

# Heritage Lifecare Limited - Coldstream Rest Home & Hospital

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## 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 Limited
<b>Premises audited:</b>	Coldstream Rest Home & Hospital
<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: 1 October 2024 End date: 1 October 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

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## 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
Yellow	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
Red	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

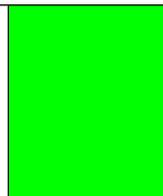
Coldstream Rest Home & Hospital provides rest home and hospital level care, and care for young people with disabilities, for up to 58 residents. There have been no changes to the services since the last audit.

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 nurse practitioner.

One area for improvement related to care planning was identified during the audit process. Corrective actions required from the previous audit have been addressed, with improvements made to the completion of competencies, care plan reviews, general or nurse practitioner reviews, and ensuring that one person on each shift holds a first aid certificate.

## 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.

Coldstream works collaboratively to support and encourage a Māori world view of health in service delivery. Māori will be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples will be provided with services that recognise their worldviews and are culturally safe.

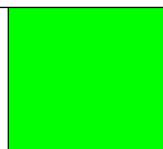
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The 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.

Processes are in place to ensure 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.



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. 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. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised and based on comprehensive risk-based assessments. 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 meets 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 haumaruru | Person-centred and safe environment

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment was tested as required.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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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, using standardised surveillance definitions, with 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.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using a restraint at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

## Summary of attainment

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

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Subsection</b>	0	18	0	0	1	0	0
<b>Criteria</b>	0	49	0	0	1	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Subsection</b>	0	0	0	0	0
<b>Criteria</b>	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>Coldstream Lifecare &amp; Village (Coldstream) Heritage Lifecare Limited (HLL) has a Māori Health Plan to guide care delivery should there be any Māori using The Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori. There were no residents at the time of the audit who identified as Māori.</p> <p>Input from Māori is supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. There were staff at the time of audit who identified as Māori.</p> <p>The group provides information through the clinical governance structure (the clinical advisory group) to the board. The service can access support through Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora), through local Māori health providers and through its local marae.</p> <p>Training on Te Tiriti o Waitangi is part of the training programme. Staff</p>

		reported, and documentation evidenced, the training.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Heritage Lifecare understands the equity issues faced by Pacific peoples and 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>There were staff who identified as Pasifika at the time of the audit.</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.</p> <p>The plan has been developed with input from cultural advisers. Coldstream Lifecare &amp; Village (Coldstream) has established access to local Pasifika communities through a cultural advisor. There were no residents who identify as Pasifika at the time of the audit.</p> <p>Staff reported, and documentation evidenced, 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>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</p>	FA	<p>A review of documentation and interviews with staff, residents and whānau 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</p>

<p>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>		<p>staff and/or resident or whānau interviews, or in documentation reviewed. Professional boundaries are maintained by staff.</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 and staff do not handle residents' money.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate, their whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. 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 verbal 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</p>	FA	<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 of Health and Disability Services Consumers' Rights (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 are at reception. The Code is available in te reo Māori and English.</p> <p>The care home manager (CHM) is responsible for complaints management and follow-up. No complaints have been received since the last audit. The CHM described the process should a complaint be received, including</p>

improvement.		<p>informing the complainant of the outcome. No complaints have been received from the Health and Disability Commissioner, Te Whatu Ora – Health New Zealand Waitaha (Canterbury) or Manatā Hauroa since the last audit.</p> <p>The CHM reported, and documentation evidenced, that a translator 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>	FA	<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.</p> <p>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.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery.</p> <p>The Coldstream business plan was sighted. 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>The clinical team, guided by the clinical governance policy and a clinical manager, discuss clinical indicators including medication errors, complaints, compliments, falls and infections. A sample of reports were sighted.</p> <p>The service holds contracts with Te Whatu Ora Waitaha Canterbury to provide age-related residential care (ARRC) rest home level care and hospital level care for up to 58 residents.</p> <p>On the day of audit, 28 residents were receiving rest home level care, including two young people with disabilities, and two residents on the respite contract.</p>

		<p>Twelve residents were receiving hospital level care, including one resident funded by Accident Compensation Corporation (ACC).</p> <p>Thirty-seven beds are certified as dual-purpose beds.</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>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, audit activities, and policies and procedures.</p> <p>Quality improvement initiatives have been identified and are being actioned, including replacing lounge chairs. Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents have meetings facilitated by an independent advocate. The CHM reported staff do not attend. Minutes are forwarded and an action plan was being developed following the September 2024 meeting. The last resident and family/whānau satisfaction survey showed a high level of satisfaction with the services provided. The results are yet to be shared with the group. The results from the last staff survey are yet to be shared with the staff. The ROM reported the results were an improvement from the last survey.</p> <p>Quality data is communicated and discussed, and this was confirmed by staff at interview. Trends are graphed and displayed on notice boards in public areas.</p> <p>The 2024 internal audit schedule was sighted. Completed audits include cleaning, clinical records, care plans, laundry, medication, infection control, and the environment. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>The ROM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff reported at interview that they knew to report risks. 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 actions followed up in a timely</p>

