

Heritage Lifecare Limited - Granger House Lifecare

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 Limited
Premises audited:	Granger House Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 November 2024 End date: 26 November 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:	66

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
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

Granger House Lifecare is certified to provide rest home and hospital services for up to 70 residents. The service is owned and operated by Heritage Lifecare Limited. Residents and whānau interviewed were complimentary about the service.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreements with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, whānau, members of the governance group, managers, staff, and two general practitioners.

The service is managed by an experienced facility manager, supported by an experienced clinical manager who has clinical oversight of the facility.

An improvement identified during the audit related to staff availability.

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.

Granger House Lifecare provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities.

The service 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 (self-determination), and this was confirmed by Māori residents and whānau interviewed.

There are processes in place to ensure that Pacific people can be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were 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 is practised. Interpreter services were provided as needed. Whānau and legal representatives participate in decision-making that complies with the law. Advance directives are followed wherever possible.

Processes are in place to ensure that complaints from all sources are resolved promptly and effectively in collaboration with all parties. There are processes in place to ensure that the complaints process works equitably for Māori.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The organisation is governed by Heritage Lifecare Limited. The board of directors work with the facility manager at Granger House Lifecare to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

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

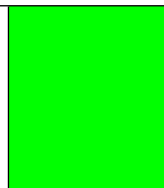
The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that leads to improvements. The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. Actual and potential risks are identified and mitigated. Adverse events were documented, with corrective actions implemented. The service complied with statutory and regulatory reporting obligations.

Staff are appointed, orientated and managed using current good practice. Staff are suitably skilled and experienced. 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.



Subsections applicable to this service fully attained.

When people enter Granger House Lifecare, 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 individualised, based on comprehensive information, and accommodated any recent 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.

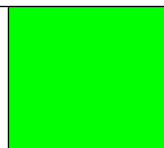
Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, 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. There was a current building warrant of fitness. Electrical and biomedical equipment was tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of older adults and people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. A call bell system is in place. 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.
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The governing body ensures the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

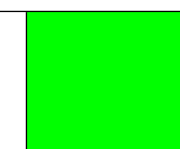
The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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 managed. There were safe and effective cleaning and 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.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. Should restraint be required, there is a comprehensive assessment, approval, consent and monitoring process for restraint, requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is a registered nurse who has a defined role to provide support and oversight for restraint management, should this be required. Staff interviewed demonstrated a sound knowledge and understanding of restraint processes, including least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	167	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 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Granger House Lifecare (Granger) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Residents and whānau interviewed reported that staff respected their right to mana motuhake (self-determination). Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisors and is being used for residents who identify as Māori.</p> <p>Residents participate in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. There were Māori residents present in the facility during the audit. Māori residents and their whānau interviewed reported that they were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake is respected.</p> <p>The service supports increasing capacity for Māori within the service by employing more Māori staff members across differing levels of the organisation as vacancies and applications for</p>

		<p>employment permit. Recruitment of Māori into the service is outlined in the Māori health plan. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Māori employed by the service at the time of audit.</p> <p>Partnerships have been established with iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. The service has links for Māori health support through the local Te Whatu Ora cultural kaitotohu (adviser), Poutini Waioara, Te Rūnanga o Ngāti Waewae, Te Rūnanga o Mahaawhio, and He Waka Tapu.</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>	<p>FA</p>	<p>The service provider has a health plan in place which describes how the organisation will respond to the cultural needs of Pasifika residents. The document notes the need to embrace cultural and spiritual beliefs; it is based on the Manatū Hauora (Ministry of Health) Ola Manuia Pacific Health and Wellbeing Action Plan 2020 and outlines the Fonofale model of care to guide care for Pacific peoples. Representatives from the board of directors interviewed were knowledgeable about their responsibilities in regard to health equity for Pacific peoples. There were no residents who identified as Pasifika in the facility on the days of audit; however, there are processes in place to ensure that services can be delivered respecting the cultural needs of specific Pacific Islands, respecting the need for individualised care and health equity.</p> <p>The service has a policy in place to support increasing Pasifika service capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Pasifika in the service at the time of audit.</p> <p>Partnerships have been established to support any Pacific people entering into the service through pastors from local churches and Etu Pasifika.</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>	<p>FA</p>	<p>Staff interviewed at Granger 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. Staff training records evidenced a high percentage of staff attendance at training sessions around the Code.</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. Information on the Code and the Advocacy Service was on display around the facility, with brochures available at reception. This information was also available in the information pack supplied on admission. The service recognises mana motuhake.</p> <p>An independent advocate runs a separate residents' meeting every three months, to enable any concerns to be discussed. Meeting minutes verify the concerns are promptly addressed; this was supported by resident and whānau interviews. The independent advocate interviewed was complimentary about the service.</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>	<p>FA</p>	<p>The service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had 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. Residents verified opportunities are provided to share what is important to them, and this is taken into consideration in care planning.</p> <p>Te reo Māori and tikanga Māori are promoted within the service. 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>

