

Heritage Lifecare Limited - Clutha Views Lifecare

Introduction

This report records the results of a Partial Provisional 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 Limited

Premises audited: Clutha Views Lifecare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 24 October 2024 End date: 25 October 2024

Proposed changes to current services (if any): Proposal to reduce the number of dual-purpose beds from 54 to 49 and increase dementia beds from 14 to 19. Total capacity remains at 68.

Total beds occupied across all premises included in the audit on the first day of the audit: 50



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.

General overview of the audit

Clutha Views Lifecare (Clutha Views) is owned and operated by Heritage Lifecare Limited and currently provides age-related residential care for up to 68 residents. The facility can provide services for residents requiring rest home, hospital or dementia levels of care. There were 50 residents in the facility on the first day of the audit.

Since the last audit, a new care home and village manager and a new clinical services manager have been appointed.

The facility is undergoing a process of refurbishment and reducing the number of dual-purpose beds suitable for rest home or hospital level care from 54 to 49 beds and increasing the number of dementia care beds to 19. The total capacity of the facility will remain unchanged at 68. This change will allow the facility to meet the growing needs of the community for dementia care and the provider has applied to HealthCERT for this change to be approved.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 to establish the level of preparedness of Clutha Views Lifecare to make the proposed changes. The audit included

review of documents and records, interviews with a governance representative, management, staff and residents, and visual inspection of the Clutha Views Lifecare refurbishment. This audit found the changes made meet the requirements of Ngā Paerewa and were appropriate to meet the needs of residents.

One area for improvement was identified during the audit process relating to the requirement for a building code of compliance to be issued. Corrective actions raised at the last audit under section 3 relating to care planning and activities have been resolved and the corrective actions are closed.

One finding related to the issue of a building code of compliance has been raised.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

Clutha Views is governed by Heritage Lifecare Limited. The board of directors work with the manager at Clutha Views Lifecare to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Compliance with legislative, contractual and regulatory requirements is overseen by the Heritage leadership team and governance group, with external advice sought as required. There are appropriate clinical governance processes in place. The service complies with statutory and regulatory reporting obligations.

Strategic and business planning ensures the purpose, values, direction, scope and goals for the organisation are defined. There are opportunities for resident and whānau input into planning and monitoring of service delivery. Performance is monitored and reviewed at planned intervals.

Staff are appointed, orientated and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. Staff performance is monitored. There is a transitional staffing plan in place to meet the needs of residents when the changes proposed are implemented, and it includes increasing the number of caregivers in the secure dementia unit.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Established food services are already in place at Clutha Views Lifecare. The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed. The existing kitchen services will meet the needs of residents once the proposed changes are implemented.

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

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

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff and residents understood emergency and security arrangements. Call bells are in place and quality assurance processes confirmed staff response to call bells in a timely manner. Security is maintained.

The changes to the environment to increase the number of beds in the secure dementia unit were confirmed to be suitable for the changes proposed.

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

Heritage Lifecare Limited ensures the safety of residents and staff at Clutha Views Lifecare through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. The programme is appropriate for the proposed changes. The clinical services manager, and a registered nurse are responsible for overseeing the infection prevention programme with reporting lines to regional management and governance.

The existing environment supports prevention and transmission of infections. Policy is in place to support the consultation and involvement of IP personnel in building redesign and/or when changes are made to existing buildings.

Waste and hazardous substances were well managed. There were safe and effective laundry and cleaning services. The processes in place are suitable for the changes proposed.

Here taratahi | Restraint and seclusion

Not Audited.

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	13	0	1	0	0	0
Criteria	0	88	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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 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 Heritage Lifecare Limited 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. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination. Ethnicity data is collected to support equitable service delivery.</p>

		<p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The Heritage Lifecare Limited reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, infections, audits and complaints) are aggregated and corrective action, at facility and organisation level as applicable, actioned. Feedback is provided to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Each facility has its own business plan for its services and planning at Clutha Views Lifecare included action taken resulting from the resident and whānau satisfaction surveys. The changes proposed to reduce dual purpose beds and increase the number of secure dementia beds had been approved by the Heritage Lifecare governing body.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Southern and the Accident Compensation Corporation for hospital level care, rest home care and secure dementia care, including respite care. On the day of audit, there were 22 residents receiving hospital level care, including one resident funded by ACC for respite care, one resident under 65 years with a chronic health condition and two residents under 65 years who were deemed to be close in age and interest and funded under the aged residential care contract. A further 14 residents were receiving rest home care, and 14 residents receiving secure dementia care.</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</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). The service is managed by the care home and village manager, who was employed in July 2024, and is supported by a clinical services manager, an experienced registered nurse employed in April 2024. There is a registered nurse on duty 24/7 and they share on-call responsibilities with the clinical services manager. The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Staff and</p>

