

Heritage Lifecare Limited - Cantabria 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:	Cantabria Lifecare
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 13 November 2024 End date: 15 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:	149



Executive summary of the audit




Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Cantabria Lifecare is certified to provide rest home, hospital, dementia, and residential disability services (including younger disabled people) for up to 236 residents; however, only 169 beds are currently in use by the service. The remaining rooms 67 rooms are being used for other purposes and some rooms which were certified as double rooms are now being used as single rooms. 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 a general practitioner.

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 the management of pressure injuries.

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.

Cantabria 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 peoples, 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.

Pacific peoples are 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.

Subsections applicable to this service fully attained.

The organisation is governed by Heritage Lifecare Limited. The board of directors' work with the facility manager at Cantabria 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. Actual and potential risks are identified and mitigated. Adverse events are documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

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 working in the secure dementia unit had completed or commenced the required education in the appropriate timeframe. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance was monitored.

Residents' information was accurately recorded, securely stored, was not on public display, or accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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When people enter Cantabria Lifecare, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential residents and 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.

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 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.
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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. External areas adjacent to the secure dementia care unit are secure and meet the leisure and recreation needs of the residents housed in this area.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Emergency supplies were adequate for the region. Residents reported a timely staff response to call bells. Security is 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 of Cantabria Lifecare ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service. Two experienced and trained infection control nurses lead the programme.


The infection control nurses participate in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

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

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective 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. The restraint coordinator 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	170	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>	<p>FA</p>	<p>Cantabria Lifecare (Cantabria) 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 this was being used for residents who identified 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 (self-determination) 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 Te Runanga O Ngāti Pikiao Trust.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>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 to health equity for Pacific peoples. There were residents who identified as Pasifika in the facility on the days of audit, those interviewed reported that they were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety.</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 Pasifika entering into the service through local pastors from local churches.</p>
Subsection 1.3: My rights during service delivery	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and

<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>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>A consumer auditor was part of the audit team and interviewed five residents receiving care under a Whaikaha contract, and three of their whānau. Residents and their whānau verified Cantabria provided services in a manner that upheld their rights. Residents made mention of the respect shown to them and their privacy, and the support provided in enabling a flexible approach in meeting their daily needs.</p> <p>Residents (15) and whānau (eight) 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 and the hospital entrance. This information was also available in the information pack supplied on admission. Evidence verified Cantabria recognised self-determination and mana motuhake for Māori.</p> <p>An independent advocate runs a separate residents' meeting every three months, to enable any concerns and the Code to be discussed. Meeting minutes verify the Code is discussed and concerns are promptly addressed; this was supported by resident interviews. The independent advocate was not available to be interviewed.</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>Cantabria 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 had a private room. Residents verified opportunities are provided to share what is important to them, and this is taken into</p>

		<p>consideration in care planning.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through meeting the individualised needs of residents, signage around the facility, entertainment by Māori groups, activity sessions, celebrations, and opportunities to speak te reo Māori. Māori and Pasifika residents were enabled to have separate monthly meetings, to enable open discussion within their cultural groups. 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 enabling their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<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. Valuables and substantial amounts of money are discouraged from being kept onsite. Money can be locked away. Residents and their whānau reported that property is respected, and finances protected.</p> <p>Staff maintain professional boundaries. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and reported 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 Pasifika.</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. Te Tiriti: Services are easy to access and navigate and give clear</p>	<p>FA</p>	<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 participated in care, communication had occurred.</p>