		All residents (13) and whānau (nine) interviewed referred to the respectfulness and helpfulness of the staff at Granger.
<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 of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents’ property is labelled on admission, and they reported that their property is respected. Residents’ valuables are photographed. Residents reported their valuables and finances are protected.</p> <p>Professional boundaries are 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. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā and the Fonafale models of care for Māori and Pacific peoples.</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 and relevant health messages to Māori.</p> <p>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>	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 whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events, updates following general practitioner (GP) or nurse practitioner (NP) visits, and during the management of any complaints. Residents’ notice boards provided a range of information for residents and whānau. A resident/whānau newsletter goes out monthly to keep residents and whānau informed of happenings at Granger.</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/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included 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 and in line with tikanga guidelines.</p> <p>Advance care planning, establishing, and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>There have been 20 complaints received by the service in the last 12 months. All complaints, formal and informal, were managed as per the organisation's complaints process. Documentation sighted in respect of the complaints showed that all complaints had been responded to within appropriate timeframes and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation.</p> <p>There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There were three historic complaints received from the Office of the Health and Disability Commissioner (HDC): one from 2022 and two from 2023. In addition to this, the CHM reported that there had been two further complaints received in 2024, one via the advocacy</p>

		<p>service (which is now closed with no recommendations for the service) and one via the HDC. Four HDC complaints remain open. In all instances, these have continued to be managed appropriately, with information being provided in the required timeframes.</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>Granger is governed by the Heritage Lifecare board of directors. The governing body assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. An experienced care home and village manager (CHVM) manages the service, along with an experienced clinical service manager (CSM) who has clinical oversight of the facility. Both confirmed knowledge of the sector, including regulatory and reporting requirements; both maintain currency within the field.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori, Pasifika and tāngata whaikaha was evident in plans and monitoring documentation reviewed. Ethnicity data is being collected to support equity. Equity is also supported 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, complaints, infection prevention and control, and bilingual signage).</p> <p>Granger promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika. There is a Māori health plan in place that guides care for Māori, and a plan to guide care for Pacific people. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was supported by interviews with residents and their whānau, two members of the governance management committee, managers, and with staff.</p>

		<p>A commitment to the quality and risk management system was evident. Governance and the senior leadership team are committed to quality and risk via policy, processes, and through feedback mechanisms. Internal quality data collection (e.g., adverse events, complaints, infections, antimicrobial use, internal audits, and restraint use) is aggregated, and corrective actions completed where deficits are identified. A sample of facility reports and graphs showed adequate information to monitor performance is reported. Members of the board of directors interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents hold meetings, and there was evidence of discussion and documented response to matters raised from residents in meeting minutes sighted. An independent advocate holds meetings for residents, and these are well attended. Residents' satisfaction surveys showed a high level of satisfaction with the services provided. Residents and whānau interviewed also reported satisfaction with services when interviewed.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand (Te Whatu Ora) for age-related residential care (ARRC) at rest home and hospital level. It also holds contracts to deliver long-term support-chronic health conditions (LTS-CHC) care, short-term (respite) care, and palliative care. Further contracts enable the service to care for residents under an Accident Compensation Corporation (ACC) contract, and under Whaikaha (under 65 years of age) contracts. On the day of audit, 11 residents were receiving rest home services and 55 hospital level services (including one under a respite contract and one under an ACC contract). No residents were receiving services under the LTS-CHC contract, palliative care contract, or Whaikaha contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of adverse events (including the monitoring of hazards</p>

