were receiving rest home level care and six receiving hospital level care; these included one resident funded by the Accident Compensation Corporation and two receiving end-of-life 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>	PA Low	<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 (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds and medication errors), complaints, internal audit activities and policies and procedures. There is a process to identify and implement any relevant corrective actions to address any shortfalls. However, not all internal audits required by Heritage Lifecare Limited had been completed; refer criterion 2.2.2.</p> <p>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 public and staff areas. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The CHM understood the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. 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</p>

		<p>give feedback at meetings and in surveys. Residents have meetings facilitated by an independent advocate to give voice to their concerns. Residents' satisfaction surveys showed a very high level of satisfaction with the services provided, and residents and whānau interviewed reported a 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 understood essential notification reporting requirements; however, none had been required in the last 12 months.</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 care home manager who is supported by a unit coordinator; both are experienced registered nurses. They work Monday to Friday and share on-call responsibilities. Rosters confirmed there are registered nurses on duty 24 hours per day/seven days per week (24/7), and the corrective action raised under criterion 2.3.1 at the partial provisional audit is now closed. At least one staff member on duty has a current first aid certificate.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach including the general practitioner and contracted physiotherapist ensures all aspects of service delivery are met. Staff and residents interviewed supported this.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned annually and includes mandatory training requirements. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Health New Zealand – Te Whatu Ora South Canterbury.</p> <p>Staff and management understood the required education-related competencies required to support equitable service delivery. However, staff</p>

		<p>files reviewed showed that the need for improvement identified at the partial provisional audit in June 2024 had not yet been made, and competency requirements had not been completed consistently; refer criterion 2.3.3.</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.</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>	PA Low	<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, including two registered nurses, two caregivers, the cook, a diversional therapist and the maintenance support, and evidenced implementation of the recruitment process, employment contracts, reference checking and police vetting.</p> <p>All staff receive an orientation to their role. The transition plan put in place to ensure registered nurses are employed and orientated to meet the requirements to provide hospital level care has been implemented. The registered nurses interviewed stated they felt well supported by the CHM.</p> <p>Heritage Lifecare Limited requires staff to have a performance review annually. This was not evident in caregiver files, and interview confirmed no performance appraisals for caregivers have occurred since 2022; refer criterion 2.4.5.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors, for example, the general practitioners, pharmacist, podiatrist and physiotherapist.</p> <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>



		Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.
<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 works in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff 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. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual/policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>A general practitioner was interviewed and confirmed the care provision was satisfactory.</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</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. Staff were observed to be competent to perform the function they managed. However not all staff had a documented medication competency of file; refer criterion 2.3.3.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the</p>

practice guidelines.		<p>recommended temperature range, with daily room and fridge temperature monitoring records sighted.</p> <p>Prescribing practices meet requirements, as confirmed in the sample of 10 records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Standing orders are not used.</p> <p>There were no residents currently self-administering their medication. The registered nurse described the processes that would be followed to ensure this is managed safely when required.</p> <p>The finding raised under 3.4.1 at the last certification audit related to medication storage and labelling has been addressed and this finding is now closed.</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 people using the services, taking into consideration the food and cultural preferences of those using the service. A four-week summer and winter menu has been developed by a registered dietitian through Heritage Lifecare. 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 control plan and registration is current until 21 June 2025.</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</p>	FA	<p>Transfer or discharge from the service is planned and arranged within the facility's policies and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. The facility uses the yellow envelope system for transfer, and staff were well trained with clear administrative guides available to assist new staff with the process.</p> <p>Whānau reported being kept well informed during the transfer of their relative, and this was supported in the documentation.</p>

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>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. The building has a building warrant of fitness which expires on 1 May 2025. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits.</p> <p>The current environment suited the needs of the resident group, was inclusive of people's cultures and supported cultural practices. Residents and whānau interviewed were happy with the environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. There is a fire evacuation plan in place that was approved by the New Zealand Fire Service on 29 November 2005, and the requirements of this are reflected in the Fire and Emergency Management Scheme. The facility has now asked Fire and Emergency New Zealand to confirm the current plan does not require changes now the facility provides hospital level care, and the corrective action raised at the partial provisional audit is now closed. A fire evacuation drill is held six-monthly; the most recent drill was on 5 March 2024 and the next is scheduled for August 2024.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to</p>	FA	<p>The manager, with the support of the unit coordinator, is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the Heritage governance body.</p>

