

Heritage Lifecare (GHG) Limited - Albarosa, Camellia, Golden Age

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare (GHG) Limited

Premises audited: Albarosa||Camellia||Golden Age

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 10 September 2024 End date: 11 September 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: 115

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

The Golden Age Retirement Village encompasses Golden Age Rest Home, Albarosa dementia care unit and Camellia Court dementia care unit. The three aged-care facilities are on one site under the management of the Golden Healthcare Group, which is owned by Heritage Lifecare Limited. Golden Age is a 54-bed rest home care facility, Albarosa is a 40-bed dementia rest home unit, and Camellia Court is a 39-bed dementia unit. There have been no changes to the service or the facility since the last audit.

This certification audit process included review of policies and procedures, review of residents and staff files, observations, and interviews with residents, family members, members of the Heritage governance group, the Golden Healthcare Group regional manager, facility managers, staff, and a general practitioner.

Improvements are required to care planning and analysis of entry and decline data.

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.
---	--	--

Golden Age Retirement Village (Golden Age), incorporating Albarosa and Camellia Court dementia units, 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. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were safe from abuse.

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

Complaints were resolved promptly 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.		Subsections applicable to this service fully attained.
---	--	--

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and 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 family/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complied 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.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

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

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were based on comprehensive information 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.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

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

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

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

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

The facility meets the needs of residents and was clean and well maintained. The building warrant of fitness was current for each facility. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

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 restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, would occur for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	0	166	0	1	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>	<p>FA</p>	<p>Golden Age Rest Home, Albarosa and Camellia Court are managed by the Golden Healthcare Group Limited (Golden Healthcare). Golden Healthcare operates as a subsidiary of Heritage Lifecare and therefore is governed by the Heritage Lifecare governance board.</p> <p>Heritage Lifecare (HLL) has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>HLL has introduced a head of cultural partnerships (HCP) who is part of the executive team and identifies as Māori/Pasifika. The function of the HCP is to assist with the implementation of Ngā Paerewa and inform the HLL models of care and service delivery. This is allied to a Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its Te Tiriti 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, and other care workers. The group provides information through the clinical governance structure to the board. The HCP is also assisting</p>

		<p>site managers in the facilities to connect to their local Māori/Pasifika/tāngata whaikaha communities.</p> <p>HLL is committed to recruiting and retaining a diverse workforce, and to increasing the Māori percentage of the workforce. There is a diversity and inclusion policy in place that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support HLL’s drive for staff to have a beneficial experience when working in the service. There were residents and staff who identified as Māori at the time of the audit.</p> <p>Training on Te Tiriti is part of the HLL training programme. Staff and training records confirmed Te Tiriti o Waitangi and cultural training. The training is geared to assist staff to understand the key elements of service provision for Māori, Pasifika and tāngata whaikaha, including self-determination (mana motuhake) and providing equity in care services. The quality assurance manager reported, and documentation evidenced, input at resident advocacy meetings from a Māori cultural advisor. Staff reported knowing residents’ cultural and spiritual needs through the care plans and talking with the residents and their family/whānau.</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 Limited understood the equity issues faced by Pacific peoples and can 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. The QAM reported that the organisation has access to local Pasifika communities through HLL and Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury) when required.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff.</p> <p>The service supports increasing Pasifika capacity by employing more</p>

		<p>Pasifika 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. There were residents and staff who identified as Pasifika at the time of the audit.</p> <p>Training on culturally specific care, including care for Pasifika, is part of the HLL training programme, and this is implemented in the service. The training is geared to assist staff to understand the key elements of service provision for Pasifika and providing equity in care services. Staff and training records confirmed the cultural training.</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 the Golden Healthcare Group were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination (mana motuhake) 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>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Golden Age supported residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room, or share a room with another person with their consent.</p> <p>Te reo Māori and tikanga Māori are promoted within the service</p>

		<p>through policy and education of staff. Staff described learning waiata and karakia being said as part of meetings. Bilingual signage was evident throughout the facility, and key resident information such as the Code of Rights was displayed in te reo Māori.</p> <p>Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident, whānau and Enduring Power of Attorney (EPOA) interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission; residents' whānau and EPOA interviewed reported that residents' property was respected and well cared for. Resident finances are protected, and staff do not handle residents' money.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon.</p> <p>Care provision was holistic, encompassing the pillars of Te Whare Tapa Whā and is based on the identified strengths of residents. Wellbeing outcomes for all residents, including Māori, are evaluated as part of the assessment and care planning process six-monthly in order to ensure the needs of residents are met.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to EPOA and whānau in a timely manner. Where other agencies were involved in care, communication had occurred. The general practitioner interviewed stated communication</p>