<p>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>and clinical incidents, for example, falls, pressure injuries, infections, wounds, and medication errors), audit activities, compliments and complaints, resident and whānau feedback from meetings and the satisfaction survey, and policies and procedures. Internal audits are completed, with corrective actions identified and addressed.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies inequities, and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally. All residents and their whānau have input into quality review of the service through care planning, satisfaction surveys and meetings, including meetings chaired by an independent advocate.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The CHM and CSM described the processes for the identification, documentation, monitoring, review and reporting of risks (including clinical and health and safety risks), and development of mitigation strategies.</p> <p>Staff documented 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 manner.</p> <p>The CHM and CSM understood and have complied with essential notification reporting requirements. They were aware of reporting requirements to the Health Quality and Safety Commission – Te Tātū Hauora (Te Tātū Hauora) for all severity assessment code (SAC) reporting at SAC1 and SAC2, as well as pressure injury at stage 3 and above. There have been 12 Section 31 notifications made to HealthCert (Manatū Hauora) since the last audit, in relation to the change of the clinical manager (one), absconding from the facility (nine, though seven incidents related to two residents who have since been assessed as requiring secure dementia care), following a respiratory viral outbreak (one) and following a fall with</p>
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		fracture (one). There has been one notification made to Te Tātū Hauora for a pressure injury.
<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>	PA Low	<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). While the facility reported that staffing levels are adjusted to meet the changing needs of residents, on the rosters sighted there were not always the number of staff on duty to align with requirements under the Heritage Lifecare acuity tool (refer criterion 2.3.1). Those providing care reported there were adequate staff to complete the work allocated to them provided the facility was able to 'backfill' gaps in the roster. With the exception of three residents in one of the wings, residents and whānau interviewed reported that call bells were answered in a timely fashion (refer criterion 2.3.1).</p> <p>A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. At least one staff member on duty had a current first aid certificate, and there was 24/7 registered nurse (RN) coverage in the facility.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection control (IC), restraint, privacy, or health and safety portfolio.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies were assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. There are policies and</p>

		procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.
<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. A sample of nine staff records reviewed confirmed the organisation's policies are being consistently implemented. Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Police vetting and reference checking was in place. Job descriptions were documented for each role across the organisation. The job descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>Staff reported that the induction and orientation programme prepared them for the role, and evidence of completed orientation was seen in files reviewed. Opportunities to discuss and review performance occur annually. This was confirmed by documentation seen in the staff files reviewed and by most of the staff interviewed. Staff described the process as useful for them, allowing them to set their own career and education goals.</p> <p>There were staff wellbeing policies in place and staff were aware of these. Staff confirmed that debrief and support were available to them following any incidents.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</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</p>	FA	<p>Granger maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Resident and staff information was mostly held electronically, and this was username and password protected. Electronic and any paper-based records were held securely and</p>

<p>data in order to achieve Māori health equity. 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>only available to authorised users; access to resident and staff information was limited dependent on the role of the person in the service. Data collected included ethnicity data for residents and staff.</p> <p>Residents' files reviewed were integrated. All the necessary demographic, personal, clinical and health information required was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consent was sighted for data collection.</p> <p>Files for residents and staff were being held safely and securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Granger is not responsible for the National Health Index registration of people receiving services.</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.</p> <p>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>FA</p>	<p>Residents are admitted to Granger when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, and Granger has been selected as the facility of choice. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>When a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori.</p> <p>When admitted, residents have a choice over who will oversee their medical requirements, and this had been facilitated. The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>FA</p>	<p>The multidisciplinary team at Granger works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's models of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>A review of 11 files (two rest home and nine hospital files) was undertaken at this audit. Files reviewed included a resident recently assessed as no longer requiring a restraint, residents requiring nutritional support via a gastrostomy tube, residents who identified as Māori, residents admitted with a pressure injury, residents with behaviours that were a challenge, residents who had had a recent fall, residents self-administering medication and residents recently requiring admission to an acute facility.</p> <p>Files reviewed verified assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP/NP assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. Assessments were sighted for wounds, post-fall management, nutrition, diabetic management, culture and following the decision to remove a resident's restraint. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participated in service development. Examples</p>
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		of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha and their 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 runs five days a week, in each of the hospital and the rest home areas. The programme is run by a diversional therapist (DT) and an activities coordinator (AC). The programme supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives to meet the needs of Māori were supported.</p> <p>Feedback on the programme is provided through one-to-one feedback, residents' meetings (including the independent advocate meetings), and resident satisfaction surveys. Resident meeting minutes included the residents' requests for more van outings. This was discussed with the activities staff, the CHM, the ROM and the CSM. Van outings are planned for every fortnight; however, these are often cancelled as the local Te Whatu Ora hospital requests the facility to transport Granger residents to and from their service as there is no ambulance or transportation available. Emails sighted verify this as an area identified as requiring attention and it is being investigated by Te Whatu Ora and the organisation's head office.</p> <p>Residents and whānau interviewed, however, confirmed they found 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</p>	FA	<p>The medication management policy at Granger 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 had been assessed as competent to perform the function they managed.</p>