<p>services.</p>		<p>residents interviewed supported this. At least one staff member on duty holds a current first aid certificate.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned annually and included mandatory training requirements. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Health New Zealand – Te Whatu Ora Southern. Fifteen staff working in the secure dementia unit have completed the required education related to dementia care, and a further seven staff are enrolled to complete the required modules. There are sufficient staff with education and experience caring for residents in the secure dementia unit to meet the needs of residents when the number of beds is increased as proposed.</p> <p>Staff and management understood the required education-related competencies required to support equitable service delivery. A comprehensive programme has been implemented in response to the corrective action raised at the last audit. Clutha Views is supported by the Heritage Lifecare Limited national education team. Evidence was sighted that staff had completed the required competencies and education as detailed in the education plan; these included competencies related to medication management, restraint and de-escalation, infection prevention and control, and culturally safe care.</p> <p>Māori health information was accessed and used to support training and development programmes, policy development and care delivery.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</p> <p>A documented staffing transition plan is in place to ensure there are sufficient, and suitable trained, staff available to meet the needs of residents when the proposed changes are implemented.</p>
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<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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of seven staff records were reviewed, including two registered nurses, one enrolled nurse, two caregivers, the cook and a diversional therapist, and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors, for example, the contracted pharmacist.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</p> <p>There are processes in place to ensure the Clutha Views management and staff are supported when the proposed changes are implemented. Existing recruitment and orientation processes are appropriate to ensure staff providing care to the increased number of dementia residents have the required skills and knowledge.</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>FA</p>	<p>The multidisciplinary team at Clutha Views works in partnership with the resident and their whānau to support wellbeing. Six resident files were reviewed; the files 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</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>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. The corrective action raised at the last audit under criterion 3.2.1 has been addressed and is now closed.</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.</p> <p>Management of incidents, including falls, were documented. Neurological observations had been completed appropriately when required and the corrective action raised at the last audit under criterion 3.2.4 is now closed.</p> <p>Nursing and 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; all triggered clinical assessment protocols had been included in care planning. Progress towards goals is reviewed daily and recorded in progress notes, and at multidisciplinary meetings. Residents and whānau interviewed, including Māori, confirmed they are given choices, have access to information and are involved in the review process. The corrective action raised at the last audit under criterion 3.2.5 has been addressed and is now closed.</p> <p>The nurse practitioner was interviewed and stated that care was acceptable, and communication had improved since the appointment of the clinical services manager.</p>
<p>Subsection 3.3: Individualised activities</p>	<p>FA</p>	<p>The activities programme supports residents to maintain and develop</p>

<p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>		<p>their interests and was suitable for their age and stage of life. A social profile and life history are documented on admission and a leisure care plan is developed; these consider personal interests and consider the resident's identity.</p> <p>Residents in the secure dementia unit have an assessment of their needs over a 24-hour period and this was confirmed to be documented in files reviewed. The corrective action raised at the last audit under criterion 3.3.1 is now closed. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. A separate diversional therapy programme is developed for the secure dementia unit, and a variety of individual and group activities were observed during the audit suitable to the needs of residents with dementia. Activities are supported by caregivers when the activities team are not present, and they have access to appropriate resources.</p> <p>Feedback on the programme is provided through resident meetings and an annual survey. 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.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<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 days of audit.</p> <p>All staff who administer medicines complete an annual competency. Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly general or nurse practitioner review was</p>