<p>and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>from staff was appropriate, timely and included all relevant information.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</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>	<p>FA</p>	<p>Residents and their legal representative are provided with the information necessary to make informed decisions. With the consent of the resident, whānau were included in decision-making. Those residents, whānau and EPOA interviewed felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents and whānau in the process. Tikanga guidelines were available to support staff when working with Māori residents and whānau; these were known to staff.</p> <p>Advance care planning, establishing and documenting EPOA requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in the secure dementia units 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 escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box were at reception in each of the units.</p> <p>The Code is available in te reo Māori and English.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, were documented and completed within the required timeframes.</p>

		<p>Complainants had been informed of findings following investigation.</p> <p>There have been no complaints received from external sources since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint. The manager of each facility is responsible for complaints management and follow-up within their area. Quality improvements following complaints include staff training and adding a pamper session to the activities calendar.</p> <p>The QAM reported, and documentation evidenced, that a translator and the cultural advisor who identified as Māori would be available to support people if needed. There have been no complaints received by Māori to date.</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, Pasifika, and tāngata whaikaha. HLL has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure.</p> <p>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, infection prevention and control). HLL utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>HLL has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance and goals. Ethnicity data is being collected. Each of the three facilities has its own business plan for its particular services. The plans were sighted and are reported on each quarter.</p> <p>Governance and the senior leadership team commit to quality and</p>

	<p>risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of the 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, complaints) is 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 business and/or the strategic plans as required.</p> <p>Position 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. HLL uses interview panels 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 plans to use feedback from cultural advisers, including the 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> <p>HLL 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 HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the NZ Ministry of Health.</p> <p>The service holds contracts with Te Whatu Ora Waitaha Canterbury to provide age-related residential care (ARRC) rest home and dementia level care.</p> <p>At the time of audit, 48 of the 54 beds in Golden Age Rest Home were occupied by rest home residents under the age-related residential care (ARRC) services agreement. Albarosa had 35 of its 40 beds occupied and Camellia Court had 32 of its 39 beds occupied.</p> <p>Residents in the Albarosa and Camellia Court facilities are also funded under the age-related residential care (ARRC) services</p>
--	---

		<p>agreement but provide dementia rest home services.</p> <p>The QAM advised there is also a contract 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>	<p>FA</p>	<p>Golden Age Rest Home, Albarosa and Camellia Court each independently use the HLL’s planned quality and risk system, which reflects the principles of continuous quality improvement. This includes HLL organisation-wide policies and procedures, the management of complaints, internal audit activities, health and safety reviews, regular resident satisfaction surveys, monitoring against key performance indicators, reporting and review of accidents and incidents, and monitoring of clinical events such as infections.</p> <p>Residents, family/whānau and staff contribute to quality improvement through meetings and staff attendance at education/training, meetings and surveys, and reporting issues of concern.</p> <p>Resident meeting minutes, including the resident advocacy meeting minutes, were reviewed. The last resident and family/whānau survey was completed in May 2024, with results above average. The Albarosa facility manager (FM) reported that residents are now given more time to enjoy their meals following feedback from the survey.</p> <p>The last staff survey was completed during August 2024. Results are yet to be returned from head office at HLL.</p> <p>The quality assurance manager coordinates the quality and risk system for all Golden Healthcare Group facilities. A sample of quality and risk-related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed.</p> <p>A sample of meeting minutes evidenced comprehensive reporting.</p> <p>Quality improvement initiatives include an exercise programme with a designated exercise lane, and a drinks station for residents to increase their fluid intake.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p>

	<p>The 2024 internal audit schedule was sighted. Completed audits include cleaning, environmental, emergency equipment, infection prevent and control, kitchen, laundry, medication, and restraint. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>The QAM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies.</p> <p>Documented risks include natural disasters, chemicals, faulty fire equipment, falls, financial, infection prevention and control, intruders, potential inequities, outbreaks, pandemic, and staffing levels. Staff reported at interview that they knew to report risks.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings.</p> <p>The manager of each service understood and has complied with essential notification reporting requirements. Examples reviewed included falls, a resident assaulting another resident, gastrointestinal outbreaks, respiratory outbreaks, and a resident away without leave. The change of the health service manager was made in January 2023.</p> <p>Three Section 31 notifications relating to pressure injuries were sighted.</p> <p>There have not been any police investigations, or coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high quality health care through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident and family/whānau. Staff reported they are learning te reo Māori and</p>
--	---