<p>blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are 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 GP/NP review was consistently recorded on the medicine chart. Standing orders were not in use at Granger.</p> <p>Self-administration of medication was facilitated and managed safely. 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>The food service provided at Granger is in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian in November 2024. Recommendations made at that time have been implemented.</p> <p>An initiative (Meals Matter) in relation to the food service at Granger was recently implemented. This was in response to resident feedback that meals were often cold, and through observations noting that the number of residents eating in the dining room was diminishing. Modern furniture was bought for the dining rooms, along with new tablecloths, and flowers on the tables. The goal was to make the eating experience more appealing. A new bain marie was purchased to keep food hot. A new system was implemented at breakfast, whereby trolleys with porridge in a crockpot and a toaster for making hot toast are taken to residents who want breakfast in their rooms. This enables porridge to be served hot to the resident, and toast to be cooked as ordered and eaten while hot. Interviews with 10 of 13 residents said the food had improved and was now</p>

		<p>hot. Three stated it still needed to improve in relation to the type of food being provided. The initiative remains ongoing at the time of audit.</p> <p>At the time of audit, all aspects of food management complied with current legislation and guidelines. The service operates with an approved food safety plan and registration. The verification audit took place on 29 February 2024. Two areas of non-compliance and eight areas of non-conformance were identified at that audit. These were addressed and signed off on 29 March 2024. All areas identified as requiring attention at the last audit were noted to be in place at this audit. The plan was verified for nine months and expires on 30 November 2024. A telephone call and email verified the food control plan is booked in to be audited on 28 November 2024.</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 menu options that are culturally specific to te ao Māori.</p> <p>Evidence of improved resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and recent resident meeting 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</p>	FA	<p>Transfer or discharge from Granger 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. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p>

coordinate a supported transition of care or support.		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There are areas external to the facility for leisure activities with appropriate seating and shade.</p> <p>The environment was comfortable and accessible, 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 suit the needs of the resident groups, including smaller private spaces for residents and their whānau. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi was available for residents and whānau to use, and access to equipment needed by tāngata whaikaha was enabled.</p> <p>Rooms for residents requiring hospital level care allowed space for the use of moving and handling equipment. Rooms were personalised according to the residents' preferences. All rooms have a window allowing for natural light, with safety catches for security. The facility is heated electronically, and this can be adjusted depending on seasonality and outside temperature. Space is available for the storage and charging of electronic mobility aids.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells, and these were noted to be near to residents when they were in their rooms. Call bell monitoring is part of the internal audit schedule.</p> <p>The building has a building warrant of fitness which expires on 1 July 2025. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests were completed for</p>

		<p>resident areas; these were sighted and were all within normal limits.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>No new buildings are planned at the current time. Should this change in the future, the director is aware of the need to consult and co-design with Māori to reflect the aspirations and identity of Māori.</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 describe the procedures to be followed. Staff have been trained in fire and emergency management and know what to do in an emergency. There was a first aid certified staff member on duty 24/7 on the rosters reviewed.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 12 April 2012. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. The plan considers the special needs of tāngata whaikaha if they are required to be evacuated. A fire evacuation drill is held six-monthly; the most recent drill was on 24 July 2024.</p> <p>Supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region, including water storage, food and equipment. Cooking is on a gas barbeque. The supplies available have been approved by local Civil Defence and the local Te Whatu Ora.</p> <p>Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. The facility has overnight 'lock-up' procedures which allow for emergency egress. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance. Most residents and whānau reported that staff were responsive to call bells. The exception to this was from three residents in one wing of the facility</p>