		<p>consistently recorded on the medicine chart.</p> <p>Standing orders are not used.</p> <p>No residents were self-administering medication at the time of audit. The clinical services manager described how this would be facilitated and managed safely should the need arise. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>The medication management system in place is suitable for the increased number of dementia care residents.</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 food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. 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. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Residents in the secure dementia unit have access to snacks and drinks 24 hours a day.</p> <p>Evidence of resident satisfaction with meals was verified by resident interview and satisfaction surveys. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>The existing food service is sufficient to provide food services when the proposed changes are implemented.</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>PA Low</p>	<p>Clutha Views Lifecare is a residential care facility comprising 68 rooms. It is proposed to reduce the number of dual purpose (hospital and rest home care) beds from 54 to 49 and increase the number of secure dementia beds from 14 to 19. The total capacity of the facility will remain at 68 beds. All residents have a private room. This audit has found the environment appropriate for the changes proposed. The entry door to the secure unit has been moved to include the additional five beds in the unit. In addition, the secure outdoor area has been extended to allow for an increased number of residents. However, a building Code of Compliance is yet to be issued; refer criterion 4.1.1.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose and well maintained. A process of gradual refurbishment is underway and resident feedback, including from Māori residents, has been sought on the changes being made. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within required limits.</p> <p>The building had a building warrant of fitness which expires on 5 June 2025. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. There are external areas within the facility for leisure activities, with appropriate seating and shade. Residents in the secure dementia unit have access to a secure outside area and sufficient indoor lounges and quiet spaces for their needs.</p> <p>Rooms are personalised according to the resident's preference. All</p>
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		<p>rooms have a window allowing for natural light, with safety catches for security. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance, as evidenced in a recent satisfaction survey and resident interviews.</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>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The clinical services manager, all registered and enrolled nurses, and the diversional therapist (DT) hold current first aid certification. There is a first aid certified staff member on duty 24/7 and the DT who takes residents on outings outside the facility has first aid certification. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 16 June 2022 and changes made to the facility to incorporate the extra rooms into the dementia unit has not affected the existing fire evacuation plan. The requirements of the plan are reflected in the Clutha Views Fire and Emergency Management Scheme.</p> <p>A fire evacuation drill is held six-monthly; the most recent drill was on 17 October 2024. Adequate supplies for use in the event of a civil defence emergency meet the emergency management recommendations for the region. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>Call bells alert staff to residents requiring assistance. An electronic system has been implemented to monitor and report on call bell response times monthly; examples of reports were sighted, and response times were acceptable. This was verified in resident interviews. Residents and whānau surveys evidence they are happy with the responsiveness of staff.</p> <p>Appropriate security arrangements are in place.</p>

		The current systems in place are appropriate for the proposed changes.
<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 IP and AMS programme governance.</p> <p>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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly.</p> <p>Heritage Lifecare has IP and AMS outlined in its policy documents. This is being 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. Clinical staff can access IP and AMS expertise through Health New Zealand – Te Whatu Ora Southern.</p> <p>Infection prevention and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity data.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The clinical services manager is supported by a registered nurse who is the infection prevention and control resource nurse (IPCN). Jointly they are responsible for overseeing and implementing the infection prevention programme, with reporting lines to senior management and to the Heritage Lifecare Ltd regional clinical manager and national infection prevention lead. The IPCN has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the Heritage Lifecare Ltd national infection prevention lead has been sought when making decisions around procurement relevant to care delivery, and policies. IP staff have been consulted over the current changes to the facility.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>There is a pandemic plan in place which has been tested. The service</p>

		<p>has sufficient stores of personal protective equipment available (PPE), and staff have been trained in the use of PPE.</p> <p>Staff were familiar with policies related to the decontamination of reusable medical devices and shared medical equipment. Monitoring of compliance is included in the audit schedule. Single-use items are not reused.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>The IP programme in place is suitable for the changes proposed.</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>An antimicrobial policy is in place that is appropriate to the size and scope of the service and has been approved by the Heritage Lifecare Limited governing body. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p> <p>The AMS programme is suitable for the changes proposed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme,</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data included ethnicity, and is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are reported to governance and shared with staff. A summary report for a recent infection outbreak was reviewed and demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been identified by the registered nurse.</p> <p>Communication between service providers, and residents experiencing</p>

<p>and with an equity focus.</p>		<p>a healthcare-associated infection (HAI) and/or their whanau, is culturally safe.</p> <p>The surveillance programme is suitable for the changes proposed.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports both prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau indicated in interview that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p> <p>The cleaning and laundry processes in place will continue to meet the needs of the residents when the proposed changes are implemented.</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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>Changes have been made to the facility to incorporate five additional bedrooms into the secure dementia unit. Changes that have been made are appropriate to the needs of residents and building work is complete. However, a Code of Compliance certificate is yet to be issued.</p>	<p>A building Code of Compliance certificate has not yet been issued to confirm the building work completed meets the required standards.</p>	<p>Ensure a building Code of Compliance certificate is issued.</p> <p>Prior to occupancy days</p>

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.