<p>and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>Electronic communication aids were being used at Cantabria. Where residents were unable to use the call bell system, adaptations to enable the residents to request assistance had been provided.</p> <p>Examples of open communication were evident following adverse events, general practitioner (GP) consults, and during the management of any complaints. Residents' notice boards provided a range of information for residents and whānau.</p> <p>Staff knew how to access interpreter services, if required.</p> <p>A resident/whānau newsletter goes out monthly to keep residents and whānau informed of happenings at Cantabria.</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>Files reviewed of residents being cared for in the secure unit had an activated EPOA in place.</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>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 ten complaints received by the service in the last nine months. All complaints, formal and informal, were managed as</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>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 have also been two complaints received via Health New Zealand – Te Whatu Ora (Te Whatu Ora) and two from the Office of the Health and Disability Commissioner (HDC); one of these was historic via the Advocacy Service. One of the Te Whatu Ora complaints has been addressed and closed, one (received recently) remains open and is currently under investigation. Of the complaints from the HDC, both have been closed with no recommendations.</p> <p>A WorkSafe investigation received in 2021 is ongoing. The service is currently awaiting a decision from WorkSafe in relation to further proceedings.</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>Cantabria 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) and assistant facility manager (AFM) manage the service and 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</p>

	<p>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 and infection prevention and control, and bilingual signage).</p> <p>Cantabria 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 Pasifika plan to guide care for Pasifika. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. 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. Specific meetings are held for Māori and Pasifika, and for tāngata whaikaha. An independent advocate holds meetings for residents, and these are well attended. Meetings are also held for whānau/EPOA to allow them to have input into services. Residents' satisfaction surveys and general resident meetings showed an elevated level of satisfaction with the services provided. Residents</p>
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		<p>and whānau interviewed also reported satisfaction with services when interviewed.</p> <p>The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) rest home and hospital level services, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), and secure dementia care. Contracts with Whaikaha for residential disability were aimed at the care of younger people with disabilities. The service also holds a contract to provide services through the Accident Compensation Corporation (ACC). On the day of audit, 149 residents were receiving services. Fifty-seven (57) residents were receiving rest home services (eight in care suites under occupation rights agreements), 61 hospital level services, 10 secure ARRC dementia care services, four under the respite contract (two rest home and two hospital level care), 12 under the LTS-CHC contract (five at rest home level and seven receiving hospital level care), five under Whaikaha contracts (two at rest home level and three at hospital level). There were no residents receiving services under ACC contracts. There were seven boarders residing in the facility (not counted in resident numbers).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of adverse events (including the monitoring of hazards 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 aimed</p>

		<p>specifically at Māori and Pasifika and for tāngata whaikaha (younger people with disabilities).</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The regional operations manager (ROM) described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies (the facility manager was unavailable on the days of audit).</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The ROM and assistant facility manager (AFM) understood and have complied with essential notification reporting requirements. They were aware of reporting requirements to the Health Quality and Safety Commission – Te Tāhū Hauora (Te Tāhū 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 three Section 31 notifications made to HealthCert (Manatū Hauora) since the last audit in relation to challenging resident behaviours (two) and a Guardia infection (one). There has been one notification made to Te Tāhū Hauora for a pressure injury.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). 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. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate, and there is 24/7 registered nurse (RN) coverage in the facility, with at least two RNs</p>