		(see criterion 2.3.1). Speedy response to call bells was observed during the audit.
<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>Granger has a suite of infection prevention and control (IPC), and antimicrobial stewardship (AMS) policies outlined in its policy documents. The IPC and AMS programmes were appropriate to the size and complexity of the service. The governing management committee has approved them, they are linked to the quality improvement system and reported on monthly. Board meeting minutes reflected the reporting of IPC and AMS information; they provide information on planned IPC and AMS quality activities and any corrective actions arising from deficits identified.</p> <p>Infection prevention (IP) and AMS activities are being supported at governance level through a specialist infection control nurse (ICN) who is an RN, and who makes sure that IP and AMS are being appropriately managed. Expertise and advice are available as required following a defined process, and this also includes escalation of significant events. Data on infections and antimicrobial use includes ethnicity data to support equity in IPC and AMS programmes, and this is reported at governance level.</p> <p>When clinically indicated, clinical staff at Granger can access IP and AMS expertise through the GPs/NPs associated with the service, the Te Whatu Ora infection prevention and control (IPC) nurse specialists, and Regional Public Health.</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</p>	FA	<p>The infection prevention and control coordinator (IPCC) at Granger is responsible for overseeing and implementing the IP programme, with reporting lines to senior management and the governance group. The IPCC 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 committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p>

<p>scope of our services.</p>		<p>The IPC policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice was accessed where appropriate.</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 were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly evaluated. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained in its use.</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. Individual-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>	<p>FA</p>	<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. Evidence was sighted of a reduction in antibiotic use, and of antibiotics and antifungals only being used when appropriate.</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>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions.</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>Results of the surveillance programme are shared with staff and the governing body. 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>Communication between service providers and those residents experiencing a health care-associated infection (HAI) was culturally safe.</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>	<p>FA</p>	<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 the management of waste and infectious and hazardous substances. Laundry and cleaning processes were 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 perform duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed 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 services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint-free environment in all its facilities, and this is documented in the policy and procedure in place to guide restraint. Granger has been restraint-free since August 2024. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of high/low beds and sensor mats). Documentation reviewed from the last restraint in use (from 19 June 2023 to 12 August 2024) showed that the restraint process was well managed. The need for the restraint had been assessed, consented, reviewed and evaluated at appropriate intervals.</p> <p>The restraint process is managed at Granger through a restraint</p>

		<p>coordinator (RC) who is an RN. The RC has completed specialised education related to the legalities and use of restraint and de-escalation strategies.</p> <p>Restraint meetings are held monthly and address any residents who may be at risk and/or who might require restraint for safety. Documentation confirmed that restraint is discussed at facility and governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board (even if null).</p> <p>Restraint protocols were covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2024 education programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Heritage Lifecare has an acuity tool to guide its facilities to adequately staff the facilities and this was in use at Granger. The acuity tool is based on the level of care residents require and includes the geography of the specific facility. The regional operations manager (ROM) and CHM described the ideal staffing for Granger as part of the review of the rosters during the audit.</p> <p>Four weeks of roster (randomly selected) were reviewed (30 September-27 October 2024). Over this time, the facility was fully staffed by RN and support staff. However, it was understaffed by one caregiver on nine occasions (four morning shifts and five night shifts), by two caregivers on four occasions (three morning and one afternoon shift), and by three caregivers on one occasion (a morning shift). Staff interviewed said that it was difficult to provide appropriate care when understaffed, and some residents interviewed</p>	<p>From the rosters reviewed, there are not always sufficient health care and support workers on duty at all times to provide safe and timely services for residents.</p>	<p>Provide evidence that there are processes in place to ensure there are sufficient health care and support workers on duty at all times to provide safe and timely services for residents.</p> <p>180 days</p>

		<p>noted the length of time it took for call bells to be answered (three in one wing of the facility).</p> <p>The ROM and CHM reported that the understaffing occurred primarily due to gaps in the roster not being 'picked up' by staff or casual staff, or from sickness calls from staff with an inability to replace.</p> <p>The ROM and CHM were both aware of the issues and had formulated a plan to address them. Whilst the plan has not yet been fully implemented, work has started with RNs assisting caregiving staff to meet the needs of residents where they are needed. Being fully staffed with RNs has helped the situation.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.