		<p>gave examples of tikanga.</p> <p>The provider benchmarks with other HLL facilities against relevant health performance indicators, such as skin infections, pressure injuries, urinary tract infections, respiratory infections, gastrointestinal outbreaks and falls. The QAM reported that benchmarking data in all areas compare positively against all benchmarks.</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>FA</p>	<p>A rostering policy describes the processes for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) for all Golden Healthcare Group services. Each FM is responsible for the rosters in their respective area. A 'Safe Rostering' tool is used. The facility adjusts staffing levels to meet the changing needs of residents.</p> <p>A review of two weekly rosters in each facility confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. Residents and family/whānau and staff interviewed confirmed there were sufficient staff.</p> <p>There are staff who have worked in these facilities for between two months and forty-eight years. There is always at least one staff member on duty who has a current first aid certificate.</p> <p>An after-hours on-call system is in place, with the RNs sharing on-call 24/7. Staff reported that good access to advice is available when needed. Bureau staff have been used to cover RN shortages. Two FMs reported that a bureau caregiver is employed on average twice a month.</p> <p>The FMs described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, disaster management, neuro observations, food management, first aid, manual handling, wound care, medication, infection prevention, cultural training, interRAI, medication, and restraint competencies, confirmed the</p>

		<p>training.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Documentation and staff confirmed that staff hold Level 3 and Level 4 New Zealand Qualification Authority (NZQA) education qualifications. A staff member is an assessor.</p> <p>Eight of the eight registered nurses are interRAI trained.</p> <p>Staff in the two dementia services have either completed, commenced, or are booked to complete the New Zealand Qualification Authority standard specific dementia units.</p> <p>Training is provided either face-to-face or online and included a comprehensive programme that covered all required subjects. Attendance sheets were sighted.</p> <p>Meetings are held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings are held monthly and are an opportunity for people to discuss and express opinions on aspects of the service.</p> <p>The QAM reported that HLL is building on its knowledge through cultural training, communication with the resident, family/whānau and learning te reo Māori. For example, staff and managers reported the use of te reo Māori in language, signage and email greetings. A comprehensive manual was sighted. The audit began and ended with a karakia.</p> <p>The QAM reported that, where health equity expertise is not available, external agencies are contacted. For example, Te Whatu Ora, external agencies, and gerontology staff.</p> <p>Staff reported feeling well supported and safe in the workplace through, for example, the employee assistance programme, flu vaccines, cultural events, and shared meals.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of 11 staff records reviewed confirmed the organisation's policies are</p>

<p>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>		<p>being consistently implemented. Position descriptions are documented and were sighted in the files reviewed.</p> <p>The manager of each facility described the procedure to ensure professional qualifications are validated prior to employment. Current annual practicing certificates were sighted for the eight registered nurses, four pharmacists, the dietitian, four general practitioners, two physiotherapists, one of the diversional therapists and two podiatrists. All were current.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New caregivers described their orientation and are buddied with an experienced staff member for up to a week, or longer if needed.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper-based staff files are kept locked and confidential. Ethnicity data is recorded and used in line with health information standards.</p> <p>Staff reported incident reports are discussed at staff meetings. Staff have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who need it.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Golden Age is not responsible for NHI registration.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>PA Low</p>	<p>Residents enter the service based on documented entry criteria available to the community and understood by staff. Residents were welcomed into Golden Age when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Golden Age provides. All residents admitted to the secure dementia units had a specialist's authorisation for placement and were admitted with the consent of their EPOA.</p> <p>Residents and whānau/EPOA interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Enquiries are documented and, where a prospective resident is declined entry, there are processes for communicating the decision, although this rarely occurs. Related data is documented; however, analysis had not occurred, refer criterion 3.1.5.</p> <p>The service has developed partnerships with local Māori communities and organisations and supports Māori and their whānau when entering the service. There were currently no residents who had requested the services of a Māori health practitioner or traditional Māori healer. Golden Age has links with local Māori providers to enable this to occur when needed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. Eleven resident files were reviewed: four from Golden Age Rest Home, four from Camellia Court dementia unit, and three from Albarosa dementia unit.</p> <p>The files reviewed verified that a registered nurse develops a plan of care to suit the resident's needs following a comprehensive assessment. Assessments were based on a range of clinical assessments, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which included wider service integration, where required. Assessments included resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner input, initial care plan, long-term</p>