		<p>on duty at all times.</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) or restraint portfolio.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are 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>Care staff working in the secure dementia care unit have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Eight staff work regularly in the unit, and four of these have completed the required qualification; the remaining four and 13 other staff are enrolled in the programme.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of 13 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,</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>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 occurs annually. This was confirmed by documentation seen in the staff files reviewed and by staff interviewed who 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 was 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 data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Cantabria 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 only available to authorised users, and access to residents and staff 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>Cantabria 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 were welcomed into Cantabria when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Cantabria provides, and when they had chosen the facility to provide services they required. Residents and whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Resident files reviewed (15) met contractual requirements. Cantabria collected ethnicity data on entry and decline rates; this included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and their whānau.</p> <p>Files reviewed of residents admitted to the secure unit had an activated EPOA in place, and a specialist's authorisation that the resident required admission into a secure unit.</p> <p>Cantabria has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting Te Rūnanga O Ngāti Pikiao Trust or the local Te Whatu Ora. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Cantabria, a number had requested another provider to manage their medical needs, and this had been facilitated.</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>PA Low</p>	<p>The multidisciplinary team at Cantabria works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model 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</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>prevention or escalation for appropriate interventions, are addressed in most instances, with the exception of two pressure injuries (refer criterion 3.2.5).</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. Residents with swallowing difficulties had documentation in the care plan regarding management strategies for this. Observations and interviews evidenced compliance with these directions. Residents who had experienced an unwitnessed fall, had an RN assessment post-fall, neurological observations for the times specified, and the GP was informed. Residents on Warfarin had the potential risks associated with the medication and ongoing risks identified and monitored. This was verified by sampling residents' records, and from interviews with 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. An area requiring attention was identified regarding the ongoing evaluation of deteriorating pressure injuries and the timeliness of seeking specialist guidance.</p> <p>Tāngata whaikaha participate in service development through residents' meetings specifically for them. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha, and whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>Interviews with the staff identified that they were familiar with all aspects of the care all the residents require, including the cultural aspects of the Māori and Pasifika residents' care. An interview with the GP, who is responsible for a high number of residents at</p>
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		<p>Cantabria, expressed satisfaction with the care provided by Cantabria. Registered nurses contact the GP appropriately. The GP indicated that the stability of key people, in the senior roles, ensures that any concerns will be promptly addressed. Six other whānau interviewed were happy with the care provided. One whānau and five of the fifteen residents interviewed mentioned dissatisfaction with some areas of the food service. This had been identified through the resident satisfaction surveys and the resident meeting minutes and was being addressed.</p>
<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>	<p>FA</p>	<p>The activities programme at Cantabria supports residents to maintain and develop their interests and was suitable for their ages and stages of life. There are four activities staff providing activities at Cantabria five days a week, and two providing activities over the weekend. The activities staff included a diversional therapist who implements and oversees the programme provided in the secure unit.</p> <p>Younger residents at Cantabria are enabled to participate in community activities or events that they choose. More able-bodied residents attend community events themselves or go shopping at the local shopping centre. Van outings are held twice a week, to places the residents choose. Residents' meetings, meetings for younger residents and meetings for Māori and Pasifika residents are held regularly. Meeting minutes were sighted and evidenced overall satisfaction, with concerns noted regarding the food services. Residents and whānau from the secure dementia unit attend the rest home residents' meetings.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, and ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori.</p> <p>Feedback on the programmes is provided through one-to-one feedback, attendance at activities, residents' meetings and</p>

		satisfaction surveys. Those interviewed confirmed they find the programme meets their needs.
<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>	FA	<p>The medication management policy at Cantabria was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used at Cantabria.</p> <p>Self-administration of medication is 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</p>	FA	<p>The food service at Cantabria is in line with recognised nutritional guidelines for people using the services. The menu had been reviewed by a qualified dietitian in November 2024. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service had a verification audit of its food control plan on 8 December 2023, by the Rotorua Lakes District Council.</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>Five corrective actions were identified, and these were verified as compliant within the timeframe requested. The food control plan was verified for 12 months and is due again on 8 December 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. The kitchen staff are aware of residents' specific dietary needs and those residents requiring modified textures. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of some resident dissatisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Processes were already in place to address this.</p> <p>A new initiative that commenced two months ago, provides residents with a buffet breakfast from 07.00am-09.30am each morning. Residents who choose to have a buffet breakfast have a choice of cereals, fruit, or porridge. Hot toast is cooked as requested and a hot drink is prepared as requested. A hot breakfast that includes eggs is offered once a week. Residents can choose to attend the buffet in the dining rooms or have their breakfast in their bedrooms. Feedback regarding this new service was positive.</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p> <p>Residents in the secure unit have access to food at any time, day or night.</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>FA</p>	<p>Transfer or discharge to and from Cantabria is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p>