		<p>manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin.</p> <p>The CHM and clinical service manager (CSM) understood and have complied with essential notification reporting requirements. The Section 31 notifications were sighted, including the change of CSM and the change of CHM.</p> <p>The CHM reported that there have been no police investigations, coroner's inquests, issues-based audits or employment disputes since the previous audit.</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>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). A Safe Rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents.</p> <p>A review of four weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The physical environments are considered. Residents, family/whānau and staff interviewed confirmed there were sufficient staff.</p> <p>The service is managed by the CHM, who has worked at this facility for two weeks. This person has six years' experience as a relieving CHM, and 30 years as a RN.</p> <p>The CHM is supported by the CSM, who is an experienced RN. The CHM and the CSM share responsibilities with a local Heritage facility.</p> <p>The CHM and the CSM share on-call. Staff reported that good access to advice is available when needed.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital. There are staff who have worked in this care home for between one year and 25 years.</p> <p>The CHM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and annual practicing certificates (APCs) where required.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support</p>

		<p>equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Records evidenced that seven of seven RNs hold a current syringe driver competency. The corrective action from the previous audit has been met.</p> <p>Staff hold level three and level four New Zealand Qualification Authority (NZQA) education qualifications. Four of the seven registered nurses are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation.</p> <p>The CHM described the procedure to ensure professional qualifications are validated prior to employment. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registrations. Annual practicing certificates sighted were current.</p> <p>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 one week. Evidence of orientation was sighted in staff files reviewed.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. A sample of completed reviews was sighted.</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>	PA Moderate	<p>The multidisciplinary team works in partnership with the resident and their whānau to support wellbeing. Five resident files were reviewed: two residents receiving rest home care and three receiving hospital level care, including a resident receiving services under the under persons with a physical disability (YPD) contract. The file reviewed verified that a care plan is developed by a registered nurse 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, were recorded.</p>

		<p>Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy 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 were 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 alert registered nurses when a caregiver identifies a change in a resident's condition.</p> <p>Nursing and general or nurse practitioner review occurs at a minimum of three-monthly, with resident and whānau input, when possible. InterRAI assessments were verified to have been completed as required and care plan review had occurred. The corrective action raised at the last audit under criterion 3.2.5 has been addressed and is now closed.</p> <p>Residents and whānau are given choices and staff ensure they have access to information. 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 are actively involvement in the process. This was verified by sampling residents' records, and from interviews with clinical staff, residents, and whānau.</p> <p>The nurse practitioner was interviewed and stated care was acceptable and communication had improved since the appointment of the clinical services manager.</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</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</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 have been completed. Medicines stored were within</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>the recommended temperature range.</p> <p>Prescribing practices met requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly general or nurse practitioner review was consistently recorded on the medicine chart.</p> <p>Standing orders are not used.</p> <p>No residents were self-administering medications at the time of audit. The registered nurse described how this would be facilitated and managed safely should the need arise.</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>The menu has been developed in line with recognised nutritional guidelines for older persons, taking into consideration the food and cultural preferences of those using the service. The menu offers different options/choices, and a younger person with a physical disability interviewed expressed high satisfaction with the food service. Evidence of resident satisfaction with meals was verified from residents and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The service operates with an approved food safety plan and current registration.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>

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>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness, electrical and bio-medical testing, and hot water temperatures. The lift compliance was sighted.</p> <p>Staff confirmed they knew the processes they should follow if any repairs or maintenance are required. Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>Residents, staff and family/whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</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 CHM reported, and documentation evidenced, that at least one staff person on every shift has a current first aid certificate. Staff confirmed at interview that they hold a current first aid certificate. The corrective action from the previous audit has been met.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the Heritage Lifecare Limited governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing</p>

<p>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>education and were observed to follow these correctly. Residents and their whānau were 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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data, including ethnicity data, is collated and analysed to identify any trends, possible causative factors and required actions. Benchmarking with other facilities in the Heritage group occurs. Results of the surveillance programme are reported to management and shared with staff.</p> <p>A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now 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. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The clinical advisory group (CAG) monitors the use of restraint across the organisation and is chaired by one of the organisation's regional managers, who has responsibility for ensuring that restraint minimisation is achieved.</p> <p>At the time of audit, there was no restraint in use. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</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</p>	<p>PA Moderate</p>	<p>Care planning is completed by the registered nurse following a comprehensive assessment. There is resident and whānau involvement and assessment is an ongoing process, with regular reviews evident. A corrective action plan has been implemented to address the deficits identified at the last audit, and improvements have been made. Files reviewed demonstrated that timeframes for assessment, including the interRAI assessment, and care planning have been met. However, documentation in the care plans reviewed was not always consistent with the residents’ current needs:</p> <ul style="list-style-type: none"> <li>In two of five files reviewed, not all clinical assessment protocols triggered in the interRAI assessment had been included in care</li> </ul>	<p>Documentation in the care plans reviewed was not always consistent with the residents’ current assessed needs.</p>	<p>Ensure care planning is consistent with meeting the residents’ current assessed needs.</p> <p>90 days</p>

<p>an ongoing process and that any changes are documented.</p>		<p>planning.</p> <ul style="list-style-type: none"> <li>• One resident's care plan did not reflect their current mobility needs.</li> <li>• One resident with a pressure injury had a wound management plan in place, but no pressure relieving measures described in the care plan.</li> <li>• One respite resident with complex mental health needs did not have a care plan.</li> </ul>		
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display
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End of the report.