	<p>care plan, short-term care plans, and review/evaluation met contractual requirements. However, not all identified residents' needs were included in care planning; refer criterion 3.2.4.</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. 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. The stop and watch tool are used to document when a resident's condition changes. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau interviewed confirmed active involvement in the process, including two EPOA for residents in the secure dementia units.</p> <p>When a resident's needs change and Golden Age is no longer able to provide the level of care they require, for example, when a resident requires hospital level care, referral is made to the NASC for reassessment of needs and the resident and whānau assisted to find an appropriate facility. Examples of this occurring appropriately were sighted, and the general practitioner confirmed nurses identify when a resident's needs change and they are called appropriately when needed.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals or outcomes. Nursing and medical review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensure they have access to information. The EPOA or welfare guardian is involved at every step of the assessment, care planning and review process for residents in the secure dementia units. Those interviewed confirmed active involvement in the assessment, care planning and review process, including residents with a disability.</p> <p>The general practitioner was interviewed and stated the care was good and they were called appropriately.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in service development. Examples of choices</p>
--	---

		and control over service delivery were discussed with staff, residents and whānau. Tāngata whaikaha and whānau can independently access information.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is provided by three diversional therapists and an activities coordinator and operates seven days a week in the dementia units. The programme is further supported by caregivers when the activities team are not present.</p> <p>The programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. Personal profiles identify individual interests and consider the person's identity. A diversional therapy plan is developed for all residents; however, these were not always individualised; refer criterion 3.2.4.</p> <p>Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. A variety of activities were observed during the audit. Carers assist in providing activity support 24 hours a day in the dementia units.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori.</p> <p>Feedback on the programme is provided through resident meetings and surveys. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medicines were stored safely, including controlled drugs. All medications sighted were within current use-by dates. The required stock checks had been completed. Medicines stored were within the</p>

		<p>recommended temperature range.</p> <p>Prescribing practices met requirements and medication reconciliation occurs. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p> <p>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 were not used.</p> <p>Self-administration of medication was safely facilitated and managed. Residents, including Māori residents and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Two kitchens operate at Golden Age. One provides services to the rest home and a second kitchen provides food services to the two dementia units. The food service is in line with recognised nutritional guidelines for people using the services. The menu was last reviewed by a qualified dietitian in April 2024. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have access to foods that are culturally specific to te ao Māori. Cultural protocols around food are followed, including the laundering of kitchen and food related items separately.</p> <p>Residents in the secure dementia units have access to snacks such as sandwiches, fruit and biscuits 24 hours a day.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting</p>

		<p>minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from Golden Age is planned and managed safely, with coordination between services and in collaboration with the resident and whānau/EPOA. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate.</p> <p>Evidence of actions taken to transfer residents to more appropriate facilities when their needs change, such as hospital level care, was sighted.</p> <p>Processes were in place to transfer residents to acute care if needed. Whānau reported being kept well informed during the transfer of their relative.</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>	<p>FA</p>	<p>The building warrant of fitness were on display in each of the three facilities, all of which have the same expiry date of 1 July 2025.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The maintenance personnel described the maintenance schedule.</p> <p>Residents, family/whānau and staff confirmed they know the processes they should follow if any repair or maintenance is required, and that they are happy with the environment. Any requests are appropriately actioned.</p> <p>Equipment tagging and testing is current, as confirmed in records, interviews with the QAM, maintenance personnel, and observation. Current calibration of biomedical records was sighted.</p> <p>External areas are safely maintained and were appropriate to the</p>

	<p>resident groups and settings. There are safe, secure, sheltered outdoor garden areas that allow residents to walk from both secure units.</p> <p>Golden Age has a lift to the first floor. The certificate of compliance was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids and wheelchairs.</p> <p>Communal areas are available for residents to engage in activities, to dine and to have some quiet space. On the ground floor of Golden Age Rest Home there is a large lounge, an activities lounge, a dining area, and a sitting area near the front door. Level 1 has a large lounge that opens onto a balcony and three other sitting areas, one of which also opens onto a balcony.</p> <p>Camellia has a dining room, three lounges and, in addition to two cubby areas, there is a sitting area near the front door, which is a quiet space.</p> <p>Albarosa is divided into two units, each of which has its own facilities. In total it has two large lounges, two dining areas, two quiet rooms, plus one small room used for specific activities. Residents can access any of the areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>All bedrooms in both Golden Age and Albarosa have ensuites. Golden Age has two other showers and toilets for use, plus a bathroom with a bath and a toilet. Albarosa has two extra wheelchair-accessible toilet/shower rooms. Camellia has 16 rooms that have their own ensuite, ten shared ensuites, plus a separate toilet and separate shower room shared by people from three rooms.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised, with furnishings, photos and other personal items</p>
--	---