<p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>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 external areas within the facility for leisure activities with appropriate seating and shade, including in the secure dementia care area. The garden associated with the secure dementia care area was safe and secure for residents in the service.</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 tāngata whaikaha and younger people. 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 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 from a thermal bore, 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>Improvements have been made in the dementia care area of the facility. The addition of advanced lighting, new flooring, redecoration and curtaining, along with new furniture, has lifted the ambiance of the unit. The external garden area has been modified extensively to appropriately accommodate the residents in the unit. Residents</p>

		<p>were noted to be enjoying the outside area during the audit.</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 12 October 2025. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and where deficits were found, corrective action had been documented.</p> <p>There are currently no plans for further building projects requiring consultation, but the owners of the facility were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Feedback from tāngata whaikaha residents related to the use of the pool for people who have restricted physical movement; however, the pool is attached to the adjacent retirement village and is not in use for residents in the aged-care facility. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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 knew 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 17 May 2018. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency</p>

		<p>management plan. The plan considers the special needs of tāngata whaikaha and those residents in the secure dementia care unit. A fire evacuation drill is held six-monthly; the most recent drill was on 9 September 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. The facility has a diesel generator onsite which can be used following a civil defence emergency. A thermal bore provides heating and hot water to the facility, and the generator could power the compressors so that hot water would still be readily available.</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. Residents and whānau reported that staff were responsive to call bells, and this was observed during the audit.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of 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>	<p>FA</p>	<p>Cantabria 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 are 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 are being supported at governance level through two infection control nurses (ICNs), who are RNs, and who make 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</p>

		<p>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 Cantabria can access IP and AMS expertise through the GP, 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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The two ICNs at Cantabria are responsible for overseeing and implementing the IP programme, with reporting lines to AFM and the organisation's regional infection control nurse. The ICNs have 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>The IPC policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is 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 are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in their 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. Single-use medical devices were 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 in the reduction of antifungals prescribed pro re nata (as required).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<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 IPC programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions, data includes ethnicity data. Results of the surveillance programme were shared with staff, and the governing body.</p> <p>Communication between service providers, and residents experiencing a health care-associated infection (HAI), is 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 are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme for the built environment. Staff involved have completed relevant training and were observed to perform duties safely. Chemicals were stored and managed 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</p>

		observations.
<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>	FA	<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. Cantabria has been restraint-free since at least 2021. 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 confirmed that restraint is discussed at governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>If restraint was to be put into place for residents, there are processes in place to include the voices of Māori, whānau and people with lived experience in the decision-making and restraint oversight processes.</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>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed</p>	PA Low	<p>An initial care plan including clinical assessments was documented for all residents reviewed. Two residents were identified as at risk of developing pressure injuries and were placed on a pressure relieving mattress, and planning included a turning regime. A review of the pressure injuries identified that the management strategies being implemented were not achieving the desired result. Photographs verified the wounds were deteriorating, one going from Stage 2 to Stage 4. A Section 31 notification was made for this wound, after specialist input. The documented assessment by the RNs managing both wounds was not indicative of the ongoing deterioration. No action was taken to seek specialist advice until the GP reviewed both the wounds and requested</p>	<p>A review of two residents with pressure injuries that were deteriorating showed these had not been referred to specialist services until the GP directed this to occur. This finding was verified by observation, documentation and discussion with the AFM and two RNs.</p>	<p>Provide evidence that processes are in place to request prompt input from specialist wound care services when the treatment of pressure injury is not effective.</p> <p>60 days</p>

<p>collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>specialist support (see T1). At the time of audit, one wound was being managed by specialist wound care services and the other one was awaiting their input.</p> <p>Wound care training to the RNs by the district nurses wound care team had been provided in June 2024.</p> <p>During the audit, a corrective action plan was put in place aimed at improving the RNs' wound assessment and documentation skills; improving communication between the district nurses and the RNs and establishing a wound committee, and setting clear guidelines on when the RNs were to seek specialist input. This action plan supported the risk rating being low.</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.