<p>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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the unit coordinator and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions, through the electronic resident management system. Surveillance includes ethnicity data. Results of the surveillance programme are discussed at the head of department meetings, shared with staff and reported to the governing body. There have been no outbreaks of norovirus in recent years. Covid-19 outbreaks have been reported and managed appropriately and learnings from the events have now been incorporated into practice. A summary report was reviewed of a range of recent resident infections, and it demonstrated a thorough process for investigation and follow-up. Learnings from the events have been incorporated into practice.</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>	PA Low	<p>Highfield Lifecare is restraint-free and HLL is committed to a restraint-free environment in all its facilities. The governance group demonstrates commitment to this through documented policy and regular reporting requirements. The clinical advisory group approves and 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 minimisation is achieved. Heritage Lifecare Limited policies and procedures meet the requirements of the standards. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Should restraint be required, whānau/EPOA are involved in decision-making.</p>

		<p>At the time of audit, there were no residents using restraint.</p> <p>Staff are required to complete education to assist them in managing challenging resident behaviour. This education covers least restrictive practices, safe restraint techniques, alternative cultural-specific interventions, and de-escalation techniques. However, review of staff files and interview with the RN unit coordinator, who is the restraint coordinator, confirmed education had not occurred; refer criterion 6.1.6.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	Heritage Lifecare Limited supports each facility to implement a quality and risk framework. This includes an internal audit schedule to ensure compliance with policy and best practice guidelines. At Highfield, nonclinical audits, such as audits of hot water temperatures, cleaning and of the environment, had been completed and corrective actions identified and implemented as needed. However, not all clinical audits scheduled to be conducted in 2024 had been completed. Thirty percent of audits were not completed, and this included audit of pain management, promotion of continence, emergency equipment, wound care, hand hygiene, care planning and clinical files. When an	Not all internal audits of clinical practice and documentation required by the Heritage Lifecare Limited internal audit plan 2024 had been completed. Where audits had been completed, corrective action was not always taken when deficits were identified; this included a care planning audit completed in May 2024 where compliance had dropped to 85%.	Ensure all internal clinical audits as specified on the Heritage Lifecare internal audit plan are completed and that corrective action is taken when deficits are identified.  180 days

		audit was completed and deficits were identified, corrective actions were not always put in place.		
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	<p>PA</p> <p>Moderate</p>	<p>Heritage Lifecare limited supports the facility in the provision of staff training to provide clinically and culturally safe care. Mandatory training competencies are identified. These include the requirement to complete a knowledge assessment followed, in most cases, by an observation of competency. This includes competencies for medication management, insulin administration, manual handling, hand hygiene, and taking neurological observations. In two caregiver files reviewed, the knowledge check had been completed by the caregiver; however, it was not recorded that they had met the required knowledge standard, and the practical observation of competency had not occurred. Two registered nurses interviewed confirmed they had completed the knowledge check quiz on paper and the RN unit coordinator had observed their competence to administer medications. However, the knowledge check quiz had not been seen by the RN unit coordinator and the practical observation of competence was not documented in their staff files. The unit coordinator confirmed in interview that no documentation of competency had</p>	<p>The files reviewed did not evidence registered nursing and caregiver staff had attained the required competency in relation to medication management, insulin administration, manual handling, hand hygiene and taking neurological observations. The knowledge check completed by the staff member was not verified and the practical observation of competency was not recorded.</p>	<p>Ensure staff complete the required training competencies required by Heritage Lifecare policy in full, including confirmation of knowledge and completion of the practical observation of competency where this is a requirement.</p> <p>90 days</p>

		been completed.		
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>Heritage Lifecare Limited policy guides the facility to give staff the opportunity to discuss and review performance annually. Review of staff files showed this had not occurred consistently. Two registered nurses were recently employed and did not yet require a review, and one diversional therapist had a performance review in 2023. However, for four other staff files reviewed there was no evidence of performance reviews occurring in 2023 or 2024. The last caregiver performance review sighted was August 2022. This was confirmed in interview with caregivers and the RN unit coordinator, who stated performance reviews had not occurred.</p>	<p>Staff had not been given the opportunity to discuss and review their performance annually as required.</p>	<p>Ensure that all staff are given the opportunity to discuss and review their performance and that an annual performance appraisal is documented for all staff.</p> <p>180 days</p>
<p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	PA Low	<p>The Highfield unit coordinator, who is a registered nurse, is the restraint coordinator. They have an up-to-date restraint competency and were aware of the HLL policies and procedures in relation to restraint. Policy identifies the education and competency requirements of staff. However, review of staff files showed this training had not occurred for caregivers and registered nurses. The diversional therapist had</p>	<p>Education of clinical staff in the least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques, had not occurred in the last 18 months and new clinical staff had not received training.</p>	<p>Ensure that all clinical staff receive education in the least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques, and have a current restraint competency as required by HLL policy.</p>



		received training in de-escalation techniques. The unit coordinator, when interviewed, confirmed no education or competency requirements had been completed since February 2023, including for new staff. As Highfield is a restraint-free environment, and does not provide dementia care, this is given a low-risk rating.		180 days
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# Specific results for criterion where a continuous improvement has been recorded

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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.