		<p>displayed. Staff reported that they respect the residents' spiritual and cultural requirements. Residents, staff and family/whānau reported the adequacy of bedrooms. All bedrooms in Albarosa and Camellia provide single accommodation, with none shared. There are two two-bed residents' rooms in Golden Age, both of which were currently in use by couples. The QAM informed the rooms are not used for sharing by two people who are not a couple.</p> <p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. Underfloor heating is installed throughout both floors of Golden Age and in Albarosa, and wall-mounted heaters are installed in residents' rooms on the cold side of Golden Age and in all residents' rooms in Albarosa. Camellia has heat pumps in communal areas, fan heaters in bathrooms, and wall-mounted panel and convection heaters in residents' rooms. Underfloor temperature adjustments may be made by maintenance staff when required. Areas were warm and well-ventilated throughout the audit, and residents, staff and families/whānau confirmed the facilities are maintained at a comfortable temperature.</p> <p>The QAM reported that residents, family/whānau and a cultural advisor, who identified as Māori, would be consulted and involved in the design of any new buildings.</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>The New Zealand Fire Service approved the fire evacuation plan for Albarosa on 5 May 2006, for Golden Age Rest Home on 4 January 2006, and for Camellia on 19 June 2006.</p> <p>A trial evacuation takes place six-monthly, with a copy sent to Fire and Emergency New Zealand, the most recent being on 24 April 2024. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the</p>

		<p>needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, sprinklers alarms, exit signs, and fire action notices were sighted.</p> <p>Current first aid certificates were sighted in the staff and RN files reviewed.</p> <p>Call bells alert staff to residents requiring assistance. Residents, staff and family/whānau reported staff respond promptly to call bells.</p> <p>Adequate supplies are available in each facility for use in the event of a civil defence emergency, including dry food, medical supplies, and PPE. Gas for cooking in an emergency is available. Supplies were last checked through the internal audit in July 2024. In addition to bottled water, there are 3,400 litres of water in ceiling tanks.</p> <p>This meets the National Emergency Management Agency recommendations for the region. The QAM reported that emergency lighting is available, along with torches.</p> <p>There are appropriate security arrangements in place. Key codes are required for entry doors into the two secure dementia areas. Windows all have security latches, the front door of Golden Age is locked at night, all external doors are alarmed at night, and there is both internal and external security lighting. The front entrances in the dementia units have double entry doors. Security cameras are strategically positioned, and appropriate signage is in place. Their use does not compromise personal privacy.</p> <p>Residents and family/whānau are informed of the emergency and security arrangements at entry.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and</p>

<p>IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>reported on yearly. HLL has IP and AMS outlined in its policy documents. This is supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. The annual infection prevention plan includes a goal to reduce infections of cellulitis, reduce polypharmacy, and the reporting of the use of antimicrobials. The registered nurse/unit coordinator is the designated IPC coordinator.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waitaha Canterbury, the medical laboratory, external consultants, and the attending GPs. IP and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings. Staff report, and documentation evidenced, that an infection control component is included in monthly staff meetings.</p> <p>The board have been collecting data on infections and antibiotic use and is now adding ethnicity to its data. Issues and significant events are reported through the quality and risk meetings. Evidence was sighted. The data is reported through to the HLL board via the clinical advisory group.</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. 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>FA</p>	<p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. There is an infection prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme and has been approved by the Heritage Lifecare Limited governing body. Annual review of the programme, with reporting to governance, has occurred.</p> <p>The unit coordinator, who is a registered nurse, is the infection prevention and control (IPC) 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 quality manager, who is the national IP lead. The IPC resource nurse has the appropriate skills, knowledge and qualifications for the role</p>

		<p>and confirmed access to the necessary resources and support. Their advice and/or the advice of the Heritage Lifecare Ltd national IP lead has been sought when making decisions around procurement relevant to care delivery, procurement and policies. There have been no facility changes or design of any new building, and policy confirmed IPC advice would be sought should this occur.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Cultural advice is accessed where appropriate.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is</p>

<p>(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>		<p>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.</p> <p>Results of the surveillance programme are reported to management and shared with staff. Documentation from a 2024 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 culturally safe communication between staff and residents. Residents and whānau/EPOA interviewed were happy with the communication from staff in relation to health care-acquired infection.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for cleaning, laundry and the management of waste and infectious and hazardous substances. Chemicals were stored safely. Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Residents and whānau/EPOA reported that the laundry is managed very well, and the facility is kept clean and tidy. This was confirmed through observations.</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</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy. The GM and staff confirmed commitment to this.</p> <p>Policies and procedures meet the requirements of the standard.</p>

<p>services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>At the time of the audit, no residents were using a restraint. This was confirmed by the restraint co-ordinator, staff, and meeting minutes. The QAM reported that restraint has not been used in the last five years.</p> <p>The registered nurse/unit coordinator is the restraint co-ordinator providing support and oversight for any restraint management. Their position description was sighted.</p> <p>The restraint co-ordinator reported that restraint would be used as a last resort when all alternatives have been explored, for example, getting to know the resident, using diversion techniques, a medical review, using a sensor mat, and low beds.</p> <p>The restraint approval group would be responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability.</p> <p>There are processes in place to report any aggregated restraint data, including data analysis, should restraint be used.</p> <p>The QAM reported that the general manager is involved in the purchase of equipment should it be needed.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint-free safe practice, and management of challenging behaviours. Staff confirmed they have received training.</p> <p>Policies and procedures meet the requirements of the standards.</p> <p>Given there has been no restraint reported to governance for over three years, subsections 6.2 and 6.3 have not been audited.</p>
---	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.1.5</p> <p>Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.</p>	PA Low	<p>Each facility within Golden Age Retirement Village documents enquiries, either electronically or on paper. Information recorded includes ethnicity where this is known. It is rare to decline admission. Numbers of residents admitted are recorded and information is sent to the Heritage Lifecare Limited head office. However, no evidence was provided to show that analysis of entry and decline rates had occurred, including the analysis of entry and decline rates for Māori.</p>	<p>Analysis of entry and decline, including for Māori, had not occurred.</p>	<p>Ensure that analysis of entry and decline rates occurs and that this includes analysis of entry and decline rates for Māori.</p> <p>180 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p>	PA Moderate	<p>Care planning is based on the residents' assessed needs. Residents and whānau are involved in the process, and those interviewed stated they had time for</p>	<p>Care plans did not include all identified needs of the residents. This included physical needs of residents</p>	<p>Ensure all identified needs of the residents, both physical and cultural, are included in care planning</p>

<p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>discussions. Assessment is an ongoing process and care planning is updated as needed. Care planning included all clinical assessment protocols triggered in the interRAI assessments. However, not all identified needs of the residents were included in care plans as implemented. These included:</p> <ul style="list-style-type: none"> • Four out of seven residents in the secure dementia units did not have a behaviour support plan in place that identified individual triggers to behaviour, and seven out of seven care plans reviewed did not include personalised prevention-based strategies for minimising or de-escalating episodes of challenging behaviour. • Four out of seven residents reviewed in the secure dementia units did not have a plan of how the behaviour of the resident is best managed over a 24-hour period, and did not have a description of activities to meet the resident's needs in relation to diversional therapy during the 24-hour period, as required by the provider's contract with Health New Zealand – Te Whatu Ora (Clause E4.3,b). • Activity and diversional therapy planning was in place for 11 residents reviewed across both rest home and dementia units. However, the plans were generic and did not include individualised activity or diversional therapy goals and did not identify the supports required to meet the residents' individual needs. • Cultural care planning was not in 	<p>and cultural needs for residents who identified as Māori.</p> <p>Not all behavioural support care planning for residents in the secure dementia units included identified triggers and did not include personalised prevention-based strategies for minimising or de-escalating episodes of challenging behaviour.</p> <p>Not all residents in the secure dementia units had an individualised 24-hour plan describing how their behaviour is best managed over a 24-hour period, as required by contract.</p> <p>Activity and diversional therapy planning was generic in nature and did not detail the individual resident's goals or supports required to meet those goals.</p>	<p>Ensure care planning is individualised for all residents.</p> <p>Ensure care planning for residents in the secure dementia unit includes personalised behavioural support plans, a 24-hour plan of how to best manage the residents' behaviour and a 24-hour diversional therapy plan, as required by contract.</p> <p>90 days</p>
--	--	--	---	---

		<p>place to identify the supports required to meet the cultural needs for a resident who identified as Māori and a resident of Pasifika descent.</p> <ul style="list-style-type: none"> Residents with physical needs did not always have their current needs included in care planning, including a resident with significant weight loss where the care plan did not include the dietitian's recommendations. 		
--	--	--	--	--

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

No data to display

End of the report.